



Commissioning Alliance
Brighton and Hove CCG
Crawley CCG
High Weald Lewes Havens CCG
Horsham and Mid Sussex CCG

A large, abstract graphic on the left side of the page. It features several overlapping, interlocking diamond shapes (squares rotated 45 degrees) in various shades of blue, from light to dark. The shapes are arranged in a way that they appear to be part of a larger, complex geometric pattern.

Communications and Engagement Strategy

January 2018 – April 2019



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Introduction

The NHS Central Sussex Commissioning Alliance is the creation of a unified management structure across four Clinical Commissioning Groups (CCGs) of central Sussex – Brighton and Hove, High Weald Lewes Havens, Horsham and Mid Sussex and Crawley.

The Alliance is organised in two 'places' – the north 'place' covering the area of Crawley and Horsham and Mid Sussex CCGs, and the south 'place' covering the area of Brighton and Hove and High Weald Lewes Havens CCGs. There is one single executive team, which includes a single Accountable Officer for all four CCGs, a North Managing Director and a South Managing Director.

The Alliance went live on 2 January 2018 and represents a joint way of working across the four CCGs, which allows the organisations to commission services more effectively and efficiently.

Communications and engagement plays an integral role in both the development of the Alliance and the planning and delivery of its future work. For the Alliance to be successful, it will be essential that we have consistent and effective methods to inform, engage and involve our patients, residents, stakeholders, members and staff in the work we do and the future design of local health services.

Additionally, the CCGs within the Alliance have a statutory duty to engage and involve the people they serve in the work they do and must be able to illustrate that robust communications and engagement practices are in place. This strategy sets out the high level communications and engagement objectives, principles, approaches, channels and evaluation methods that will be used to help us achieve this.

Purpose of this strategy

The primary purposes of this strategy are:

- To set out a strategic, consistent and coordinated approach to communications and engagement across the CCGs of the Alliance.
- To set out how the CCGs of the Alliance will encourage and enable the active involvement of patients, residents, stakeholders, members and staff in the design of local health and care services.
- To set out how the CCGs of the Alliance will maintain and establish channels of feedback that ensure the views of stakeholders are listened to and acted upon.
- To set out how the CCGs of the Alliance will give greater understanding and confidence among all audiences of the work we do.
- To provide reassurance to stakeholders that a robust and effective approach to communications and engagement is in place.





Our commitment to communications and engagement

The CCGs of the Alliance are committed to putting patients at the heart of everything we do. We inform, involve and engage with patients and local communities on changes and decisions about health services as much as possible and work hard to ensure information is accessible to all.

Our legal duties

There are a number of statutory duties that outline the responsibilities of the Alliance CCGs which are described below.

The NHS Constitution

The NHS Constitution came into force in January 2010 and outlines people's right to be involved directly or through representatives in:

- The planning of healthcare services.
- The development and consideration of proposals for changes in the way those services are provided.
- The decisions to be made affecting the operation of those services.

The Equality Act 2010

Section 149 of the Equality Act 2010 states that a public authority must have due regard to the need to:

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

The protected characteristics covered by the Equality Duty are: Age, Disability, Gender reassignment, Marriage and civil partnership (but only in respect of eliminating unlawful discrimination), Pregnancy and maternity, Race (includes ethnic or national origins, colour or nationality), Religion or belief (includes lack of belief), Sex, and Sexual orientation.

The Health and Social Care Act 2012

The Act sets out how the NHS will put patients at the heart of everything it does, focus on improving those things that really matter to patients, empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services. It places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution and, specifically, how CCGs must involve and consult patients and the public:





- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant overview and scrutiny committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The four tests of service reconfiguration are set out in the Government Mandate to NHS England and CCGs have a statutory duty to exercise their commissioning functions consistently with the objectives in the Mandate.

There must be clear and early confidence that a proposal satisfies the four tests, which are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear clinical evidence base
- Support for proposals from commissioners





Our strategic communications and engagement priorities

To ensure the Alliance achieves its corporate objectives, we have identified four strategic communications and engagement priorities.

1. Patient and public engagement and involvement

Patient and public engagement is at the heart of all of the work we do and, therefore, represents a priority in terms of communications and engagement. A large amount of our engagement work throughout 2018 will be carried out across the Alliance through the 'Big Health and Care Conversation' (see page 11). However, there is other engagement work that will be done that falls outside this work and this will be outlined in a specific Patient and Public Engagement Strategy. This document will feed into and support this strategy.

2. Service transformation communications and engagement

Each CCG within the Alliance is working towards the delivery of a local plan to transform health and social care for their populations. These form part of the wider plans in Sussex and East Surrey to join-up health and care services and to ensure they remain sustainable for the future. Many of the corporate objectives of the CCGs depend on the success of these local plans and a key element of achieving this is the communication and engagement around the programmes.

Communications and engagement makes up an enabling workstream within these programmes, each of which will have a communications and engagement plan. The collective delivery of these represents a key strategic communications and engagement priority for the Alliance.

3. Membership communications and engagement

As membership organisations, it is essential that the CCGs within the Alliance effectively communicate and engage with our members. Additionally, the success of the CCGs' strategic plans are heavily influenced on the amount of engagement, understanding and co-operation of the membership. This makes the communications and engagement with our membership one of the key strategic communications and engagement priorities for the Alliance. A dedicated membership communications and engagement strategy will be developed that sets out how this will be done and will feed into and support this strategy.

4. Internal communications and engagement

As we develop as an Alliance, it is essential that our staff are fully and consistently informed and engaged with the changes, progress and developments that take place. Internal communications and engagement is, therefore, a key priority for the Alliance. The communication methods and channels that will be used across the Alliance are outlined in [Appendix 1](#) and these will support the engagement work being done as part of the Organisational Development plan.





Our communications and engagement objectives

This strategy has eight objectives which have been developed in order to support the strategic and corporate objectives of the Alliance.

1. To build and maintain public and external stakeholder awareness, knowledge and confidence in the objectives and priorities of the CCGs within the Alliance.
2. To ensure the CCGs within the Alliance communicate and carry out engagement in an open, honest and transparent way, that builds and maintains confidence and trust in the organisations.
3. To ensure staff are kept fully informed and engaged with the objectives and priorities of the CCGs within the Alliance so they can fulfil their roles to the best of their abilities.
4. To ensure the membership are informed and engaged in the objectives and priorities of the CCGs within the Alliance and feel they have a voice in, and can influence, what we do.
5. To ensure information on the work of the Alliance is readily accessible to different population groups, including those with protected characteristics.
6. To maintain, establish and publicise mechanisms by which patients, carers and residents can be engaged with the work of the Alliance and feel assured that their views are taken into account.
7. To maintain, establish and publicise mechanisms for effective feedback from patients, carers, residents and stakeholders about the work carried out by the CCGs within the Alliance and, where feedback has been received, that it is responded to and/or acted upon meaningfully and promptly.
8. To increase awareness of healthcare, health services and healthy behaviours to support people to make informed choices.

Communication and engagement principles

All communications and engagement carried out to achieve the objectives of the strategy will be underpinned by the following principles.

- We will identify and understand our stakeholders.
- We will be open and transparent in everything we do.
- We will provide clear, meaningful and timely communication.
- We will be clear about why we are engaging patients, carers and the public.
- We will work in partnership with all our local stakeholders.
- We will promote a culture of equality across all work carried out by the CCGs within the Alliance.





Who we communicate and engage with

We have a high number of stakeholders who have wide-ranging communications and engagement needs. We have grouped our key audiences below but this is not an exhaustive list and within each group there are different and varying degrees of communications and engagement needs and expectations.

Patients, carers and residents (the “public”)

The area served by the Alliance consists of different population groups living in a range of geographical communities. The population profile is diverse and this influences how we communicate and engage. We have developed a range of mechanisms to communicate and engage with the public and these will be used to inform them of the work of the Alliance, engage them in decision-making and to obtain feedback, insight and patients' views and experiences about services and their health needs.

During 2018-19, we will engage with patients, carers and residents in different ways, including:

- As individual patients and their carers.
- As members of GP practice Patient Participation Groups (PPGs).
- As members of the local community and voluntary sector, of condition specific or interest groups.
- Via formal representative bodies, such as Healthwatch.
- As members of geographically-based communities.

We will use our existing ‘tried and tested’ communications and engagement methods, as well as developing new ones, to engage with and inform local patients, carers and residents. It is important that our communications and engagement is inclusive and that we balance a ‘broad-brush’ understanding of communities with targeted channels that effectively reach those individuals and groups who may be marginalised and/or those who experience health inequalities. We will use appropriate communication support mechanisms to ensure local people are informed and able to engage and participate equitably.

Our staff

It is widely recognised that effective internal communications and engagement is essential to building a committed and high-performing workforce that is focused on achieving the goals and objectives of the organisation they work for. Informed and engaged employees are more likely to stay, are more innovative and are more likely to work effectively. Additionally, our staff are often our biggest champions and biggest critics and the messages they give out to external audiences can influence how others perceive the work and reputation of our organisations. It is, therefore, essential that robust internal communications methods are in place to ensure staff remain informed, engaged, understand and advocate the Alliance and see themselves as ambassadors for the work we do and important cogs in the wheel of delivery.





Members

CCGs by their very nature as membership organisations are obligated to have strong communications and engagement with their members. CCGs were created to be accountable to member GP practices and, as such, should be able to demonstrate they listen to the membership and makes decisions that reflect their wishes and views. It is therefore clear that membership communications and engagement should be one of the key priorities for any CCG. Members will play a key role in the success of the Alliance's plans for the future and, as such, it is essential they feel part of, and are able to influence, the changes being made. Following the advent of co-commissioning, the Alliance also has an increased role in communicating and engaging with member practices as providers and with patients related to their primary care services. This includes the development and co-ordination of patient and stakeholder letters, handling media enquiries around GP services and co-ordinating and facilitating engagement meetings with the public.

Providers

We work with a wide range of different providers of NHS services and have detailed contractual and business dealings with them through the commissioning relationship. Therefore, it is essential for the success of the Alliance that they remain fully informed and engaged with our work. Likewise, there needs to be a communications and engagement focus on the community and voluntary sector, which is a key partner in the improvement, delivery and monitoring of services.

Partners

The CCGs within the Alliance work alongside a complex mix of partners, all of which have different levels of influence over, and interest in, achieving the objectives of the CCGs. This group, therefore, has varying communications and engagement needs, which can often change over time depending on their level of involvement in the Alliance's work. This group includes: Commissioning Support Unit; Healthwatch; and clinical networks.

Key decision-makers

The Alliance works alongside a number of key decision-makers within the local authority who need to be kept informed and engaged where appropriate. These include Health Overview and Scrutiny Committees, Health and Adult Social Care Select Committee, Health and Wellbeing Boards, lead committee members and councillors.

Opinion-formers

The reputation of the Alliance and the NHS more widely is influenced by the views of a number of local stakeholders and commentators. These include politicians, the media, and campaigners. We recognise these influencers may have a political role, with the responsibility of being answerable to constituents. It is important, therefore, we ensure they are fully informed about our priorities and progress so they are in a position to provide and reflect accurate information about us and the work of the Alliance to local residents.





Our approach to communications and engagement

The previous section highlighted the large number of people we engage with, who have varied and wide-ranging communications and engagement needs. We, therefore, recognise that we have to take many different approaches to communications and engagement to try to reach them in the best possible way.

There is no prescriptive method to achieve this and we are constantly looking for, and trying, new ways in which we can communicate and engage with people. However, we can broadly split our approaches into eight different areas:

- Patient and public engagement
- Internal communications
- Membership communications and engagement
- Public relations and reputation management
- Media relations
- Digital communications
- Health campaigns and marketing
- Corporate identity

The communications channels that will be established are outlined in [Appendix 1](#).

Public and public engagement

We are committed to engaging and involving local people in the decisions we make and the work we do. To help us do this, we have established relationships with our communities, partners, patients and carers and we will continue to build on these to ensure appropriate and meaningful engagement within the work of the Alliance is achieved.

We will use a wide variety of engagement methods to ensure people are informed and can contribute to decisions at all stages of our work. These will include:

- **Events** - We will hold public engagement events when needed, which are open to all, to discuss our work and to gain feedback.
- **Group discussions** - We will hold public group discussions on strategic issues, with open access, in a range of localities and at different times of the day.
- **Surveys** – We will hold regular surveys, both online and hard copy, to gauge people's understanding on certain issues and to gain their feedback and ideas.
- **“Go to where people are”** - We will go to different locations across the local area as much as possible to speak to local residents and gain their views and feedback.





- **Social Media** - We will run a number of social media initiatives that encourages the public to comment on key issues and to give feedback.
- **Targeted engagement (subject)** - We will carry out targeted work where we want to hear about a key patient experience or clinical area. This will comprise bespoke focus groups and online discussions/feedback.
- **Targeted engagement (people)** - Where we know we want to talk to particular groups, we will carry out targeted work in certain locations.
- **Attending existing meetings and forums** - We will attend existing meetings, forums and groups to discuss our plans or key areas, and gather feedback from those present. .

The Big Health and Care Conversation

Much of the public engagement across the Alliance throughout 2018 will be done through the 'Big Health and Care Conversation'. This represents a recognisable brand for public engagement, which clearly illustrates that public engagement is taking place and highlights that the Alliance is listening to the public and wants their feedback. The initiative will involve the methods outlined above and will give the CCGs within the Alliance an opportunity to discuss a broad range of issues under one engagement banner, including local transformational plans, wider plans for health and social care, and potential difficult decisions. It enables the public to better recognise and feel more assured that they are being listened to and that their feedback is influencing larger strategic plans.

The initiative was launched by Brighton and Hove CCG in July 2017 and has taken place in partnership with Brighton and Hove City Council and Brighton and Hove Healthwatch. It will be rolled out across the other CCGs within the Alliance and adapted to suit the needs of the organisations and the target populations. A separate engagement plan will be developed outlining the details of the initiative.

Engagement principles

Underlying our engagement activities are a set of principles that we will follow:

- We will reach out to people and ask them how they want to be involved, rather than expect people to engage with us on our terms.
- We will promote equality and diversity, respecting diverse beliefs, experiences and opinions.
- We will proactively engage with people who experience health inequalities and poor health outcomes.
- We will value people's lived experience, using the assets in people and in communities, working towards shared goals, based on constructive conversations.
- We will provide clear and easy to understand information, seeking to facilitate wide involvement.





- We will recognise that there are a range of differing needs, and work with trusted intermediaries to gather views, where appropriate.
- We will plan and budget for engagement in a timely way.
- We will be open, honest and transparent in conversations, be clear about evidence for decision making and limitations (including resources).
- We will recognise, record and report people's contribution, be clear of the impact of engagement and show people how their contribution is valued.

Internal communications

An internal communications plan will be developed for the Alliance which will help ensure a consistent approach is being used across the four CCGs. This will link into the staff engagement work that will be carried out as part of the organisational development of the Alliance.

This plan will ensure:

- Staff receive clear, consistent messages about the work of the Alliance.
- Staff see the work and leadership of the Alliance as accessible, honest and open.
- Staff understand the priorities of the Alliance, take ownership of them and understand progress against them.
- Staff feel well informed, well supported, valued and can identify with the work of the Alliance.
- A culture is created that encourages staff to contribute, with the expectation that their views will be listened and responded to.

The internal channels that will be used as part of the plan are highlighted in [Appendix 1](#).

Membership communications and engagement

We will develop a bespoke Alliance-wide Members Communications and Engagement Strategy which will aim to achieve five objectives:

- We will develop and maintain clear, recognisable formal channels of communication with our members and practices that are embedded and known about within the CCGs.
- We will establish and maintain a clear, coordinated calendar of engagement events and meetings that suits the needs of our members and the strategic objectives of the CCGs.
- We will establish clear formal feedback mechanisms which are known by our members.
- We will establish clear methods of highlighting what outcomes and changes have been made as a result of feedback from members.





- We will aim to create a culture where members feel they play more of an active part in the work of the CCGs and have influence over any changes and decisions that are made.

Public relations and reputation management

We recognise that the Alliance will only be able to fulfil its objectives effectively if stakeholders understand and feel confident in what we are trying to achieve. To do this:

- We will ensure all communications and engagement is carried out in an open and transparent way, and that all information is clear and accessible. This means that when there are legitimate reasons information cannot be shared, the reasons for this are shared instead.
- We will protect the reputation of the Alliance and NHS to maintain its integrity and meaning. This will include providing timely, informative and, where required, robust responses to enquiries from the media, MPs and stakeholders.
- We will carry out proactive and appropriate communications and engagement that reinforces and informs stakeholders of the benefits the Alliance's work will have to the local populations.
- We will develop productive relationships with local politicians, engage fully with formal structures and committees and liaise regularly with local MPs and local councillors.

Media relations

The media plays a key role in shaping people's perceptions of the Alliance and the local NHS, so a strong relationship with them is essential to ensure stakeholder confidence and support. To do this, we will:

- Keep the media fully engaged and briefed in the work being carried out by the CCGs within the Alliance.
- Focus on transparency with our communications with the media, particularly around issues that might be considered contentious.
- Provide timely responses to any media enquiries and requests for interviews. This will include providing robust rebuttals to any media enquiries that are factually incorrect.
- Identify opportunities to proactively promote the work of the Alliance and the resulting benefits to the local population.





Digital communications

The growth of social and digital media has given the CCGs within the Alliance greater opportunity to directly influence the way stakeholders receive communications and engagement about their work. The CCGs use a number of different digital media, including our external websites, and a bespoke digital communications and engagement plan will be developed that outlines how these will be maintained and enhanced. This plan will help us to:

- Increase our social media followers and reach on all our platforms.
- Undertake targeted online engagement, through surveys and feedback forms, to gather feedback that will influence the work we do.
- Become more approachable to our stakeholders, by using social media to answer questions, deal with queries and give feedback.
- Look at new ways to share digital platforms across the Alliance.
- Be more accessible to our stakeholders due to the multi-functional nature of digital media.
- Encourage staff and members to support, promote and take part in online conversations and surveys.

Health campaigns and marketing

We will develop ad hoc marketing communications campaigns throughout the year, which will focus on specific needs and objectives. This will be done through free and paid-for advertising and promotional work, the extent of which will be shaped by the needs of the campaign and the funding available. Money will only be spent on marketing if the campaign is deemed to provide health benefits to local populations or if the expected results of the campaign will save a greater sum of money to the local health economy. An example of such a campaign is the promotion of alternative services to A&E during the busy winter period.

Corporate identity

We will develop a corporate brand and a full suite of corporate templates which will be used for all internal and external communications. These will ensure the Alliance has a clear corporate identity, enhance the perception among staff and external audiences that the four CCGs are working as one, and add to the professional image of the Alliance and those working within it. Additionally, will develop a style guide for written communications to ensure there is a consistent corporate voice.





Feedback and evaluation

Feedback

Formal and informal feedback will be collated from all the engagement activity that is carried out, which will help to inform and influence the work of the CCGs within the Alliance. This will be done through a number of mechanisms, including verbal face-to-face, paper and digital surveys, through social media, emails and web feedback forms.

The feedback will be analysed and presented in a clear and consistent way to help inform the work of the Alliance and give assurance that meaningful engagement is taking place.

Feedback will be published openly to inform patients, carers, the public and other stakeholders about how it has helped to improve existing services and shape future plans for health and care and, where this has not happened, the reasons will be explained in an open and transparent way. Likewise, any common feedback themes which have not been taken forward will be described and justified with clear reasoning.

Evaluation

It is essential to the success of this strategy that we understand how close we are to meeting our objectives and that we can demonstrate our progress and successes. Evaluation of the communications and engagement that takes place will allow us to assess what has worked to ensure resource and energy is focused in the appropriate areas and through the right channels. A key element of evaluation involves measuring both quantitative and qualitative data and examples of these include:

Quantitative feedback

- Number of groups and individuals engaged through stakeholder and public events and wider discussions.
- Number of surveys and questionnaires completed.
- Demographics – numbers of protected characteristic individuals/communities engaged with.
- Number of engagement activities and individuals involved in specific locations, including defined deprived areas.
- Number of PPG members involved.
- Number of press releases and proactive communications produced.
- Amount of media coverage gained through communication activity.
- Number of tweets, retweets, reactions, likes and followers on social media.
- Web and extranet page-views

Qualitative feedback

- Evidence of how patient, carer and stakeholder engagement has influenced the discussions, planning, decision making processes and delivery of the Alliance's plans.





- Evidence of how collaborative and asset-based approaches have made an impact on individuals and communities (through case studies).
- Informal feedback and reactions to events and communications and engagement materials.
- Feedback from public meetings and engagement events.
- Feedback from member updates/newsletters and engagement events.
- Feedback from our partners and key stakeholders on the quality of our engagement and communications.

The data collected will allow us to measure and monitor the following:

- **Inputs** – what we do before and during communications and engagement activity (e.g. planning, preparation).
- **Outputs** – what is delivered (e.g. numbers of newsletters, surveys, events/public discussions).
- **Outcomes** – what the target audience think, feel or do (e.g. how many staff recognise messages, whether attitudes changed as a result of events).
- **Impact** – the result of the communications and engagement activity (e.g. how feedback and engagement has influenced service change and improvement).

The way these elements influence and fit into the Alliance's corporate objectives is outlined in the diagram in [Appendix 2](#).



Appendix 1

Communication channels

Internal channels

Channel	Frequency	Description	Purpose	Audience	Distribution	Feedback
Staff Bulletin	Weekly - Monday	Email bulletin to all staff across the Alliance, giving time sensitive information that is relevant to the work of staff.	To ensure staff are kept updated of day-to-day news, so they feel informed and involved and are able to do their job to the best of their ability.	All staff across the Alliance	Email produced and issued by the Communications team	Named contacts are included in news items.
AO message	Weekly - Friday	Email from the Accountable Officer to all staff across the Alliance, giving strategic and operational updates.	To ensure staff across all four CCGs are kept informed and engaged with the operational and strategic progress and developments of the Alliance. To ensure staff have direct communication	All staff across the Alliance	Email produced and issued by the AO.	Feedback directly to the AO through email.



			with the leader of the Alliance, so they can feel better connected with senior leadership and the strategic objectives.			
Staff Newsletter	Monthly	Designed online/digital newsletter with non-time sensitive news and features related to staff.	To provide staff a platform to highlight their areas of work or personal life. To give staff a greater connection and feeling of being part of one commissioning body, rather than four separate organisations.	All staff across the Alliance.	Email produced and issued by the Communications team.	Feedback can be sent to the Communications team.
TVs	Ad hoc	Information and messages are displayed on television screens in the offices of the CCGs within the Alliance.	To ensure all staff have access to key information and messages. Reducing the reliance on email.	All staff across the Alliance.	Messages produced and displayed by the Communications team.	Contact details are displayed.
All staff emails	Ad hoc	Time-critical messages are	To ensure staff receive time-	All staff across the Alliance.	Emails written by staff and	Feedback is given directly to author.



		sent to all staff via email following permission by the Communications team.	critical information as soon as possible.		authorised and distributed by the Communications team.	
Intranet	Daily	Work-related information is made accessible through the work computers to staff to assist them in their job.	To ensure key work-related information is accessible in one place.	Individual CCG staff.	Updated via the Communications team and CSU	Feedback sent to the Communications team.
Standing staff briefing	Fortnightly/ Monthly	A senior member of staff verbally updates staff on operational and strategic developments and progress.	To ensure staff are informed in the strategic and operational developments of the Alliance. To give clear visibility of the senior leadership among staff.	All staff across the Alliance.	N/A	Staff can ask questions directly.



External channels

Channel	Frequency	Description	Purpose	Audience	Distribution	Feedback
Website	Daily	Information is made accessible on the websites of each CCG within the Alliance.	To ensure external audiences have access to all relevant information about the CCGs within the Alliance.	Open to all external audiences	N/A	Google Analytics available as required
GP Bulletin	Weekly - Wednesday	An update on time-sensitive information that is relevant to GPs, Practice Managers and Practice Nurses	To keep members and practice staff informed on the developments of the CCGs within the Alliance and are given information that is relevant to their work.	Members, practice managers, practice nurses	Email sent via the Communications team.	Relevant contact details are included within the news items.
Social media	Daily	Messages are made available in real-time through the various social media channels used by the CCGs within the Alliance.	Used to keep external audiences informed about news and developments relevant to the work of the CCGs within the Alliance and the wider	Open to all external audiences	Distributed through social media channels via the Communications teams.	Feedback can be sent directly to the Communications team through social media.



			NHS. Used to promote health messages.			
Stakeholder Newsletter	Quarterly	A designed hard-copy and digital newsletter that highlights positive news, promotional campaigns and relevant updates about the work of the CCGs within the Alliance.	To highlight good news to external audiences, to increase the confidence they have within the Alliance and wider NHS. To keep external audiences informed of the work of the Alliance and wider NHS.	Public	Distributed via email to key stakeholders and hard copies printed and distributed to the public across the Alliance. Produced and distributed by the Communications team.	Feedback is sent to the Communications team.
Proactive media releases	Ad hoc	Media releases are produced regularly to promote good news stories or messages around operational priorities.	To promote the work of the CCGs within the Alliance. To encourage behavioural change that will benefit the local health system or the health of the local populations.	External audiences via the media	Produced by the Communications team and emailed to the relevant media.	Contact details made available through the media.
Promotional	Ad hoc	Marketing activity	To encourage	External	Marketing activity	N/A



campaigns		to promote messages that will benefit the local health system or the health of the local populations.	behavioural change that will benefit the local health system or the health of the local populations.	audiences	led by the Communications team.	
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Appendix 2

