Thank you for giving Healthwatch Birmingham the opportunity to comment on BSOL's Communication and Engagement Strategy (2018/20) before it goes out to a full consultation. We welcome that BSOL is developing a strategy that will ensure that local people and stakeholders in Birmingham have a say in how health care is organised. Below are some of our comments:

Principles for engagement (p12)

- Targeted and specific engaging with the relevant people, at the right time, to influence decision making and help the CCG deliver its priorities
    - Who are the relevant people?
    - How will you decide who to target? What processes will be used? It is not clear whether the stakeholder analysis that is to be carried out includes local people.
- A focus on quality, not quantity; obtaining high-quality feedback and insight, from people using local health services
    - How will you determine what quality feedback looks like?
    - On the other hand, how do you balance large quantities of feedback on the same issue, but considered of poor quality (in terms of BSOL's criteria for what quality feedback is)?
- The voices of 'seldom heard' people and communities will be actively sought, supported by specialist local third sector organisations, where appropriate
    - How will you understand the engagement preferences and barriers of these groups?

Implementation of the strategy (Delivery plan)

The delivery plan (p22 – 29) is not clear as to which elements or priorities it is supporting. It does not state which objectives it is aiming to achieve, and for which audience.

Equality and Diversity

We welcome that equality and diversity issues are a key component of the CCGs communication and engagement plans. In particular, that the CCG has developed equality objects to ensure that appropriate representation and involvement of local people and stakeholders in done. However, it is not clear how the CCG will take into account potential barriers to communication and involvement some people face.

We believe that this can be made stronger if this included in how the CCG communicates. For instance, ensuring that different methods adopted are accessible to people with language barriers and visual impairment.

Evaluation/Reviews

We agree that continuous review of the strategy to ensure relevance is important. As well as ensuring that the strategy is responding to changes and new insight. However, the document does not state the frequency of reviews. For instance, **page 20 section 12** states that reviews will be carried out frequently. We believe that having clear stated periods (i.e. quarterly, twice a year) would be more useful.

On the engagement Model (p12 – 14: PHPs, PPGs, PCEF, SPPs, PHF, Experts by experience):-

- How do you determine the response rates? For instance, how many of the 3000 local people signed onto the People's Health Panel actually contribute to surveys and any involvement activities?
- How do you review and mitigate against hearing from the loudest voices on these panels and forums.
- How often do you review membership on this groups in terms of length and composition?

Budget and resources

It is not clear from the draft strategy the budget and resources required to help the Trust achieve the goals of the strategy.

General issues:

- **Page 2 paragraph four**: it is not clear what 'sharply' this means or is it referring to S.M.A.R.T
- **Page 2 (Section 4 #2):** 'Clear, easy-to-understand and professional, demonstrating **pride** and credibility – the word pride does not really convey the idea of adherence to NHS ethos (could be replaced with the word transparency??)
- **Page 2 (Section 4 #3):** Targeted to ensure people are getting the information they need and in the correct format – This principle could be better linked to the equality and diversity issues around communicating with those with a particular communication need. It would also be useful to identify how those with a communication need will be identified and the means for communicating decided upon.
- **Page 3: Audiences and stakeholders** – We note the differentiation between stakeholders and local people. This is welcome as it will help the Trust to plan effectively on how to communicate and engage with the different audiences. However, it is not clear whether the 'stakeholder analysis' also includes local people. If it does, it might be problematic to use a power and influence matrix for local people.
- **Page 4 paragraph 4 (**The CCG's high-level narrative): the statement '*Working together with our partner organisations, we can deliver the best possible health outcomes for patients across the whole of Birmingham and Solihull, by commissioning the best and most responsive services for local people, based on their needs….'* could include '*Working together **with local people and our partner organisations**, we can deliver the best possible health outcomes for patients across the whole of Birmingham and Solihull, by commissioning the best and most responsive services for local people, based on their needs….'*

- **Page 5 Paragraph 3** (The Key messages are) - the statement '*Working together with other organisations, we will ensure local people have access to the best and most responsive health services, based on what they need*' could include '*Working together **with local people and other organisations**, we will ensure local people have access to the best and most responsive health services, based on what they need*'
- **Page 11 Paragraph 2:** consider changing the statement '*Engaging and involving our stakeholders*' to '*Engaging and involving **local people and our stakeholders***' so that the message is consistent.
- **Page 11 Section 9.1** (Stakeholder engagement): this section could be strengthened. Could consider linking back to stakeholder analysis so that it is clear the stakeholders that the strategy is referring to. The section has provided a lot of information about the use of social media – will this be appropriate for all stakeholders and for each message/action plan? Consider mentioning other methods that will be used in addition to this?

Andy Cave

Chief Executive Officer

31/08/2018