

Communications and Involvement **Plan**

Strategy Document

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1. Introduction

This document outlines how NHS Walsall will make sure that the commitments made in its refreshed strategic framework will be communicated to, and embraced by, patients, their carers, our staff, members of the public, other commissioners and health care providers.

Successful communications and stakeholder involvement are more crucial now than ever before as NHS Walsall further develops its approach to World Class Commissioning.

We firmly believe in the principles outlined in the NHS Constitution and Lord Darzi's recent review, which clearly state that staff, patients and the public have a right to be heard and to influence health services in their local area.

As this is a 'Communications AND Involvement' plan, the feedback and knowledge we achieve through talking to our stakeholders will help this plan to evolve and continually improve.

So this will be a 'living, breathing' document – constantly updated and improved upon.

2. The bedrock - our underlying principles

Our main purpose is to improve the health and wellbeing of local people and reduce health inequalities.

In order to achieve this, we want to ensure that there is a much greater awareness and understanding of the work of NHS Walsall.

So, we will need to make sure that:

- Communications, involvement and engagement become an integral part of the work of our organisation.
- There is measurable feedback from providers and other stakeholders about improved working relationships.
- There is increased confidence in the work of NHS Walsall.
- All stakeholders feel valued for their contribution.
- We use the best ways to encourage participation.
- We have a good reputation at a national, regional and local level for our inclusive approach to commissioning services.

3. What we have to say - the themes

Our messages must include the impact of the changing economic climate, what the effect locally will be on implementing the 'integrate to improve' programme and the purpose of accelerating self-care services. 'Integrate to improve' means making sure that services link up well together to give the best experiences to patients' – hence, our phrase 'integrated productive services'.

We have refreshed our strategic plan. This has resulted in:

- Changes to our strategic goals.
- An extension to our value set.
- The refinement of the number of health outcomes we will focus on.
- A change in the way we will work with others in the future.
- A stronger focus on some key corporate messages.

We therefore need to ensure that the changes planned from 2010 are conveyed to our staff, public and other partners through an effective Communications and Involvement plan.

3.1 Key Messages for 2010

Our commitment to improve health outcomes for local people requires us to respond to changing national and local circumstances.

This means that there is an ongoing need to review, modify, develop and change elements of our strategic plan so that what we are aiming for is achievable.

This section details the changes that we have made over the last year and why we have made them.

H health service, not illness service

E vidence-based excellence

A lliances – the key to success

L istening to local people

T rue choice and accessible services

H itting the hard targets

3.2 Strategic Goals

From 2010 onwards we have adopted the phrase ‘adding life to years and years to life’ to our goals.

We also intend to commission ‘integrated productive services’, meaning that services link up together to produce the best results for patients in the most effective way.

This has been done:

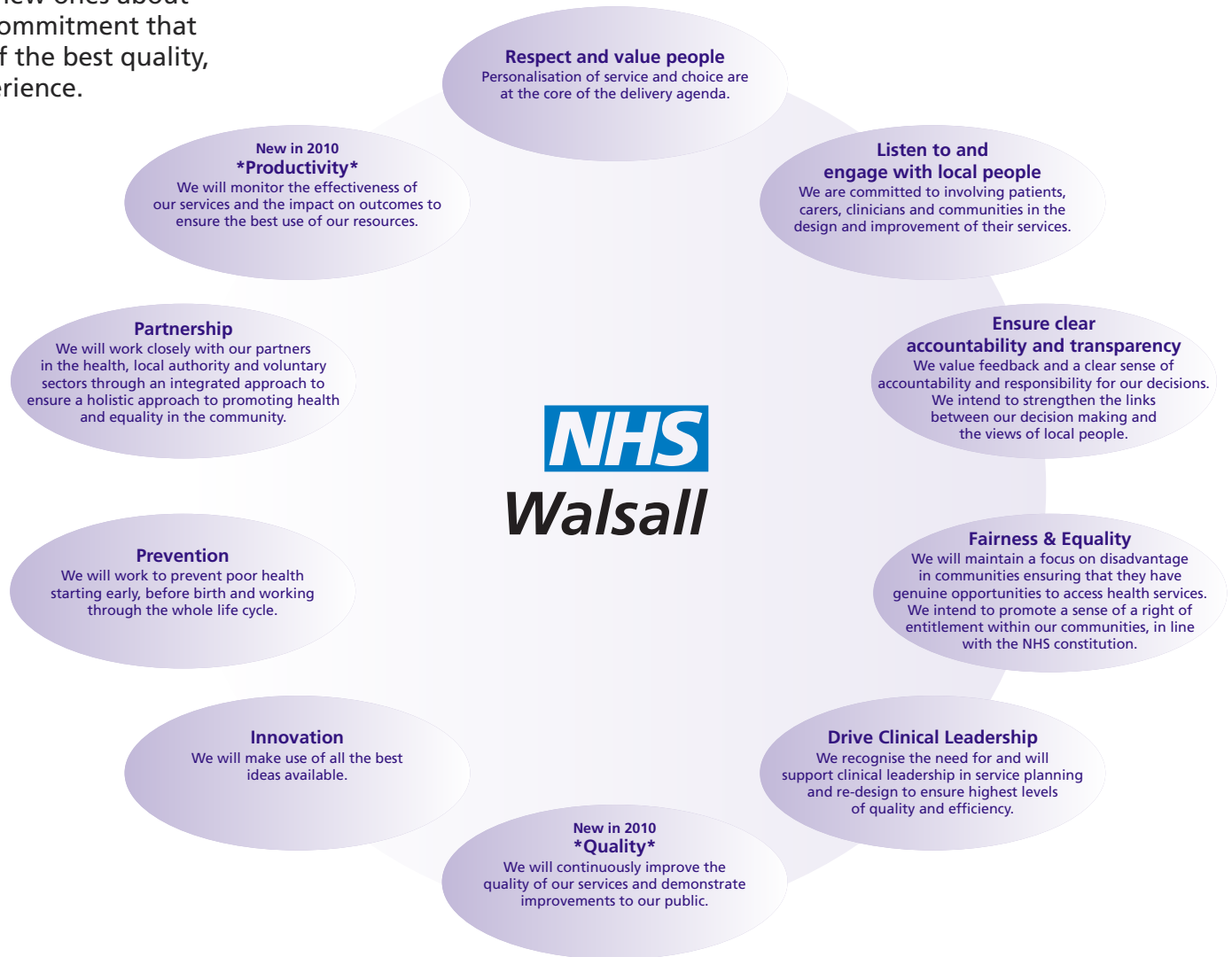
1. To reflect our commitment to ensure that people live healthier, as well as longer, lives.
2. To design, develop and deliver high quality and integrated services closely matched to the health and care needs of the local population, recognising the importance of dynamic partnerships with clinicians, local authorities and other commissioners, communities and providers of healthcare services.

How strategic goals have evolved

2009	2010
Improve life expectancy by addressing inequality and improving lifestyle choices.	Adding life to years and years to life by addressing inequality and improving lifestyle choices.
Commission high quality services to improve patient experience and clinical outcome.	Commission high quality integrated productive services that improve patient experience and clinical outcomes.

3.3 Values

We have extended our set of values by adding two new ones about productivity and quality to show an even stronger commitment that services commissioned will be evidence-based and of the best quality, encompassing safety, effectiveness and patient experience.



3.4 Health Outcomes

We are concentrating our efforts on tackling a smaller number of health outcomes – reducing from 18 to 10 - choosing the areas where we believe there is a real prospect of us making improvements.

We will concentrate our efforts and resources on these 10 areas. This is where we are confident that we will have a direct impact on the health and wellbeing of the population, drive unprecedented improvements in patient outcomes and be sure that investment decisions can be made in an informed and considered way.

Evolving focus on health outcomes

Life expectancy	Life expectancy
Average IMD score	Average IMD score
Infant mortality rate	Infant mortality rate
Rate of hospital admissions per 100,000 for alcohol related harm	Obesity
Obesity	CVD mortality
CHD controlled cholesterol	Smoking quitters
CHD controlled blood pressure	Teenage conception
CVD mortality	Rate of hospital admissions per 100,000 for alcohol related harm
Diabetic controlled blood sugar	Percent of patients spending greater than 90% of their time on a stroke unit
Smoking during pregnancy	Self-reported experience of patients and users
COPD prevalence	
Percent of stroke patients given a scan within 24 hours	
Self-reported experience of patients and users	
Proportion of cancer patients waiting no more than 31 days	
COPD mortality	
Suicide mortality	
Cancer mortality	
Patient and user reported measure of respect and dignity in their treatment	

3.5 Programme Approach

Programme management was introduced in 2009 with the intention of improving our organisation's performance.

The 'Programme Approach' is a process that helps organisations to formulate priorities so that objectives can be achieved in a well-planned and coordinated way, with participation from all involved.

We have increased the number of programmes from seven to nine, selecting a broader range of streams of work to take us towards our strategic aims, whilst remaining within capacity to deliver the changes.

What will the programme do?

Each of the programmes will be expected to develop a commissioning plan for its area of responsibility. The detailed work required for each specialty will be undertaken by specially constituted planning sub-groups for an identified specialty, or group of specialties. They are accountable to the programme board and will constitute a local clinical network, involving key clinician from primary and secondary care in the creation of commissioning policies and plans. Their approach to service planning will be:

- Inclusive
- Evidence based
- Builds upon the expertise of clinician, patients, local service providers
- Promotes the seamless delivery of service across organisational boundaries
- Capable of influencing prioritisation and resource allocation processes

Evolving the Programme Approach

2009	2010
Maternity and Children's Health	Children, Young People and Maternity
Long Term Conditions	Long Term Conditions
Health and Well Being	Health and Well Being
Urgent Care	Unscheduled Care
Dementia and Mental Health	Mental Health
Planned Care	Planned Care
Older People	Healthy ageing
	Learning Disabilities
	Cross Cutting Programmes

4. Who we need to talk to – our stakeholders

The focus of this plan is to consider our approach to:

- Internal stakeholders – i.e. staff within NHS Walsall and Walsall Community Health and PCT Boards members.
- External stakeholders. These include Local Authority colleagues, NHS providers, including independent contractors, Manor Hospital, Dudley and Walsall Mental Health Partnership Trust and Walsall Community Health as key organisations involving clinicians and staff working closely with patients and members of the public. Walsall Voluntary Action will be a particularly useful way to engage hard to reach communities.
- Patients, their families/carers and the public who directly use - or are interested in - NHS services and issues across Walsall. Particularly valuable will be communicating with those in membership schemes, such as MyNHS Walsall and organisations representing the views of patients, their families and carers and the public.



5. Finding the 'right' way of saying it

We have raised the bar for the way we expect social marketing tools and techniques to be used to reach the right people with the right messages using the right approach at the right time.

One of the key determinants for securing good health is the ability to manage and manipulate information. Ability to do this is a key building block for building the confidence of people to join in, to navigate pathways and participate fully in their own health.

The Joint Strategic Needs Assessment (JSNA) reveals the poor literacy levels and the diversity of the local community means that we must be even more flexible in how we communicate.

This reflects that we need to use different methods to reach different sections of the population.

With relatively low levels of literacy within the population of Walsall this is a challenge.

It is no longer sufficient for us to rely on traditional printed materials only. Although regional exercises, such as IPSOS Mori telephone polls, local surveys and engagement events, tell us that patients, carers and the general public want more say on the care they receive and the way health care is delivered, Walsall is the second worst district in the country for people believing they can influence decisions.

This requires sensitivity in the approaches that we select to encourage participation and how we feed back changes made.

In our refreshed strategic framework we have a number of complex corporate messages to convey.

6. How we will talk to people

Here are some of the comments given when we recently consulted upon the updated NHS Constitution.

Each group of stakeholders will have different views and motivations and we need to identify the best way to communicate with them all to encourage their participation.

We will have to select the most appropriate approaches and delivery mechanisms that will be in line with the values we have identified in our strategic plan.

NHS Walsall is committed to respecting and valuing people, listening to and involving local people, clear accountability and transparency, clinical leadership, innovation, prevention, partnership and fairness and equality.

'I think it is very good for people outside the NHS to come along and voice opinions. Walsall does this very well and more of the local community should be involved. I think it has been a worthwhile day and I'm glad I came and participated.' Lesley Shephard, MyNHS Walsall (After attending the Strategic Plan Refresh, November 17, 2009)

Parliament member: Andy Brown - "It gives everyday people a chance to express their opinions and hopefully a chance to change things for the better."

Parliament member: Pat Etchells - "MyNHS Walsall Parliament is a new enterprise greatly welcomed for Walsall people. At the moment we are feeling our way through 'growing along the way'. As we progress I believe it will be an invaluable tool if used correctly for having the best health care available."

Parliament member: Cyril Richardson - "It's worthwhile because it allows ordinary citizens an opportunity to give feedback to this relatively new institution helping to provide an efficient National Health Service in Walsall."

Parliament member: Flo Smith - "Means of communicating with NHS. You can be isolated from the NHS unless you have a problem. Keeps us up to date with what's going on and I can help other people with the knowledge."

6.1 Internal Communications

Just over half of NHS Walsall staff live in Walsall.

Staff who work for us are crucial ambassadors and are entitled to be well informed and to be heard.

In the last staff survey a year ago staff expressed the view that they felt well informed.

We will continue to provide excellent internal communications, which will help staff to understand the corporate goals and ensure they feel valued and motivated.

We will encourage staff to pass on our key messages to their families and friends. We will do this by further developing the mechanisms below.

Intranet & Social Networking

We will create a more dynamic and reactive intranet. The well-used intranet carries all the policies and procedures e.g. brand guidelines, corporate messages, training information, calendar of events and links to other websites. It is also the 'social centre' of the organisation, where staff can chat online and buy and sell items. The appointment of a new Web Master will assist us in our goal.

Email

We will reduce the burden of unnecessary emails. Email is the most common method of communication and there is a clear policy on the correct use of email. To ensure that staff are aware of this policy we will be running workshops. To cut down on the number of global emails we have introduced a weekly emailed 'Hot off the Press' update for staff.

Newsletters

We will ensure staff receive up-to-date and targeted information. Our newly-introduced 'Commissioned' magazine is published every two months and produced for staff in the commissioning arm of the organisation, as well as practice-based commissioners (GPs). It will be further developed to keep commissioners updated about the changing agendas.

Team Brief

The effectiveness of 'Team Brief' will be monitored over coming months. 'Team Brief' has recently been re-invigorated. The content is mainly 'corporate' - based on the papers presented to the Board and matters discussed by the Executive Team. The aim is for the information to be delivered verbally - supported by a written brief - by the Chief Executive to managers, who then cascade the information to their teams. A feedback mechanism allows staff to ask questions or make comments which are fed through to the Executive Team.

Plasma Screens

The effectiveness of using new media will be monitored over coming months. From January 2010, a plasma screen in the atrium at Jubilee House will help deliver the key corporate messages to staff, whilst in GP reception areas plasma screens will carry locally tailored messages. Links with the local college will be further developed to enable apprentice students to produce content and staff will be actively encouraged to provide content and get involved.

Notice Boards

We will review the use of notice boards to ensure they are up to date and effective.

Building staff capacity

We will make it easy for staff to access expertise and advice about communicating and involving others. The communications and public involvement teams have recently merged within the commissioning arm of the organisation, under the direction of a new Assistant Director reporting to the Director of Partnerships. This will enable requests for support to be channelled into a pool of experts. For clarity, the activities that have been consolidated into a single corporate team include:

- The focal point for all NHS Walsall and Walsall Community Health staff
- Media and PR (including media releases and enquiries)
- All advertising (except recruitment and statutory public notices)
- Social Marketing activity
- Print and design – including Annual Report and Patient Prospectus
- Web and intranet (development and delivery)
- Promotional activity
- Sponsorship
- Displays and exhibitions
- Related goods and services
- Information and notice boards
- Plasma screens
- Social media
- Corporate branding (including corporate identity guidelines)
- Crisis PR management
- Formal and informal consultation advice and support
- Guidelines and policy development
- Education and training
- Events management – including AGM and Star Quality

E-cycle (the 'Engagement Cycle')

We are committed to creating a dynamic relationship between the NHS and local people. We want to harness their local intelligence and interest in the NHS to further strengthen our commissioning decisions and influence how we progress the self-care and personalisation agenda. To ensure that the e-cycle is embedded into organisational development, and that colleagues recognise the importance of Partnerships for Public Engagement in commissioning, the Communications and Involvement Team will deliver a series of workshops and regular updates to key NHS Walsall staff.

We want to develop this in the context of the NHS Constitution, published in January 2009, which puts the constitution at the heart of everything we do. Subject to Parliamentary approval, all NHS bodies and private and third-sector providers supplying NHS services in England will be required by law to take account of the constitution in their decisions and actions. The Government will have a legal duty to renew the constitution every 10 years. No Government will be able to change the constitution, without the full involvement of staff, patients and the public.

Quality control

Policies, standards and advice notes for communication and involvement are continually being developed and published on our website including:

- Crisis PR Strategy
- Campaign and Consultation Guidance
- Team Brief Guidelines
- Media Protocol
- Building an Involving Organisation
- NHS Branding guidelines

Community Involvement - Neighbourhood Management

We are committed to sharing local intelligence mechanisms. To deliver the Sustainable Community Plan, a new neighbourhood management model is to be introduced from April 2010. This model supports communications and involvement activity at a neighbourhood level and, as a partner, NHS Walsall endorses this approach. The Communications and Engagement Team will contribute resources to ensure its success and that local intelligence is utilised by NHS Walsall commissioners to improve commissioning decisions.

6.2 External communications

NHS Walsall will focus on strengthening relationships with others and continue to foster approaches that actively encourage ongoing dialogue, discussion and debate.

NHS family & Public Sector Partners

We will continue to build, strengthen and develop partnerships. In 2009 we introduced a rolling programme of meetings between senior executive team members in NHS Walsall and those in Walsall Community Health, Walsall Manor Hospital, Dudley and Walsall Mental Health Partnership NHS Trust and Walsall Borough Council (WBC). This was enhanced with the introduction of a programme of regular Board to Board meetings, where Non Executive Directors play an active role. These meetings have successfully generated ideas where activities could be co-ordinated on a borough-wide basis.

Clinical Engagement

We will harness the expertise of clinical staff. This does not just mean consulting clinical staff but actively engaging them in the design of services which are clinically effective, acceptable to patients and provide best value for money. We see clinical engagement and clinical leadership development as co-dependent, and crucial for safe commissioning.

Walsall's Professional Executive Committee (PEC) acts as the corporate clinical reference group and engages clinically across commissioning/ procurement/clinical quality monitoring/accreditation/ Research & Development (R&D).

With the development of programme boards around care pathways/ redesign initiatives and an integrated approach to the health economy, the PEC has recruited a variety of clinicians to the committee from a broad range of providers, and to developing an extended PEC (EPEC) with clinical champions. Our new Practice Based Commissioning (PBC) governance strengthens clinical engagement across primary care and commissioning systems.

To build on the considerable progress achieved over the last year, Walsall has developed a Clinical Engagement Strategy which encompasses:

- the principles for achieving effective clinical engagement
- clarity about how the outcomes of this dialogue will be taken forward
- support structures for enabling as many clinicians as possible to contribute to the work of the PCT, not just those in formal clinical leadership positions
- robust mechanisms to ensure that the decisions of the PCT are fully informed by the best clinical advice available
- regular review of the effectiveness of the engagement processes

The Clinical Engagement Strategy is not intended to be a blueprint. Rather it is an organic framework to ensure that the PCT is at the forefront of best practice and innovation in commissioning health care for its population.

Inter Organisational Working

We will invest in developing strong operational links. To avoid a fragmented and disjointed approach to the provision of information, campaigns and events across Walsall, our Communications and Involvement team members will remain actively involved in the communication networks that exist across Walsall and the region. This includes the regional Patient and Public Involvement Leads network

The media

We will work constructively with the media. Regular positive press releases are issued to the media to help promote NHS Walsall's work and inform members of the public about the latest news and services available. This will continue.

6.3 Public, patients and their carers

We want people to be able to get involved in the business of the NHS; have access to information that enables people to navigate the local health system, take responsibility for their care and make best use of the NHS. We will strengthen the following vehicles to enable this to happen.

6.3.1 Enabling public and patient involvement- MyNHS Walsall

We will strive to expand the status of MyNHS Walsall. MyNHS Walsall is the Trust's membership body, which has received many accolades for being the first of its kind in the country. Current membership stands at approximately 4,300 and there is a recruitment drive under way to increase membership. We have established a 'parliament' of 60 seats, of which 56 are already filled. The 'parliament' has met three times so far and has a number of sub committees that look into particular health issues. Each sub group develops recommendations for improvement, which are considered by our Board and actioned appropriately. Our priority is to recruit more members, fill the remaining parliamentary seats and have a programme of sub committee activity which will make recommendations to the Board.

A further priority is to improve the contact data and to profile the membership to allow targeted market research and consultations through appropriate focus groups.

The proposal is that the membership will be layered into three tiers of influence, consisting of a top tier parliament and its standing committees, a middle layer that will undertake more focused engagement work and a bottom tier that will be involved in wider consultation activity and receive information as part of the fully engaged scenario. Different levels of contact will be maintained with each tier.

A long-term strategic aim is to make MyNHS Walsall the umbrella organisation and recognised brand for membership schemes in Walsall where other membership schemes and agencies align with us. The first step and short-term aim in this direction is to merge our scheme with the one created by Manor Hospital.

Patient groups

We will ensure that patient groups are able to influence local service delivery. A target within our strategic plan is to develop Patient Participation

Groups for all GP practices by 2012. We are currently working with the National Association for Patient Participation to develop early adopters, which will form the model for wider roll-out. In the Long Term Care programme we will pursue self care as means to involve patients in shaping their own health and wellbeing.

6.3.2 Patient education - Skilled for Health

We will build a more equal relationship between professionals and the public. Skilled for Health is a national programme that helps patients to prepare for health consultations and the public to understand what to expect from the NHS and how to navigate the system. This will help clinicians and patients to develop a more equal partnership in self-care and self-care management. We intend to commission this work and incentivise the system to refer and recommend people into it.

6.3.3 Improving navigation - Health Navigators

We will build a new workforce to offer 'support from next door rather than advice from on high'.

Many people find it difficult to navigate the NHS, so we will continue to expand the opportunities to recruit people or commission third sector agencies who are able to offer 'support from next door rather than advice from on high'.

We have 10 local people who are employed as community champions and will explore the potential for more.

Patient Experience

We will embed patient experience into the core business of NHS Walsall. We have introduced a Customer Care Centre where assistance can be sought to improve patients' experiences. We will ensure that intelligence gathered through complaints and investigations will be used in decision making.

6.3.4 Increasing access to information

We will increase the number of channels for providing information to the public. Providing information to patients is the first step in the engagement process. Information empowers people to make decisions about their health and wellbeing and enables them to improve public and patient involvement and education in their own health care.

Websites

There are currently four corporate websites:

- NHS Walsall - which represents the commissioning side of the organisation.
- Walsall Community Health - which represents the provider side of the organisation.
- EQUIP - a regional NHS website, whose Walsall-specific site is set to be launched in early 2010.
- MyNHS Walsall site.

There is a danger that four websites for one organisation will confuse stakeholders and the public. This will be addressed by ensuring that this work is integrated with the wider IT strategy for NHS Walsall.

EQUIP (Electronic Quality Information for the Public)

We have recently appointed a health information manager to facilitate the improvement of the way we provide information to patients. Key responsibilities will be to ensure that EQUIP, a quality-assured, web-based information database, becomes the first source of information used by clinicians, patients and members of the public and key partners seeking information about services or how to access support to self care and promote independence.

GP websites

GPs are actively being supported to develop and enhance their websites to reinforce patient choice by providing comparable information on GP services. The websites will link to EQUIP and to NHS Choices, the national Department of Health information website. Our aim is to achieve at least silver standard for all GP practices in relation to completion of the practice profiles on their websites.

7. Success of the strategy

The success of this strategy will be measured in the following ways:

- Annual review of the work programme with evidenced actions which have been achieved to improve patient experience and outcomes. Public and patient involvement, staff engagement and partnership working.
- Annual survey of stakeholders to be conducted to measure impact of strategy to improve internal and external communications
- Regular staff surveys.
- Number of members of MyNHS Walsall and number of submissions to NHS Walsall Board from MyNHS Walsall Parliament.
- 'No surprises' - our partners are aware of the work of NHS Walsall and how to get involved.
- Good understanding - staff demonstrate brand loyalty.

These will be developed into measurable criteria, as part of more detailed work, and will be available on our website: www.walsall.nhs.uk

8. Evaluation

It is important that we listen to comments and suggestions from all our stakeholders. Stakeholders should be kept informed of any changes made as a result of feedback using existing communications methods including Key Performance Indicators and audits.

Everyone is encouraged to comment on the communications and involvement plan, which will be refreshed annually.

A final version of the strategy will be available on the website www.walsall.nhs.uk

9. Get Involved

If you would like to find out more about our strategy or this plan go to our website www.walsall.nhs.uk or contact Richard Haynes Assistant Director of Communications and Involvement on 01922 618354 or email richard.haynes@walsall.nhs.uk

If you want to become a member of MyNHS Walsall contact Dominic Leadbetter, Manager of MyNHS Walsall, on 01922 619998 or email dominc.leadbetter@walsall.nhs.uk

If you have any issues, comments or concerns about NHS Walsall services contact Nicky Bourne, Customer Care Centre Manager, on 01922 618343 or email nicky.bourne@walsall.nhs.uk

Communications					
Audience	Action	Key Performance Indicators	By when	Who responsible	Budget
All stakeholders including public and patients	Media: Media interview training	Relevant Directors trained	April '10	SCM	
	Media: Review reader and listener profiles for local media	Report to AD	Feb '10	SCM	
	Media: Press releases with Board papers to journalists	Two releases for each Board	Ongoing	SCM	
	Media: Proactive press releases at least one per week.	Minimum of 50 press releases per year. Cuttings file and in top 5 PCTs in Durrants monitoring	Ongoing	SCM	
	Awards: Produce nominations for national awards e.g. HSJ, CIPR, AHC	Minimum of five nominations each year	As appropriate	AD	
	Events: Plan AGM involving MyNHS Walsall Parliament	tba	Plan by July '10. Event Sept 10	SCM	
	Web: Review and make recommendations on websites development	Report in March with timescales	Mar '10	WM	
	Other: Production checklist/job sheet incorporating comms principles	All comms team staff aware by Feb '10	Feb '10	SCM	
	Other: Rolling programme of promotional activity	Update monthly in consultation with Execs & PMs	Jan '10	AD	
	Other: Review and copy best practice for annual report	Report May '10	May '10	AD	
Consultation: on NHS Constitution.	10% response rate	End of Jan '10	HPI		
Staff	Internal comms: Staff focus groups to discuss internal communications	Report to exec team	Mar '10	AD	
	Internal comms: Review and make recommendations on newsletters	Report to exec team	Mar '10	AD	
	Internal comms: Monitor and report on Team Brief effectiveness	80 per cent of staff receiving verbally	April '10	SCM	
	Internal comms: Review use and effectiveness of notice boards and make recommendations	All notice boards up to date by March '10	Mar '10	SCM	
	Internal comms: Introduce Hot off the Press weekly update	100% staff receiving every week	Jan '10	SCM	
	Events: Plan Star Quality event for 2010	25 nominations	Plan June '10 for event in Nov '10	SCM	
	Training: Programme in training events at PLT re comms/ involvement priorities	90 per cent of staff trained by year end	Dec '10	HPI	
	Campaign: Launch EQUIP info campaign	50 per cent awareness	April '10	HPI/SCM	
	Training: E-cycle training for staff	All commissioning staff attended workshop / PLT	Bi monthly	HPI	
	Web: Review intranet navigation and content	Report March, complete May	March '10 May '10	WM	
	Other: Review strategy following staff survey results	Staff informed of results and actions	March '10	AD	
Other: Conduct skill mix review of comms team	Recommendations to exec team	Feb '10	AD		

Communications					
Audience	Action	Key Performance Indicators	By when	Who responsible	Budget
Influencers	Media: Copy press releases to influencers	Review after election	July '10	SCM	
GPs and other health sector	GP Newsletter: Consult GPs and health stakeholders re joint health newsletter for GPs	Recommendation by April	April '10	AD	
	Web: GP website and microsite development	Silver standard for all Practices for NHS Choices by March '10	March '10	HPI	
	Other: Report decisions made at Walsall Partnership comms subgroup and other network meetings	Regular reports	Ongoing	SCM/HPI/AD	
	Other: Set a monthly meeting with comms from Walsall Council, Walsall Hospitals NHS Trust and Dudley and Walsall Mental Health Partnership NHS Trust	10 meetings in the year	Ongoing	SCM	

Involvement					
Audience	Action	Key Performance Indicators	By when	Who responsible	Budget
Patients	Other: Agree timescale and establish patient groups for GPs	20 groups by March '10	Mar '10	HPI	
	Newsletter: Write regular copy for 'Round your Way' magazine	4 articles a year	Dec '10	SCM	
Public	MyNHS Walsall: Merge MyNHS Walsall membership with partner organisations	11,000 members by March '10. Merger with Manor by March '10 Others inc youth parliaments by March 11	March '10	HPI	
	MyNHS Walsall: Programme of activity for MyNHS Walsall Parliament	Six reports to NHS Board in the year	Dec '10	HPI	
	MyNHS Walsall: 'Cleanse' MyNHS Walsall data and improve contact information	75 per cent email or mobile info by year end	Dec '10	HPI	
	MyNHS Walsall: Profile MyNHS Walsall membership	50 per cent of members categorised	June '10	HPI	
Voluntary/ Third sector & Hard to reach groups	Training: Commission Walsall College for Skilled for Health training	Contract in place by March '10	March '10	HPI	
	Other: Scoping exercises re improved comms with voluntary sector	Report by June	June '10	HPI	
	Other: Commission Walsall Enterprise to undertake community research and appreciative enquiries	Commission by May '10	May '10	HPI	
Hard to reach groups	Other : Community Champions and Apprenticeships	Review impact on uptake of services by hard to reach groups	June '10	HPI	

Key:
 AD - Assistant Director
 SCM - Senior Communications Manager
 HPI - Head of Public Involvement
 WM - Web Master