

Darlington SCCG Stakeholder Map

Internal Stakeholders

Stakeholder Group	Characteristics	Challenges	Engagement / Communications Priorities	Channels / Methods
Staff				
CCG staff	<p>High interest and high influence, ranging from administrative staff to senior clinicians.</p> <p>Key ambassadors and influencers to patients, other stakeholders and local communities.</p>	<p>Engaging staff at all levels.</p> <p>Supporting staff through ongoing cultural and organisational changes.</p>	<p>Inform, consult and involve</p> <p>Engagement in service changes and developments.</p>	<p>Practice meetings</p> <p>Locality practice manager meetings</p> <p>Clinical networks and representative bodies.</p>
Key clinicians	<p>High credibility with many other stakeholders</p> <p>High level of influence within the NHS</p> <p>May be perceived as leaders of the NHS</p> <p>High media profile on NHS issues.</p>	<p>Engaging clinicians to enable their input into policy, strategy and campaigning.</p>	<p>Demonstrate influence of stakeholder engagement in commissioning decisions and service development.</p> <p>Build understanding of new structure and establishing CCG's reputation and capability as key player in the local NHS.</p>	<p>Clinical networks and representative bodies</p> <p>Individual correspondence</p> <p>More individualised forms of digital / social media</p> <p>Consultation</p> <p>Formal decision making structures.</p>

External Stakeholders

Stakeholder Group	Characteristics	Challenges	Engagement / Communications Priorities	Channels / Methods
Patients and carers				
Patients / public	<p>May be dependent recipients of information. May not be</p>	<p>Ensuring patients and the public become a more</p>	<p>Inform and consult.</p>	<p>GP Patient Forums / focus groups / CCG + practice</p>

	<p>involved or interested.</p> <p>Exposed to and expected to assimilate a range and variety of messages from a number of different sources on a daily basis. Will ignore or discard anything not immediately perceived as relevant.</p> <p>May be reached through GP or clinics.</p>	<p>high interest and high influence group.</p> <p>Demonstrating how outcomes of engagement influence commissioning.</p> <p>Creating interest and relevance.</p> <p>Creating 'call to action' in use of services, lifestyle change, consultation.</p>	<p>Build understanding of new structure and establishing CCG's reputation and capability as key player in the local NHS.</p> <p>Build positive reputation in terms of improving services</p> <p>Raise awareness and understanding of access to services and key health messages.</p>	<p>websites / email / newsletters.</p> <p>Mass communication to large groups through local media</p> <p>'Above the line' marketing campaigns using range of methods and materials.</p> <p>Social marketing to target identified groups.</p>
Informal support groups / carers groups	<p>Network based groups.</p> <p>Have prior knowledge, have high involvement, are time rich, confident, self-sufficient, self-aware and discriminating.</p>	<p>Developing ongoing consultative relationships and engagement to shape services and improve health.</p>	<p>Inform, consult and involve.</p> <p>Accessible engagement in key developments.</p> <p>Build understanding of new structure and establishing CCG's reputation and capability as key player in the local NHS.</p> <p>Build positive reputation in terms of improving services.</p>	<p>Network based communication through public meetings, focus groups, listening events.</p> <p>Use of social media and websites.</p> <p>Targeted communication through stakeholder database.</p> <p>Use clinicians to engage on service design issues.</p>
Patient and long term condition groups	<p>Groups of individuals who are highly aware and discriminating.</p> <p>Increasingly demanding of tailored engagement and flexible relationships, and seek increased control.</p>	<p>Developing ongoing interactive relationships.</p> <p>Developing effective use of social media.</p> <p>Increasing frequency and targeting of communications.</p>	<p>Inform, consult, involve and partner.</p> <p>Engagement in services changes and developments.</p> <p>Demonstrate influence of stakeholder engagement in commissioning decisions and service development.</p> <p>Build understanding of new structure and of CCG's</p>	<p>Network based communication through public meetings, focus groups, listening events.</p> <p>Individual correspondence.</p> <p>More individualised forms of social media.</p>

			reputation as leading role in the local NHS.	
Patients in nursing and residential homes	Increased likelihood of referrals to Urgent Care services and A&E.	Developing ongoing relationships with staff.	Raise awareness and understanding of access to services.	Targeted communication through stakeholder database.

Stakeholder Group	Characteristics	Challenges	Engagement / Communications Priorities	Channels / Methods
Health partners				
<p>Frontline / provider organisations:</p> <ul style="list-style-type: none"> • Acute Foundation Trust • Mental Health Trust / integrated teams • Local authority / integrated teams • Nursing and residential home staff • Local nursing agencies. 	<p>Affected by issues and have an effect.</p> <p>Diverse in terms of roles and grades.</p> <p>Once engaged, can engage other stakeholders.</p> <p>If disengaged, can disengage other stakeholders.</p> <p>Diverse in terms of ease of reach e.g. offsite, contracted, low levels of literacy.</p>	<p>Early engagement with incumbent and potential new providers over commissioning of services.</p> <p>Staff identifying with new 'brand' as CCG organisations develop.</p> <p>Informing and engaging across complex and substantial organisations.</p> <p>Measuring engagement and understanding.</p> <p>Developing protocols for communication with provider and CCG staff.</p> <p>Increasing use and reliance on e-comms / informal social media by staff e.g. not 'top down' and uncontrolled.</p>	<p>Build understanding of new structure and establishing CCG's reputation and capability as key player in the local NHS.</p> <p>Provide an efficient news and communication channel, both to and between staff.</p> <p>Increase knowledge and information flow within the organisation.</p> <p>Provide a centralised resource for organisational information and knowledge.</p> <p>Develop support tools for organisational development and training.</p> <p>Guidelines for managing participation in social media.</p>	<p>Well established, regular communications framework with tailored channels which will be regularly audited. Increasing emphasis on e-communications. Also team meetings, newsletters.</p> <p>Focus groups to gather insights.</p> <p>Intranet – all staff will take responsibility for their use of the intranet. Staff usage will increase as this becomes the most trusted source of information.</p>
Regulators and inspectorates	High influence. Legitimate and objective regulatory relationship.	Managing stakeholder perception of NHS organisations'	Agree consensus in managing reputation of CCG across clusters / SHA area.	High profile media management of reputation and performance. Direct

		performance benchmarking across clusters / SHA areas.		liaison with regulators communications colleagues.
Private providers and independent contractors: <ul style="list-style-type: none"> • PCT / CSU • Community pharmacists • Dental practices • Optometrists • Third sector providers Other potential commercial providers.	Legitimate contractual relationship. Direct link to patients / public. Can block or advance communications links. Seek to gain and maintain prestige contract with the CCG. Seek to increase customer base.	Developing robust contractual relationships which ensures effective communications and engagement are delivered by all providers. Informing, collaborating and engaging across complex and specialist organisations, including profit-driven commercial providers.	Build understanding of new structure and establishing CCG's reputation and capability as key player in the local NHS. Manage the CCG brand and reputation through contractual relationship.	Tailored communications mechanisms which address contractor issues. Knowledge based solutions. Communications and engagement functions work closely with planning, performance, medical and commissioning colleagues.
Local authorities, Local Strategic Partnerships	Legitimate partnership relationship. High local profile as decision maker. Influences communications to local councillors. Political relationship with local MPs.	Ensuring public affairs management builds and maintains relationships on an ongoing basis.	Demonstrate that the CCG: - has significant influence on their decisions and actions - participates in the local health agenda - is an effective partner in delivering health objectives.	Managing public affairs to ensure existing networks and decision making processes are maximised to enable discussion. High quality standard of briefing materials. Advance planning of engagement with existing mechanisms.
Strategic Health Authority, Department of Health, Secretary of State	Legitimate and objective accountability relationship.	Developing productive relationships of accountability.	Build understanding of new structure and establishing CCG's reputation and capability as key player in the local NHS.	High quality public affairs through formal engagement routes.
Third sector groups / voluntary sector / major charities	Specialist interest, potentially high influence over users. High media profile as political lobbyists.	Managing specific or single but high profile issues.	Build reputation as leader of the local NHS.	Public affairs management through consultation. Maximising opportunities for user involvement.

Stakeholder Group	Characteristics	Challenges	Engagement / Communications Priorities	Channels / Methods
Community				
Wider public	<p>May be dependent recipients of information. May not be involved or interested.</p> <p>Exposed to and expected to assimilate a range and variety of messages from a number of different sources on a daily basis. Will ignore or discard anything not immediately perceived as relevant.</p> <p>Potentially wide socio-demographic range and characteristics.</p> <p>May be reached through individual GPs or clinics.</p>	<p>Creating and maintaining interest and relevance.</p> <p>Ensuring patients and the wider public are a high interest and high influence group.</p> <p>Demonstrating how engagement outcomes influence commissioning,</p> <p>Creating 'call to action' in use of services, lifestyle change and consultation.</p>	<p>Inform and consult.</p> <p>Build understanding of new structure and establishing CCG's reputation and capability as key player in the local NHS.</p> <p>Build positive reputation in terms of improving services.</p> <p>Raise awareness of key health messages.</p> <p>Awareness and understanding of access to services.</p>	<p>GP Patient Forums / focus groups / CCG + practice websites / email / newsletters.</p> <p>Mass communication to large groups through local media.</p> <p>'Above the line' marketing campaigns using range of methods and materials</p> <p>Social marketing to target identified groups.</p>
Community Groups	<p>Network based groups, geographically or demographically defined.</p> <p>May have spokespeople / Chairs with local political influence.</p> <p>Can provide media spokespeople on local issues.</p>	<p>Informing, consulting, and involving.</p> <p>Developing consultative relationships where groups have prior knowledge, have high involvement, are time rich, confident, self-sufficient, self-aware and discriminating.</p>	<p>Build understanding of new structure and establishing CCG's reputation and capability as key player in the local NHS.</p> <p>Build positive reputation in terms of improving services</p> <p>Raise awareness and understanding of access to services and key health messages.</p> <p>Develop accessible engagement in key developments.</p>	<p>Network based communication through existing networks.</p> <p>Public meetings, focus groups, listening events.</p> <p>Social media and websites.</p> <p>Targeted communications through stakeholder database.</p> <p>Face to face interaction with local forums / representatives.</p>
Hard to reach,	Disadvantaged and isolated	Informing, consulting, and	Develop local contacts.	Creativity and partnership

<p>marginalised and vulnerable groups:</p> <ul style="list-style-type: none"> • People whose first language is not English • People with poor literacy skills (in English and/or own language) • Young people • Young people in care – secure unit, LA care, foster parents • Carers / young carers • Single parents • Offender population • People with disabilities • People with mental health problems or learning disabilities • Older people • Digitally excluded • Deprived communities • Geographically isolated • Deaf people • Visually impaired people • BME • Refugees • Gypsy / Roma / travelling • Roofless and homeless people • Faith groups. 	<p>groups who experience more difficulty in accessing mainstream services.</p> <p>A priority for engagement. May not have contact with the NHS e.g. take up of screening.</p> <p>Are otherwise no different to mainstream audiences.</p> <p>Exposed to and expected to assimilate a range and variety of messages from a number of different sources on a daily basis. Will ignore or discard anything not immediately perceived as relevant.</p> <p>Groups united by faith may not be homogenous.</p> <p>Will not receive door to door distributions.</p>	<p>involving.</p> <p>Creating highly targeted and specific communications and engagement, including bespoke formats and content.</p> <p>Developing interactive relationships.</p> <p>Working with partner organisations to support increased access.</p>	<p>Develop accessible mechanisms and provision.</p> <p>Raise awareness and understanding of access to services and key health messages.</p> <p>Accessible engagement in key developments.</p> <p>Tailor approach accordingly by being aware of different groups' circumstances and preferences.</p> <p>Ensure communications and engagement is accessible to range of language and literacy needs.</p>	<p>e.g.:</p> <p>Communications through existing networks and contacts.</p> <p>'Borrow' communications channels and credibility from appropriate partners.</p> <p>Use advocates and specialist media.</p> <p>Talks at local meetings, dedicated meetings, focus groups, listening events.</p> <p>Social media and websites - targeted health messages through social marketing.</p> <p>Targeted communications through stakeholder database.</p> <p>Face to face interaction with local forums / representatives.</p>
<p>Student population</p>	<p>Often registered at home but sign on as temporary</p>	<p>Reaching and creating interest and relevance.</p>	<p>Develop local contacts within university / HE departments.</p>	<p>Targeted health messages through social marketing.</p>

	<p>residents.</p> <p>May be unaware of local services.</p> <p>Will not receive door to door distributions – very high new media awareness and usage.</p>	<p>Creating ‘call to action’ in use of services, lifestyle change.</p>	<p>Develop accessible mechanisms and provision.</p> <p>Raise awareness and understanding of access to services and key health messages.</p>	<p>Social media and websites.</p> <p>Student Unions and networks, university support facilities.</p>
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Stakeholder Group	Characteristics	Challenges	Engagement / Communications Priorities	Channels / Methods
Influencers				
MPs, local councillors	<p>Political partnership relationship.</p> <p>High public and media profile and influence as decision makers.</p> <p>Influences communications with local authorities.</p> <p>Political relationship with the local authorities and Overview and Scrutiny Committees.</p>	<p>Establishing ongoing public affairs approach to engage on ongoing basis with key developments.</p> <p>Managing competition for their endorsement and support.</p> <p>Overcoming political and local issues, prejudices and concerns.</p>	<p>Build understanding of new structure and establishing CCG’s reputation and capability as key player in the local NHS.</p> <p>Demonstrate that the CCG:</p> <ul style="list-style-type: none"> - has significant influence on their decisions and actions - participates in the local health agenda - is an effective partner in delivering health objectives. 	<p>Public affairs management through political networks.</p> <p>Consultation.</p> <p>Maximising opportunities for user involvement.</p> <p>Face to face interaction with local forums / representatives.</p> <p>Direct and individual correspondence.</p> <p>More individualised forms of social media.</p>
Traditional Media	<p>High influence, high interest in terms of news value.</p> <p>Increasingly use citizen journalists and social media sources.</p> <p>Some constraints.</p>	<p>Maintaining quality and timeliness of information.</p> <p>Agreeing key messages to underpin all media activity</p>	<p>Establish relationships with key journalists</p> <p>Build understanding of new structures and positive reputation.</p> <p>Increase positive media coverage</p>	<p>Targeting key local and regional journalists directly or via CSU communications team.</p>

			Analyse media coverage.	
LINks / HealthWatch	High interest, high influence partner. Links to local authorities and local patient groups. Source of ambassadors within local communities.	Demonstrating that communications and involvement activities are an integral part of commissioning process.	Work closely with Darlington Borough Council, LINks and the procurement process as HealthWatch Durham is established.	Formal processes.
Area Action Partnerships	High interest, low influence partner. Political links to local authorities and source of ambassadors within local communities.	Collaborating with AAPs on local health issues and in communications and involvement processes.	Determine involvement in local healthcare issues and develop mutual understanding and collaboration.	Darlington Borough Council and PTC / CSU involvement team. Face to face interaction with local forums / representatives.
Campaign groups	Local, regional or national. Specialist and local interest, potentially high influence over users. May be linked to local political structures e.g. local councillors as members. High local media profile on key issues.	Managing specific or single but high profile issues.	Build understanding of new structure and establishing CCG's reputation and capability as key player in the local NHS. Demonstrate influence of stakeholder engagement in commissioning decisions and service development.	Media management Public affairs management Consultation Maximising opportunities for user involvement Face to face interaction with local forums / representatives Individual correspondence More individualised forms of social media.

Stakeholder Group	Characteristics	Challenges	Engagement / Communications Priorities	Channels / Methods
Representing				
Overview and Scrutiny	High interest and high	Co-ordinating ongoing	Build reputation as leader of	Established processes with

<p>Committees (Darlington BC and Durham CC)</p>	<p>interest; legitimate scrutiny relationship.</p> <p>Range of political links and influences, including SoS. Can block or advance developments.</p> <p>Media focus.</p> <p><i>How will this affect our residents?</i></p> <p><i>'Is this a fair and transparent process to which everyone can contribute?'</i></p>	<p>representation to position issues and enable engagement alongside formal scrutiny processes.</p> <p>Managing internal processes to ensure consistent messages and robust briefing.</p> <p>Develop awareness of political influences and links for OSC members.</p>	<p>the local NHS.</p> <p>Demonstrate integrity of engagement as part of commissioning processes.</p>	<p>local authorities and CSU involvement team.</p> <p>Public affairs management</p> <p>Joint post with Darlington Borough Council OSC.</p>
<p>Professional bodies</p> <ul style="list-style-type: none"> • GMC • BMA • Local medical, dental, pharmacy and ophthalmic committees • Royal Colleges. 	<p>Strong influence over clinicians. Clinician's most trusted source of opinion and information.</p> <p>Indirect but powerful influence over service users, patients and public.</p> <p>Can lobby ministers and provide credible source of media comment.</p>	<p>Establishing ongoing dialogue channels alongside formal communications.</p> <p>Finding key 'influencers' among clinicians.</p>	<p>Build reputation as leader of the local NHS.</p> <p>Treat as key players and partners by prioritising communications re issues likely to affect members arising from commissioner/provider relationship.</p>	<p>Media management</p> <p>Public affairs management</p> <p>Consultation</p> <p>Face to face interaction with local representatives</p> <p>Individual correspondence.</p>