



Department
of Health &
Social Care

NHS

Resolution

Framework Agreement between DHSC and NHS Resolution

Annex A: Communications

Published January 2021

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1. The Communications Annex is an annex to the standard Framework Agreement which defines the critical elements of the relationship between the Department of Health and Social Care (DHSC) and its Arm's Length Bodies (ALBs). Section 4 of the Framework Agreement sets out how DHSC and ALBs discharge their accountability responsibilities effectively. Section 4 makes clear, the Secretary of State is accountable to Parliament for the performance and effectiveness of the health and care system overall, and DHSC's Permanent Secretary (as the Principal Accounting Officer) is accountable, in Parliament, for the general performance of the health system in England.
2. This provides the context in which the Communications Annex (this annex) sets out the basic principles guiding co-operation and collaborative working between DHSC and its ALBs, across all aspects of communication and marketing activities, to deliver impactful and cost-effective communications in the context of our shared accountability to Parliament and the public.
3. The principles include:
 - a. Regular collaboration and information sharing, to maximise alignment and amplify the impact of communications activity across the health and care system to maintain public and stakeholder trust in the system. This includes:
 - i. shared visibility and coordination on announcements, campaigns and any issues that may either impact on, or affect other organisations or department, ministerial or wider government priorities, or have reputational impact on the system;
 - ii. regular identification and agreement on priority areas for cooperation and alignment, as well as opportunities for collective horizon-scanning, insight gathering, strategic planning and amplification; and,
 - iii. an established integrated communications approach for priority areas embedded across organisations.
 - b. All organisations commit to undertaking this collaboration and information sharing in a timely manner, to allow others to react and/or provide input in advance of content being shared with the public, media or other stakeholders. In particular, ALBs and DHSC will give each other sufficient advance notice (either ten working days where practical or, where not practical, as much notice as possible) and sight of decisions or publications to allow organisations concerned time to consult/seek required clearances. This includes cross-government clearance, prior to the publication of a

report, announcements that have operational, financial or policy implications or are likely to be of interest to the media. All organisations will ensure policy and sponsor colleagues are informed about any decisions, announcements or consultations.

- c. Delivering impactful and efficient marketing activity, to provide positive outcomes for the health system, under the following priorities:
 - i. Prevention: activity to maximise positive health and reduce pressures on the NHS further down the system
 - ii. Delivery: activity to enable critical NHS operational delivery
 - iii. Efficiency: activity to improve efficiency and financial performance in the NHS, such as reducing demand on emergency care services
 - iv. Workforce: activity to reduce vacancies and improve retention in health and social care
4. Maintaining the highest professional standards and capability, to build a skilled workforce that works effectively and efficiently, and adopts innovation and industry global best practice. This includes:
 - a. sharing skills, best practice and resources to increase the efficiency and effectiveness of our work
 - b. talent management
5. The above is achieved through a combination of the following:
 - a. a 'Health Network' chaired by DHSC and comprising all 19 ALBs. This group meets via monthly teleconference, to discuss current and forthcoming issues, and face to face every three months to share information and conduct deep-dives around key issues of the day
 - b. a 'Planning ALB' call chaired by DHSC's media planners. All 19 ALBs dial into this weekly call to share upcoming announcements, intelligence and agree potential avenues for collaboration
 - c. a 'Heads of Marketing' group chaired by DHSC and comprising those ALBs with marketing budgets. This group meets monthly to review campaign proposals and evaluation for paid-for activity across the health system
 - d. a 'Cross-system insight group' comprising ALB research leads, that meet quarterly to share research and learnings on priorities

- e. full participation, overseen by DHSC, in the Government Communications Service spend control process to reduce unnecessary spend and encourage cross-government collaboration on marketing activity
 - f. an 'ALB stakeholder forum' chaired by DHSC to share external affairs best practice. Joint engagement is also covered as required
6. This flexible operating model recognises:
- a. all organisations have a shared collective objective to support the nation's health and care by helping people live more independent, healthier lives for longer. We therefore work collectively with one focus – the people who use our services
 - b. each organisation has unique organisational objectives within the health and care system which underpin its communications activity
7. There may be circumstances where adhering to these principles may need to be considered within the context of specific legal considerations, for example, where there are either ongoing legal matters or the sharing of personal data in compliance with data protection legislation. All organisations agree to seek to work together to address these issues, mindful of our overarching shared responsibility to maintain public confidence in the health and care system at all times.
8. This operating model does not replace or supersede any existing accountabilities or operating frameworks in place within any ALBs or DHSC. Its purpose is to provide clarity and a framework for how we operate as a network of communicators, and how we agree on and address areas of shared interest.
9. DHSC and its ALBs agree to support and actively engage and enable this operating model within their individual organisations.

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NHS Quality, Safety & Investigations, Resolution and GPI Indemnity Branch.

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