

Communications and Engagement Strategy 2018-20

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1. Introduction

NHS Corby Clinical Commissioning Group (CCG) is tasked with planning, designing and paying for health and care services for the people of Corby. It is a complex responsibility which requires effective communications and engagement support, both strategic and operational.

Our citizens care deeply about the wellbeing of themselves and their families, and the quality and accessibility of NHS services. We are committed to supporting them to make the right decisions about their health with confidence – and to work with them so that their experiences are influencing the commissioning decisions we make and shaping the services they use.

Corby CCG's unusually tight geographical focus has already offered a real opportunity to raise awareness of what we do and to involve the people of Corby in our work. It is important to retain this, while supporting change to achieve an increasingly county-wide system approach as the NHS evolves to meet new challenges:

- Greater integration of Corby and Nene CCGs
- Strategic commissioning, to ensure “right care, right place, right time”
- Organisational collaboration across the Northamptonshire Health and Care Partnership (NHCP)
- The re-structuring of local government in Northamptonshire

A coherent joined-up communications and engagement approach is central to supporting this process of change. Our strategy sets out the framework within which we will achieve this. A detailed delivery plan will be developed to implement it.

2. Aim, Principles and Objectives

The over-riding **aim** of this strategy is:

“To ensure the planning and delivery of consistently excellent communications and engagement, to support NHS Corby and Nene CCGs in commissioning high-quality high-value services and improving the health and wellbeing of local people.”

In working to achieve this aim, a number of **key principles** will be followed:

- i. Alignment of communications and engagement activity to CCG priorities – in particular, strategic commissioning and integrated support for the Health and Care Partnership
- ii. The implementation of “best practice” – learning and improving what we do
- iii. Consistency of approach and strong discipline in how that is applied
- iv. Putting patients and public at the heart of commissioning activity
- v. Segmentation of audiences and adaptation of tactics to engage with them, also ensuring the inclusion of harder-to-reach groups
- vi. A proactive, innovative, creative and co-ordinated approach
- vii. An emphasis on dialogue and co-production, where patients, public and other stakeholders are informed and can contribute to shaping services – and where it is made clear how that input has had influence
- viii. Value for money and effective use of resources
- ix. Constant evaluation in pursuit of learning to inform change and improvement
- x. Ensuring that stakeholders have a shared understanding of what is being done, and why

The following **objectives** have been set towards achievement of the overall aim:

- Enhance awareness and understanding of NHS Corby CCG, our work and challenges
- Ensure the meaningful engagement of local people and all key partners in healthcare commissioning, so they feel listened to and involved
- Ensure proactive engagement with vulnerable and “hard-to-reach” groups
- Use patient experience and opinion to improve service quality
- Promote good health
- Promote appropriate use of healthcare services
- Ensure all key stakeholders are fully engaged and informed at an appropriate level
- Create advocates for NHS Corby CCG through effective engagement
- Ensure the CCG fulfils all statutory requirements on the provision of information and public involvement
- Enable an engaged and empowered CCG and GP workforce

Section 5 of this strategy addresses how the achievement of these objectives will be assessed.

3. How We Work

This section outlines the key building blocks for successful implementation of the Communications and Engagement Strategy. In doing so, it identifies both operational and developmental activity. Accuracy, timeliness and appropriateness are assumed as evidence of good practice.

3.1 Key messages

Specific messaging will need to be produced and shaped according to changing circumstances and audiences. However, the following over-arching themes are designed to establish a coherent core narrative for NHS Corby CCG. As long as they are relevant, they will be applied consistently:

- Led by doctors
- Improving the quality of care
- Making a positive difference to local health and wellbeing
- Making the best use of resources
- Working in partnership
- Your voice matters, get involved

3.2 Stakeholders

The main stakeholder groups for NHS Corby CCG are:

- Patients – those with direct experience of healthcare, including their carers and families
- The wider Corby public
- CCG staff, including shared teams
- Patient Participation Group Chairs
- GP federations, Corby GPs and their staff
- Partners – organisations with a shared interest in the work of NHS Corby CCG: relevant local authorities, NHS Nene CCG, NHS providers, public health
- News media covering Corby
- Local politicians and other community leaders – councillors, MPs, Scrutiny Committee, Health and Wellbeing Board
- Relevant national agencies (eg NHS England Local Area Team)
- The voluntary sector

Stakeholder groups can be sub-divided further. However, this level of segmentation is appropriate for an over-arching strategy.

3.3 Communications

The main communication tools and channels available to the CCG are:

1. PR/news media
2. Partners' communications teams and channels
3. Scheduled newsletters
4. CCG website
5. Proactive briefings (both written and face-to-face)
6. Social media
7. GP surgeries (waiting rooms, notice boards)
8. Events
9. Primary care portal

These channels have been mapped to the core stakeholder groups, to identify opportunities for maximising reach:

Stakeholders	Channels								
	1	2	3	4	5	6	7	8	9
Patients, carers and families	X	X	X	X		X	X	X	
Public	X	X	X	X		X	X	X	
CCG staff	X		X	X	X	X			
PPG Chairs	X		X	X	X	X	X	X	
GPs and practice staff	X	X	X	X	X	X	X	X	
Partners	X	X	X	X	X	X			
News media			X	X	X	X		X	
Politicians	X	X	X	X	X	X			
National agencies	X			X	X	X			
Voluntary sector	X	X	X	X	X	X		X	

- **PR.** The news media are an important influencer of opinion. We will be proactive in cultivating good relationships with journalists and secure positive reportage, while challenging inaccurate, unfair or misleading coverage.
- **Partners' communications.** Operating within an increasingly joined-up local care system, we will continue to strengthen working relationships with partners' communications and engagement professionals to embed a collaborative approach, making use of each other's channels and other resources for mutual benefit (including NHCP newsletters and updates). It will be important to develop a shared terminology to support this, to help the public and other stakeholders understand strategic commissioning and what it is designed to achieve.

- **Newsletters.** We will continue our monthly public-facing newsletter, *Corby Health News*, while looking to embed the content of our GP newsletter, *Corby CCG News*, into the new Northamptonshire GP portal. We will also develop a new shared newsletter with Nene CCG to strengthen engagement with our politicians and other key stakeholders.
- **Website.** The Corby CCG website (www.corbyccg.nhs.uk) is an essential communications platform because of its constant presence, and is visited by 4,000 people monthly. While working continually to improve it, we will seek opportunities to share content with partners' website, and explore options around developing a single website for both Corby and Nene CCGs.
- **Briefings.** We will provide proactive briefings for stakeholders on issues of potential high impact, either written or face-to-face.
- **Social media.** Social media are an increasingly important way of engaging with the wider public. We have significantly grown the CCG's reach on both on Twitter and Facebook through daily activity and this will continue.
- **GP surgeries.** GP surgeries are an under-exploited resource for reaching patients and public. We will seek opportunities to provide appropriate information in these settings, as well as using them for engagement activity.
- **Events.** We will stage our own events or attend those of other organisations, where this provides an opportunity to engage with our public and other stakeholders.

3.4 Engagement

The intensive programme of public engagement conducted during 2017 and 2018 has demonstrated Corby CCG's firm commitment to involve local people in the decisions we make about the future of healthcare services. We will build on this by:

- Working with colleagues in Nene CCG and across the wider Health and Care Partnership to establish a fully aligned framework for public engagement and involvement – including shared priorities, tools and timelines
- Ensuring that meaningful patient and public input can be clearly demonstrated in key commissioning plans and decisions, through the capturing of evidence and reporting back to those who have contributed
- Embedding engagement activity in CCG governance, through the Patient and Public Participation Committee and Patient Participation Group Chairs' forum
- Expanding our Patient Reference Group and extending use of it as an engagement mechanism
- Constantly adding to our database of community, special interest and 'hard to reach' groups
- Developing special interest groups where appropriate, to provide insight into specific areas of health

4. Risks

The grid below identifies how the main relevant risks for NHS Corby CCG have been anticipated.

Issue/risk	Mitigation
Failure to delivery statutory duties on public involvement and engagement	<ul style="list-style-type: none"> • Robust engagement and governance processes • Strong director leadership and involvement • CCG ability to prove how public input has shaped decisions • Appropriate engagement resource
Public cynicism/lack of understanding of issues	<ul style="list-style-type: none"> • Proactive PR • Clear consistent narrative • Co-ordinated targeted communication and engagement • Outreach activity (social media, supporting events)
Perceived lack of public involvement in commissioning, leading to opposition	<ul style="list-style-type: none"> • Robust engagement and governance processes • CCG ability to prove how public input has shaped decisions
Low recognition/poor reputation of CCG	<ul style="list-style-type: none"> • Proactive PR • Co-ordinated targeted communication through multiple channels • Outreach activity (social media, supporting events) • Use of patient stories to make issues real
Uncoordinated communications and mixed messages	<ul style="list-style-type: none"> • Proactive engagement of partners' communications teams • Structured planning • Clear consistent narrative • Strong alignment with NCHP comms strategy
Partner organisations communicating inconsistently	<ul style="list-style-type: none"> • Proactive engagement of partners' communications teams • Partnership working • Structured planning
Lack of GP and practice engagement	<ul style="list-style-type: none"> • Targeted updates and briefings • Supportive messaging from CCG leaders
Lack of constructive engagement with local politicians	<ul style="list-style-type: none"> • Regular proactive briefings • Newsletters • Proactive PR
Campaigns ineffective	<ul style="list-style-type: none"> • Proactive PR • Audience segmentation and targeting • Co-ordinated targeted communication through multiple channels • Outreach activity (social media, supporting events) • Use of patient stories to make issues real
Lack of capacity	<ul style="list-style-type: none"> • Dedicated comms and engagement resource • Collaborative partnership working
Hostile media	<ul style="list-style-type: none"> • Proactive media engagement • PR planning to provide useful content • Access to crisis management skills

5. Evaluation

The impact of communications and engagement activity will be routinely assessed and presented through the CCG governance structures.

Specifically, the achievement of this strategy's objectives can be evaluated as follows:

Evaluation method	Strategy objectives								
	1	2	3	4	5	6	7	8	9
Media coverage (tone and quantity)	X	X	X	X	X	X	X		
Social media (traffic, interaction, follower numbers)	X	X	X	X	X	X	X	X	
CCG website (usage and visitor numbers)	X	X	X	X	X	X	X	X	X
Numbers engaged and evidence of impact (specific)	X	X	X		X	X	X	X	X
Public response (eg surveys, feedback forms)	X	X	X	X			X	X	
Staff/stakeholder surveys	X	X				X	X	X	X

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5. Promote appropriate use of healthcare services
6. Ensure all key stakeholders are fully engaged and informed at an appropriate level
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8. Ensure the CCG fulfils all statutory requirements on the provision of information and public involvement
9. Enable an engaged and empowered CCG and GP workforce