

Communications and Engagement Strategy 2017-18

Background

Following previous communications and engagement strategies, this strategy seeks to build on useful learning to date whilst breaking away from existing conventions. It includes new approaches to communications and engagement that seek to be more meaningful, tangible, impact driven, outcomes orientated and evidence based.

This strategy isn't about broadcasting for the sake of it; it is about beginning to underpin and support everything that we do. It will help start to deliver our strategic and corporate objectives whilst building continuous and meaningful engagement with our public, patients and carers to influence the shaping of services to improve the health of people in Thurrock.

Engagement doesn't mean engaging everyone which we know isn't possible. But there are common threads that exist which support a cross sectoral approach to better reach significant core stakeholders that can help us create new networks of communicators and engage better. These include seldom heard groups, enabling them to have a voice and increase opportunities for it to be heard and to be influential in improving the quality we seek to provide.

CCG Strategic / Corporate Objectives 17/18

The CCG Strategic / Corporate Objectives 17/18 are envisaged as the foundation of new communications priorities and engagement principles. They also reflect what have been shifting priorities and emerging national and regional policy environments, including the Five Year Forward View (5YFR), Sustainability and Transformation Plans (STPs) under For Thurrock in Thurrock and the Essex Success Regime (ESR) and our Operational Plan.

Operational plan objectives: The following objectives from our Operational plan 2017-19 are the most relevant to the communications and engagement plan.

- Through better commissioning, improve local and national health outcomes, particularly by addressing poor outcomes and inequalities
- To help create the safest, highest quality health and care service – promoting quality, safeguarding and best practice.
- To lead a step change in the NHS preventing ill health and supporting people to live healthier – supporting this through the self-care agenda
- Transforming models of care across acute, community and primary care – promotion of the STP and For Thurrock in Thurrock

Communication Priorities

These communications priorities form areas of activities that are interdependent with CCG Strategic / Corporate Objectives 2017/19 and the Operational Plan for 2017-2019 as well as broader policy influences. They also streamline broader, multi-faceted workstreams across the organisation:

- **Patient & Public Involvement** (including patient education)
- **For Thurrock in Thurrock** (*including primary care)
- **Acute Reconfiguration** (*including urgent and emergency care)
- **System Pressures** (*including referral to treatment times and elective care)
- **Clinical priorities** (*including improving quality in organisations)
- **Public Health**

Success Indicators

These form a summary of aspirations as well as levers to demonstrate anecdotal as well as statistically measurable success that is meaningful, tangible, impact driven, outcomes orientated and evidence based.

External Communications

Achievable and impactful communications and engagement strategies with evidence of impact, demonstrating:

- Retaining position as a responsive commissioning organisation, getting the most for the Thurrock pound;
- Mitigating risk to reputation incl. ensuring fair and accurate representation by the media and other external agencies;
- Ensuring stakeholders have timely and easy access to the information they need;
- Supporting teams to highlight and add value to their areas of work, in the interests of Thurrock residents;
- Continuing to develop excellent relationships with key partners and stakeholders across local and regional infrastructure;
- Increasing local voice at the centre of communications and messaging, evidencing in organisational outputs;
- Running effective campaigns with evidence of stakeholder engagement, including through social media;
- Promoting successes, achievements and engagement activities, inspiring greater confidence in local services;
- Enabling regularly attended and engaged CRG, clearly linked with PPI lay member and strategies;
- Evidencing reaching seldom heard groups, reflecting strategic priorities e.g. frailty.

Good Governance

- CCG governance criteria met;
- Regular PPI Lead progress reports for Board.

Internal Communications

- Regularly communicating successes and achievements as well as horizon scanning potential conflicts;
- Ensure regular involvement and engagement of clinicians and non-clinical staff.

CCG's Legal Duties

As set out in our Constitution, the CCG has specific legal duties (*14Z2 Public involvement and consultation by clinical commissioning groups*). This sets out our duty to involve patients in drawing up health and care plans for the people of Thurrock. In summary, the duties are:

(1) Make arrangements to secure local opinions of individuals either through being consulted or provided with information or in other ways.

We should do this when:

- a) we are planning new commissioning arrangements,
- b) in the development of proposals to make changes in commissioning arrangements where it could mean a change to the services or range of services delivered, and
- c) in decisions affecting operation and commissioning arrangements where the implementation of the decisions would (if made) have an impact.

(2) The clinical commissioning group must include in its constitution—

- a) a description of the arrangements made by it under subsection (2), and
- b) a statement of the principles which it will follow in implementing those arrangements.

Building on success | Highlights from 2016/17

- Engaging with 0.5% of the Thurrock population on *For Thurrock in Thurrock* in phases I/II yielding anecdotal/statistical evidence of endorsement;
- 40 digital/print collateral items produced, supporting Commissioning, Transformation, Primary Care and Medicines Optimisation Teams and delivering key Communications Priorities: Patient & Public Involvement, *For Thurrock in Thurrock*, System Pressures, Clinical priorities and Public Health;
- Campaign (Meds Waste) design collateral recognised as regional exemplar with requests for reuse by other CCGs;
- Evidence of increased web page views/social traffic flow driven by improved segmentation/promotion of lead communications assets i.e. CCG Insight;
- Improved uptake of the out of hours Hubs including through increased partnership work with Primary Care Team and enhanced social media strategies;

COMMUNICATION & ENGAGEMENT PRIORITIES

- Driven by (CCG SCO 16/17)
- Linked to Operational, Primary Care, Estates and Transformation Plans
- Underpinned by local partnerships including Thurrock Health and Wellbeing Board
- Informed by regional priorities, including STP | Essex Success Regime

PRIORITIES



STRATEGIC | CORPORATE OBJECTIVES 2016/17



COMMUNICATION & ENGAGEMENT STRATEGIC PRIORITIES (OVER THE NEXT 2 YEARS)

Priority	Rationale	Current Issue(s)	Strategic Link(s)	Goal(s)	Way forward	Lead(s)
1. Patient and Public Involvement (PPI)	Opportunity to reinvigorate PPI/CRG engagement	Currently, 20 out of 32 GP practices without statutory PPI Group (May 2017)	<i>Better Commissioning(2)</i> <i>Safest highest quality service (3)</i>	More effective and measurable patient/stakeholder engagement	Support PPI Lay Member to fulfil purpose of post	LC, Comms Lead, LB, CC
	Lever to evidence patient engagement	Lack of CRG attendance	ESR (Acute and Localities)	Increased CRG attendance/sustained engagement outside of meetings	Ensure join up with Healthwatch/Thurrock Council collaboration to increase PPI Groups and ensure CRG benefit	
	Catalyst for increasing evidence of patient voice	Lack of patient voice in CCG comms (GP voice does exist)	Operational, Primary Care & Estates and Transformation (<i>For Thurrock in Thurrock</i>) Plans	Patient voice more clearly articulated across comms platforms	Clearer links between emerging strategic themes and interests of patients	
	Strategic link to patient education (cross system priority)	Attempting to communicate with everyone (broadcasting) rather than focussing on patient reach		Thurrock leading, effective and joined up patient education strategies	Tailored, direct and focussed messaging driven by more effective segmentation	
2. For Thurrock in Thurrock	Opportunity to build on momentum and measurable engagement to date inc. key localities work and new models of care implementation	Ensuring link/comms join up with emerging local/regional policy e.g. <i>Living Well in Thurrock, Single Point of Access</i> and ESR to mitigate potential confusion /	<i>Better Commissioning (2)</i> <i>Step change in NHS (5)</i> <i>Transforming models of care (7)</i> ESR (Acute and	Clearer linking between people and places i.e. Tilbury Healthy Living Centre (Also Corringham, Grays, Purfleet developments)	Individual, tailored strategies on Healthy Living Centres based on area stakeholders and demographics	JH, Comms Lead, MA
					Work with current partners and beyond the 'usual suspects' i.e. directly with place	

	<p>Demonstrating partnership working with the Council</p> <p>Opportunity to Communicate more complex Thurrock changes in train and engage relevant stakeholders in process</p>	<p>stakeholder fatigue</p>	<p>Localities)</p> <p>Operational, Primary Care & Estates and Transformation (<i>For Thurrock in Thurrock</i>) Plans</p> <p>CCG Commissioned Healthwatch reports</p>	<p>Place based stakeholders voice increasing across comms platforms</p> <p>Clearer focus on frailty and profiling across comms platforms</p>	<p>based community fora</p> <p>Increase links with new models of care providers, Local Area Coordinators (LACs), local councillors, issues specific stakeholders i.e. frailty orientated groups e.g. sheltered housing</p> <p>Strengthen existing partnerships and think through stakeholder perspectives more distinctly, more clearly meeting stakeholder expectations where possible</p> <p><i>Explore establishing volunteer Healthy Living Centre 'Champions' linked to PPI/Public Health 'Champions'</i></p>	
<p>3. Acute Reconfiguration (ESR)</p>	<p>Major ESR consultation from (est.) Dec 17 - will ignite public opinion</p> <p>Increasing opportunity to align with <i>For Thurrock in Thurrock</i> vision which has strong buy in to date with tangible outcomes to communicate throughout 2017</p>	<p>Reputational risk if CCG seen to be leading ESR – amongst GPs and public</p> <p>Delays on ESR consultation but some good joined up work on comms despite conflicting priorities</p> <p>Potential engagement fatigue with continued <i>For Thurrock in Thurrock</i> engagement and preceding <i>Living Well in Thurrock</i> (est.) Apr 17</p>	<p>System Transformation Plan (STP), ESR (Acute)</p> <p><i>NHS Must do's/CCG 17-18 Operational Plan</i></p> <p>Transforming models of care (7) / Step change in the NHS (5)</p> <p>Operational, Primary Care, Estates, Transformation Plans</p>	<p>Effective consultation on ESR linked with <i>For Thurrock in Thurrock</i> and emerging local/regional policy e.g. <i>Living Well in Thurrock, Single Point of Access</i></p>	<p>Strengthen existing links with regional comms network and build new ones</p> <p>Ensure join up with ESR central comms</p>	<p>Comms Lead, WS, JH, Exec</p>

<p>4. System Pressures</p>	<p>Most clearly linked to <i>NHS Must do's</i> / ESR / Operational Plan</p> <p>Opportunities to devise/lead or co-run regional campaign on A&E alternatives</p> <p>Build on existing good, but limited work</p> <p>Patient education - cross system communications priority</p>	<p>Escalating system pressures including increasing internal critical incidence status because too many people going to A&E when they can be seen elsewhere</p> <p>Nationwide issue but local patient education lacking and could be improved substantially</p>	<p>System Transformation Plan (STP), ESR (Acute)</p> <p><i>NHS Must do's/CCG 17-18 Operational Plan</i></p> <p>Step change (5) / Better Commissioning (2)</p> <p>High Impact Areas Action Plan</p>	<p>Patient Education: effective communications on A&E alternatives</p>	<p>Increase joined up working with BTUH and other CCGs on collaborative communications</p> <p>Potential local/regional media/digital campaign on A&E alternatives inc. above partners with underpinning broader strategy with evidenced based outcomes</p>	<p>JH, Comms Lead, Exec</p>
<p>5. Clinical priorities</p>	<p>Most clearly linked to <i>NHS Must do's</i> / ESR / Operational Plan</p> <p>Opportunities to demonstrate current wins/improvements</p> <p>Lever to report back on impact including through Annual Report process</p> <p>Offsetting negative media through promoting improving quality</p>	<p>Demonstrating progress on Operational Plan including NHS Must do's and CCG priorities:</p> <p>Cancer Dementia Diabetes Learning Disabilities Maternity Mental Health</p> <p>Opportunities to run localised campaign streams alongside NHS campaigns</p>	<p>Better commissioning (2) Step change in NHS (5)</p> <p><i>NHS Must do's/CCG 17-18 Operational Plan</i></p> <p>ESR (Acute)</p> <p>Primary Care, Estates, Transformation Plans</p> <p><i>Thurrock Council JSNA, Public Health Deep Dive, Annual Report</i></p>	<p>Communicating evidencing of progress on priorities</p>	<p>Meet with Commissioning Team to gain further insight on priorities</p> <p>Make clearer links between emerging strategic themes and interests of patients</p> <p>Attend monthly <i>Transforming Care Partnership</i> (Learning Disabilities)</p> <p>Attend Estates, Primary Care and Hubs meetings to establish priority areas.</p>	<p>MH, Comms Lead, Exec</p>

	<p>Linked to <i>Transforming Care Partnership</i> (Learning Disabilities)</p> <p>Mental Health Act changes April 2017</p>	demonstrating local impact				
6. Public Health	<p>Most clearly linked to <i>NHS Must do's</i> / ESR / Operational Plan</p> <p>Demonstrateable links with Health and Wellbeing Strategy goals</p> <p>Opportunity to showcase exemplar work between CCG/Thurrock Council to improve health/increase quality</p> <p>Opportunities to showcase co-delivery on shared Health Wellbeing Board strategy goals</p>	<p>Strong partnership working to date but making the connections could be stronger/more visible</p> <p>Potential to lead connecting emerging <i>Living Well in Thurrock, Single Point of Access</i> and ESR with <i>For Thurrock in Thurrock</i></p> <p>Social prescribing is an emerging trajectory</p>	<p>Step Change in the NHS (5) / Transforming models of care (7)</p> <p><i>NHS Must do's/CCG 17-18 Operational Plan</i></p> <p><i>Thurrock Council JSNA, Public Health Deep Dive, Annual Report</i></p> <p>Health and Wellbeing Board</p>	<p>Successful comms co-linking of multiple initiatives</p> <p>Enter awards to celebrate partnership working.</p>	<p>Attend Health and Wellbeing Board and Communications and Engagement Group</p> <p>Ensure join up and attendance of related meetings</p> <p>Formulate comms strategy on linking initiatives</p>	<p>Comms Lead, AF, JH, MA</p>

Supporting effective delivery of Communications and Engagement Priorities:

Website overhaul

Opportunity to streamline and refocus areas in line with priorities i.e. linking *For Thurrock in Thurrock* with *Thurrock First*.

(Note: Web support hours remaining)

Communicate the overall Thurrock vision with key milestones and successes to date

Creating areas for encouraging and demonstrating public engagement, including webinars, online live engagement

Social media strategy

Build on current engagement beyond existing partners, increase PPI/CRG interaction

Build Hubs profile including positive endorsement from service users

Increase links with emerging policy i.e. *Thurrock First*

COMMUNICATIONS TARGETS | DELIVERABLES 17/18

General principles to be applied throughout entire Communications and Engagement strategy:

- In order to improve our engagement and to ensure we are not missing any groups of people, the CCG will seek to create a check list on engagement best practice so we ensure every opportunity is maximised.
- We will explore all opportunities to engage with the public and make better use of our CRG and patient champions to test patient views on changes to services / prescribing etc:
- We will ensure that any decisions following patient engagement are published with the impact patient engagement has made on any decisions taken by the CCG on service / prescribing changes.

ACTION PLAN & SUCCESS INDICATORS 17/18

Priority	Requirement(s)	Target	Date	Success indicator(s)	Note(s)
1. Patient and Public Involvement (PPI)	Build comms membership, bulletin and website	Incremental increase according to activities	Jan / ongoing – review September 17	Meeting or exceeding target	Ensure joined up working with Healthwatch/Thurrock Council collaboration to increase PPI Groups and ensure CRG benefit
	Revised stakeholder list /re-segmented according to new developments to date, consider place, thematic segmenting linked to <i>For Thurrock in Thurrock</i> priority	Increased CRG attendance - 100-150% / currently 10-15 regular attendees bi-monthly including GP PPI leads	Jan / ongoing – review September 17	Meeting or exceeding target Breadth of representation, including links to existing strategic themes i.e. frailty	
		5-10 PPI/CRG positive testimonials	Jan / ongoing – review September 17	Evidence of CRG impact made available on the website and through other communication channels	
2. For Thurrock in Thurrock	Phase I of engagement complete in April 16, Phase II complete August 16, successful communications/engagement for subsequent phases	Increased profiling of beneficiaries, existing and new during implementation	Jan / ongoing – review Sept 17	Evidence of increased voice across comms outputs	Updating of website would coincide/compliment creating higher web profile/interactivity for <i>For Thurrock in Thurrock</i> <i>(If target is 0.5% / Purfleet % is 180 people, maximise reach, key influencers, community forums etc. Evidence in Impact indicator). 0.5% of the area population:</i>
	Comms Strategy exists/refine for next phases	Increased profiling of the people making it happen – new models of care i.e. community providers.	Jan / ongoing – review Mar 18	Evidence of increased voice across comms outputs	
	Integrated Healthy Living Centres	0.5% of the Thurrock population contacted on Healthy Living Centre	Timing dependent - review Jan 18	Champions in roles	

		<i>developments</i> Explore establishing volunteer Healthy Living Centre 'Champions' linked to PPI/Public Health 'Champions'	Timing dependent - review Sept 17		<i>Corringham c. 26,000 (130); Grays c.25,000 (125); Purfleet (inc. Aveley, S. Ockendon c. 36,000 (180); Tilbury c. 38,000 (190)</i>	
3. Acute Reconfiguration (ESR)	Successful comms/engagement on public consultation	0.5% of the Thurrock population	Current timeframe April Dec 17 (subject to change)	Meeting or exceeding target Evidence of initiating/capturing debate/conversation Evidence of increasing interactivity on digital platforms	Note: Urgent engagement event to mark next steps in March 2017 – low turnout Focus on diverting to July / September main consultation focus	
4. System Pressures	Develop patient education strategy on alternatives to A&E / GP and to reduce DNA's	Refine through development of strategy – must be measurable reduction in patient presentation	Draft strategy - March 17 review September 17	Evidence of successful campaign Evidence of joined up working Evidence of reduction in A&E presentation	Obtain data on patient presentation to refine target Ensure join up with other CCGs, existing work	

<p>5. Clinical priorities</p>	<p>Develop comms work streams to demonstrate improvements in services</p>	<p>Impact orientated/measurable comms output for each work stream</p>	<p>Overview of successes provided by year end. April 2017</p> <p>Continued review until April 18</p>	<p>Evidence of communicating improvements</p>	<p>Some work streams will offer improvements sooner, focusing on Mental Health offers leverage on recent successes. <i>Transforming Care</i> agenda also offers timely opportunities.</p>	
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EXISTING AUDIENCES

- Receiving current comms
- Distributing existing comms
- Responding to or influencing current comms
- Low engagement at grass roots outside of existing partnerships /networks – exploit opportunities presented by Alan Hudson (CRG Chair)

Regular, engaged

- GPs
- Board, internal governance, staff
- Basildon and Brentwood and other pan Essex CCG staff
- Partners, e.g. Thurrock Council, Healthwatch Thurrock, Thurrock Coalition, Thurrock CVS
- Providers, e.g. Basildon and Thurrock University Hospital Trust (BTUH), North East London Foundation Trust, (NELFT) South Essex Partnership Trust (SEPT), Inclusion Thurrock
- Media
- Clinical Engagement Group (CEG)
- Commissioning Reference Group (CRG)
- Public, service users, carers
- Weekly bulletin subscribers
- Web subscribers

Occasional

- PPI Groups
- Health and Wellbeing Board (HWBB)
- Health Overview and Scrutiny Committee (HOSC)
- Councillors
- CCG Survey responders

Networks | Support

- NHS England Comms
- Regional Comms Network
- Essex Success Regime Comms
- System Resilience Group

Opportunistic

- General, networking

AUDIENCES BY CATEGORY



How the CCG will develop links:

EXISTING	INFLUENCERS	SYSTEM LINKS
<p>See existing databases'</p> <p>Also Partners</p> <p>Action: Revised database/categories</p>	<p>Thurrock Community Hubs: South Ockendon Centre Chadwell St Mary Centre Acorns Stifford Clays Tilbury Hub Purfleet Community Hub Aveley Community Forum</p> <p>Thurrock Community Forums: Aveley Village Community Forum Bulphan Community Forum Chadwell St Mary Community Forum Corringham and Fobbing Community Forum Homesteads Community Forum Horndon Community Forum Little Thurrock Community Forum Purfleet Community Forum Orchards Community Forum Orsett Community Forum Stanford Community Forum Stifford Community Forum Thameside Community Forum Tilbury Community Forum West Thurrock and South Stifford Community Forum West Tilbury, East Tilbury and Linford Community Forum</p> <p>Voluntary Sector (also Partners) Frailty segmentation required – link to Mass</p> <p>Practice staff (also potential Champions) See existing databases'</p>	<p>Thurrock Local Area Coordinators</p> <p>Blackshots and Stifford Clays Rachel Farmer</p> <p>Chadwell St Mary Helen Catterick</p> <p>Chafford Hundred and West Thurrock Pauline White</p> <p>East Tilbury, West Tilbury and Linford Karen Dobson</p> <p>Grays Riverside Ben Dubois</p> <p>Purfleet Martin Trevillion</p> <p>South Ockendon Francis Allie</p> <p>Stanford-le-Hope and Corringham Sue Griggs</p> <p>Tilbury Riverside and St Chad's Kate Williams</p> <p>Also Partners Champions</p> <p>Also Thurrock Councillors (also Influencers)</p>

COMMUNICATIONS CHANNELS



How the CCG will communicate

CHANNELS	DRIVERS	MEASURES
In person, face to face	Public Health, consultative and general awareness events	0.5% population reached
Collaborative projects	Work with STP area, Council and Stakeholders	Partnership working increases OTS and reach.
Media	Building relationships with media, providing engagement stories and creating critical friends	More Thurrock success stories published – 10 per cent increase
Social Media	Building stakeholder and patient group relationships.	Increase in patient voice and engagement in all social media channels
Website	Part of our IG and need for trusted, up to date information. Creating more opportunities to interact with the CCG	Website is updated regularly, all IG is correct. Increase in patient engagement with website Increase in overall visits to the website.
Joined up strategies	Working across the STP for system wide strategic priorities including DNA's, public health messaging etc	Joint campaigns have a wider appeal resulting in more media coverage.

Evidencing engagement

- Attendance at events
- Attendance related to organisational strategies/priorities i.e. frailty
- Hard to reach groups participation
- Demonstrate impact of public voice on decision making

REPORTING BACK | ACCOUNTABILITY

Suggest fortnightly inc. to Exec Team, Lay members

COMMUNICATIONS & ENGAGEMENT **Action Plan** **Report Period 2017/18**

ACTIVITIES THIS PERIOD	Upcoming Milestones	Owner	Target Date	RAG
E.g. <ul style="list-style-type: none"> • Living Well in Thurrock Show (partnership working) 14 June • Regional PPG Meeting (attended by LC) • Refreshed Meds Waste Campaign graphics launched • Mayfield Unit Opening Event (IL) • FTinT Strategy consultation completes 19/06 • Living with Diabetes Day 23/6 • ESR engagement on options Sept • ESR consultation Dec • Primary care procurement engagement 	ESR Comms Event, March	Comms Lead	02.03.17	
	Living Well in Thurrock Show	Comms Lead	14.06.17	
	Annual Report published	Comms Lead	15.06.17	
	Living with Diabetes Day	Kehinde	23.06.17	
	FTinT Consultation closes	Ceri Armstrong	19.06.17	
	Mayfield Opening Event	Irene Lewsey	22.06.17	
	ESR Consultation Reconfiguration	Wendy Smith	Sept tbc	
	ESR Consultation Reconfiguration	Wendy Smith	Dec tbc	
	APMS Primary Care contracts	NHSE	Sept tbc	

Key contacts

Priority 1 - Patient and Public Involvement	Priority 2 - For Thurrock in Thurrock
Lead: Liv Corbishley, Lay Member for Patient and Public Involvement, TCCG	Lead: Jeanette Hucey, Director of Transformation, TCCG
Priority 3 - Acute Reconfiguration	Priority 4 - System Pressures
Lead: Wendy Smith, Interim Communications Lead, Essex Success Regime	Leads: Mark Tebbs, Director of Commissioning TCCG / Jane Foster-Taylor, Chief Nurse TCCG
Priority 5 - Clinical Priorities	Priority 6 – Public Health
Lead: Mark Tebbs, Director of Commissioning, TCCG	Lead: Jeanette Hucey, Director of Transformation, TCCG