

Communications and engagement strategy

October 2014 – March 2016

1 Executive summary

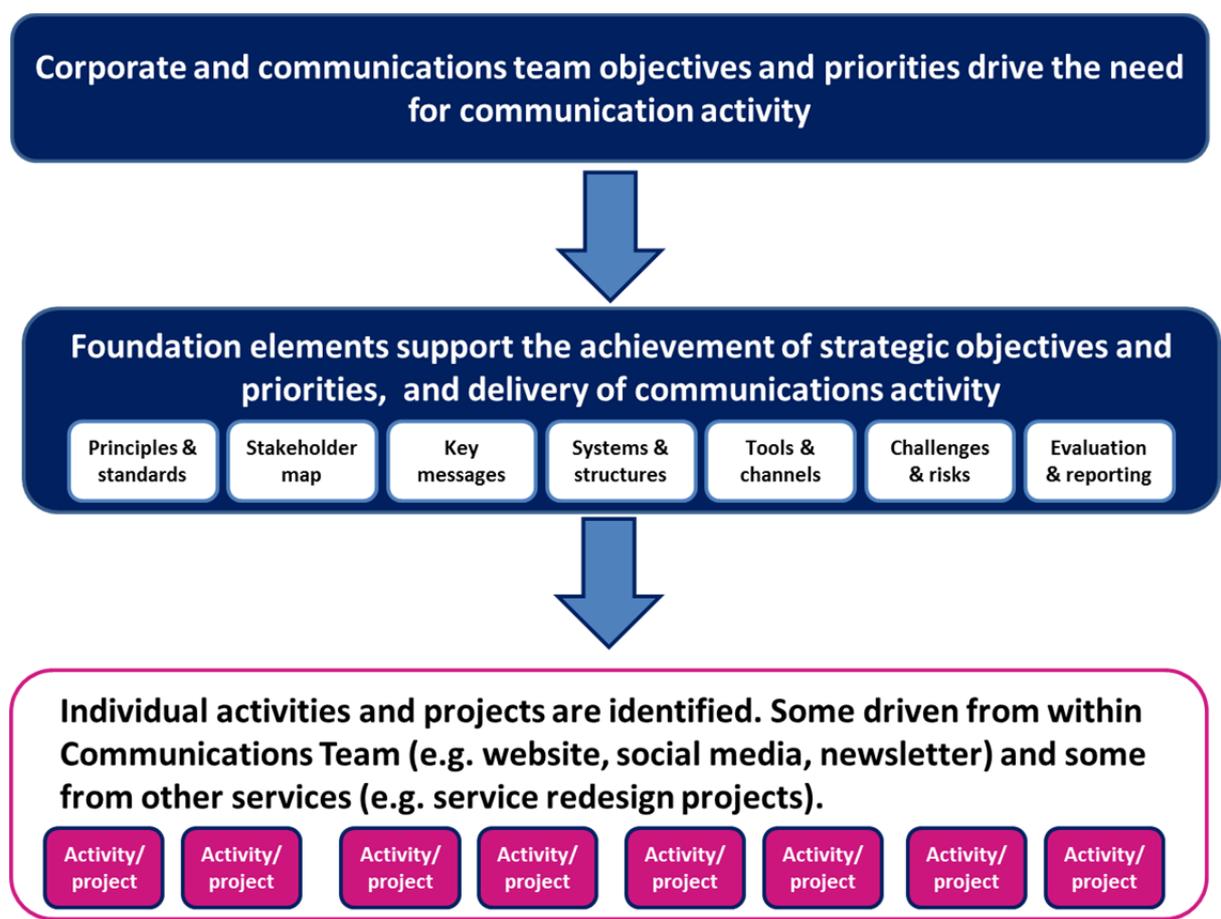
This document describes Surrey Downs Clinical Commissioning Group's (SDCCG) communications strategy for 2014/15 and 2015/16. Responsibility for delivering this communications strategy relies on every member of Surrey Downs and cannot be the responsibility of a single individual or central team.

CCGs have a statutory duty to involve local people and stakeholders in their work and in decisions about service redesign. This strategy sets out how we will fulfil that duty at a strategic level.

It set outs our strategic communications objectives and priorities, describes the foundation of principles and standards on which we will base all communication and tools we have at our disposal to deliver those communications. It describes the key projects and activities that will help us achieve our strategic objectives and deliver our priorities however it does not describe in detail every communications activity we will undertake.

It is a live document and will be reviewed and updated regularly.

The diagram below provides a summary



2 Introduction

This document describes Surrey Downs Clinical Commissioning Group's (SDCCG) communications and engagement strategy for 2014/15 and 2015/16. Responsibility for delivering this communications and engagement strategy relies on every member of Surrey Downs and cannot be the responsibility of a single individual or central team

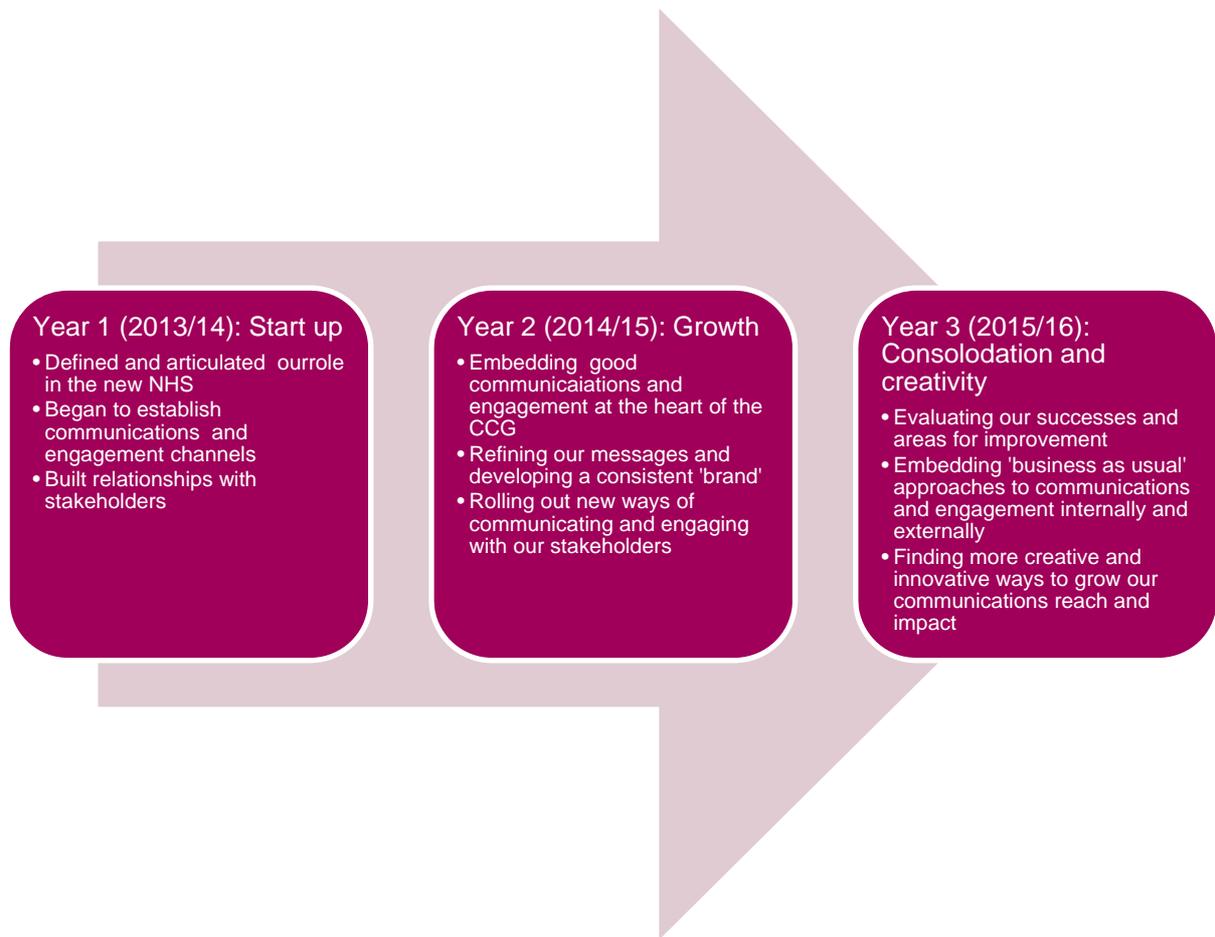
It set outs our strategic communications and engagement objectives and priorities, describes the foundation of principles and standards on which we will base all communication and tools we have at our disposal to deliver those communications. It describes the key projects and activities that will help us achieve our strategic objectives and deliver our priorities however it does not describe in detail every communications activity we will undertake.

It takes from, and builds on, the communications and engagement strategy written ahead of the authorisation in October 2012.

As described in the 2012 strategy document, CCGs have a statutory duty to involve local people and stakeholders in their work and in decisions about service redesign. This strategy sets out how we will fulfil that duty at a strategic level, and the detailed plans we will develop and deliver for individual projects will describe in detail the tactics we will deploy to achieve our objectives.

3 Objectives and priorities for 2014-2016

The diagram below gives an overview of our communications position and overarching objectives to the end of the 2015/16 financial year.



Our start-up year focussed on defining our role and messages in the new NHS, establishing communications tools and channels and building relationships with our stakeholders.

However as we move into our second year we need to embed a purposeful and proactive approach to communications and engagement (as opposed to an add-on and reactive approach), particularly in relation to service redesign activities, but also with regard to the communications tools and channels we use (website, newsletter, social media to name a few) and the messages we deploy through those channels.

If we can achieve this in our second year, our third year will be 'business as usual' for our day to day communications activities, allowing us to focus on exploring more creative 'added value' activities. For example using innovative new technology or 'pushing the boundaries' of traditional NHS communications, while still maintaining an appropriately professional and corporate brand.

3.1 Corporate objectives

Communications objectives should support the CCG to achieve its corporate objectives. Corporately, our vision as a CCG is:

- To commission high quality healthcare that 'adds value' by improving the health and well-being of people living in the area
- To ensure strong clinical leadership at every level
- To improve healthcare for local people, working in partnership with clinicians, our partners, local people and patients

Our aim over the next 5 years is to narrow health inequalities, enhance quality and safety and involve patients in everything we do, while working within the money we have available.

We will continue to work through a locality structure to actively involve members in commissioning the quality of care for our patients by developing supportive and enabling structures and processes enabling shared learning and shared best practice

We intend to utilise commissioning and contracting frameworks that retain the core values of general practice in the process of modernisation across health, social and voluntary sector systems and that:

- Empower patients and public to look after themselves and take action to prevent ill health
- Ensure the design or redesign of quality care pathways is clinically led and managerially supported
- Ensure continuous quality improvements and improved health outcomes for our patients and public
- Harness innovation across the system that offers the biggest impact on quality of life expectancy for patients and public
- Ensure all services are built on the principles of equality and diversity to standardise access for all
- Share knowledge and encourage joint opportunities for training and education that promotes best practices in commissioning and delivery of services for patients and public
- Provide appropriate 'localism' of service delivery to support care closer to home based on sound planning, common visions of Members and local and national priorities
- Monitor and measure health outcomes in a way that 'adds value' and is meaningful to all our stakeholders
- Monitor and measure health outcomes in a way that 'adds value' and is meaningful to all our stakeholders

3.2 Communications objectives

We engage with people about what we do not to become 'famous' but because without our stakeholders' understanding who we are and what we are trying to

achieve we will not be able to bring them on board and harness their power to help us achieve our aims.

Our overarching vision for all our communications is that it improves stakeholder's understanding of what we are doing, encourages comment and feedback and promotes the CCG as a clinically led organisation focussed on improving services and delivering high quality healthcare for the local population.

Based on this our strategic communications objectives for 2014-15 are to:

1. Improve our understanding of our stakeholders, including their opinion of the CCG and their communication needs and communicate with them in a way that they find helpful and accessible
2. Increase awareness and understanding among key stakeholders of our work to improve local NHS services and deliver the best care and value for the public
3. Engage effectively with our stakeholders and local population, encouraging and facilitating two way communication
4. Demonstrate the impact of our work by sharing examples of where we have improved services and patient care
5. Demonstrate the value of our work by sharing examples of where we are delivering better value services and patient care
6. Show support and advocacy for our work through champions and third party endorsement
7. Work collaboratively with our clinical leads, other local CCGs, the Area Team and external partners where appropriate

3.3 Communications priorities

Our key priority for the period October 2014 to March 2016 is to establish processes that embed good communications practice across the CCG. This will ensure the communications team is aware of key developments within the CCG, allow the team to offer advice and support on communications opportunities and risks, support the identification of positive news stories to share with stakeholders through key communications channels and safeguard against reputational damage.

Other priorities, that will help us deliver the objectives above, are listed below:

- a. Become more open and transparent in our communications
- b. Work proactively to promote the positive things we do
- c. Embed the role and work of the Patient and Public Engagement Manager
- d. Deliver a new website (including publication scheme), extranet and intranet
- e. Implement new branding for the CCG (including staff training)

- f. Increase our use of social media to enhance engagement with our stakeholders
- g. Take a lead on internal communications and internal relationships in a way that builds a shared common purpose and facilitates good relationships across the CCG

3.4 CCG wide priorities

In addition to delivering our own Communications Team priorities a key part of our role (and one that supports our key priority of embedding good communications across the organisation), is supporting the other services in the CCG. We will provide support to each of the services across the CCG according to their own business priorities. Some key activities include:

- Supporting service re-design projects, particularly around elective care, integration and the better care fund
- Supporting the set-up of new primary care networks
- Support for hosted services, particularly Continuing Healthcare (CHC)

4 Foundation elements

This section of the strategy describes the foundations on which we base our communications activity. The key elements of this foundation are:

- **Principles and standards:** This is our code of good practice that we aim to achieve in our approach to communications internally and the way we communicate externally. These standards and principles apply to everyone in the CCG, not just the communications team.
- **Stakeholder map:** One of our strategic objectives is to better understand our stakeholders opinion and understanding of the CCG and their communications needs. The current stakeholder map will help us begin this work and an updated map will be added once the work is completed.
- **Key messages:** Key messages are how we build consistency into what we say. They draw on our corporate vision, our strategic communications objectives and priorities and should reflect our communications principles and standards
- **Systems and structures:** These are both the processes we will use internally to help embed good communications in the CCG, and the networks and structures that exist to facilitate communications with stakeholders.
- **Tools and channels:** Linked close to the systems and structures, these are the vehicles we use to communicate with stakeholders. They may be generated by us (website, newsletter, social media) or by third parties (press and media).

- **Challenges and risks:** It is essential we are aware of the challenges and risks that may get in the way of us achieving our strategic objectives and delivering our priorities so we put in place plans to reduce and mitigate them where possible.
- **Evaluation and reporting:** These are the methods we will use to check how well we are delivering our objectives and priorities, and how we will report our progress to other parts of the CCG.

4.1 Our principles and standards

The following principles summarise our approach to communicating and engaging across Surrey Downs CCG:

- Responsibility for delivering this communications strategy relies on every member of Surrey Downs and cannot be the responsibility of a single individual or central team
- Every member is responsible for good communications with colleagues, patients, carers and the public
- Delivering the strategy will mean working closely with others using the good local partnerships that already exist and developing others as appropriate
- The delivery of the patient and public engagement agenda is an integral part of the NHS Constitution and is enshrined in law
- Our strategy is built on openness and honesty, with a proactive approach to engagement

We will deliver this strategy by:

- Communicating who we are, what we do and our plans for the future. Where we believe we need to re-design services we will clearly explain how we got here and the tangible benefits any proposals would bring to our patients.
- Communicating how we engage with all groups including clinicians, GP practices, patients, the public and stakeholders and giving people opportunities to get involved and help shape our commissioning plans.
- Ensuring any feedback we receive is fed back to the right people in an open and transparent way and that these views are taken into account when making commissioning decisions.
- Creating an environment for honest and open debate with opportunity to influence Surrey Downs' decision-making processes, particularly around areas of proposed investment and disinvestment.
- Building and maintaining good relationships and developing trust among the local NHS and the wider community.

To effectively engage with our partners and stakeholders we will apply to the following standards to our interactions, in whatever form they take.

Standard	Definition
Clear	Information is in plain language, and available in the most appropriate method for the audience, such as different languages where read, Braille and large print
Corporate	<ul style="list-style-type: none"> • Our communication style and messages will be consistent • We will align our communications activities to our corporate priorities
Efficient	The methods used for communication and involvement are “fit for purpose”, cost effective, to budget and delivered on time
Innovative	be innovative and forward thinking making our communications exciting to the target audience
Open	<ul style="list-style-type: none"> • The reasons for decisions are available; decision-makers are accessible and willing to discuss why decisions were made • Feedback is given on whether views expressed have been included and if not why not • When information cannot be made available the reasons are clearly given
Planned	Communication and the engagement of patients, carers and the public is an integral part of all activity.
Professional	All communications will be professional, to a high standard, and will adhere to NHS brand guidelines.
Two-way	<ul style="list-style-type: none"> • Systems exist to support two way communications between the Governing Committee and member practices • Systems exist to support two-way communication with staff, patients, carers and the local community. • Systems exist to support two-way communications with other organisations, statutory, voluntary and the private sector
Timely	Information is provided at the time it is needed, is relevant and is capable of being interpreted in the correct context. Wherever possible, staff should be told information that is relevant to them first, i.e. before it enters the public domain.

Targeted	<ul style="list-style-type: none"> • We will always consider the needs of the intended audience and how best to meet these • The right message reaching the right people, in the right format, at the right time.
----------	---

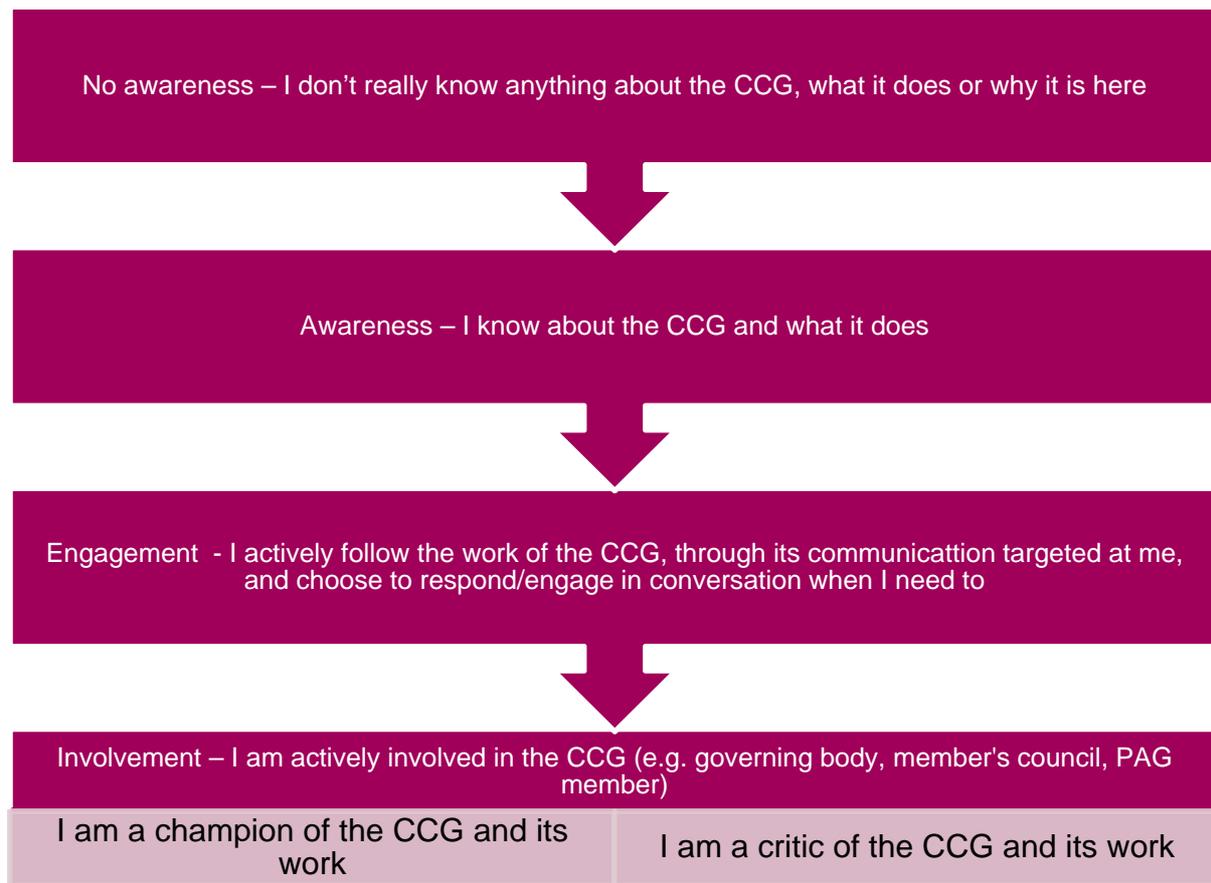
4.2 Audience and stakeholder engagement mapping

As described above, a key strategic objective is to improve our understanding of our stakeholders, including their opinion of the CCG and their communication needs and communicate with them in a way that they find helpful and accessible. Further details of how this will be done are described in the activity section of the strategy.

Below is our current stakeholder map for reference.



This diagram sets out we will position each of our stakeholder groups



4.3 Key messages

Key messages will need to be tailored to any given project or work programme. However, general messages and explanations relating to service redesign and the delivery of local commissioning plans can be summarised as follows, with a key focus on:

- Improving the overall health of our local population, thereby reducing demand for health services
- Identifying health problems early and support more people to manage long-term health conditions at home, embracing new technology to achieve this
- Making sure patients receive the right care in the right place at the right time. Greater focus on assessing patients clinical needs and making sure they are directed to the most appropriate service will ensure patients are treated more quickly, with the level of care they need
- Finding ways to deliver the same level of services at a lower cost – for example through negotiating a better price with health providers and performance monitoring providers to ensure the best outcomes for patients
- The principle that duplication of service is unacceptable
- Re-designing services and care pathways to improve outcomes and increase efficiency, for example by carrying out more operations as day cases where appropriate

- Treating more patients in Surrey, with a focus on repatriating services back into the county and Surrey's acutes taking on more specialist services
- Delivering more care closer to home, for example by making the most of community services and treating more patients locally so acute hospitals can focus on those who are critically ill or need specialist services
- Delivering better and more integrated care, taking full advantage of opportunities for closer working with other providers including social care
- Commissioning healthcare based on the latest clinical evidence of what is effective and not paying for what is not.

Using clinical evidence to explain why change is needed and how it will improve patient care and outcomes will be crucial. This includes maximising the use of research by national clinical bodies, NHS England and the Department of Health amongst others.

4.4 Systems and structures

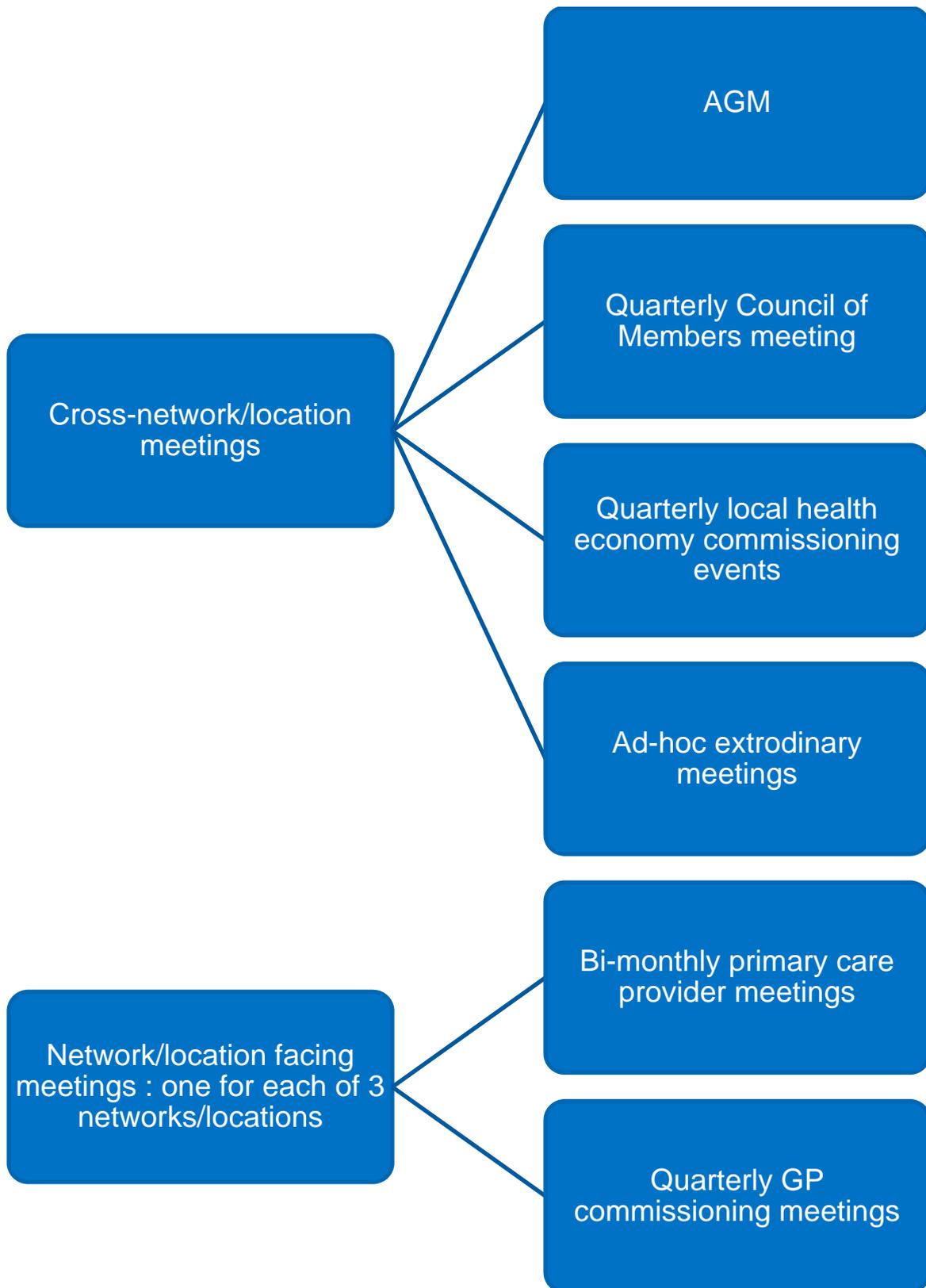
We need to ensure we have the right systems and structures in place to facilitate good communications both internally and externally.

Internally, the communications team needs to have mechanisms to help us understand what is happening within the CCG and to share communications information with colleagues. Externally the CCG needs to be sure the right structures are in place to support communication and engagement with practices, stakeholder organisations and patients.

The diagrams below show the existing systems and structures.

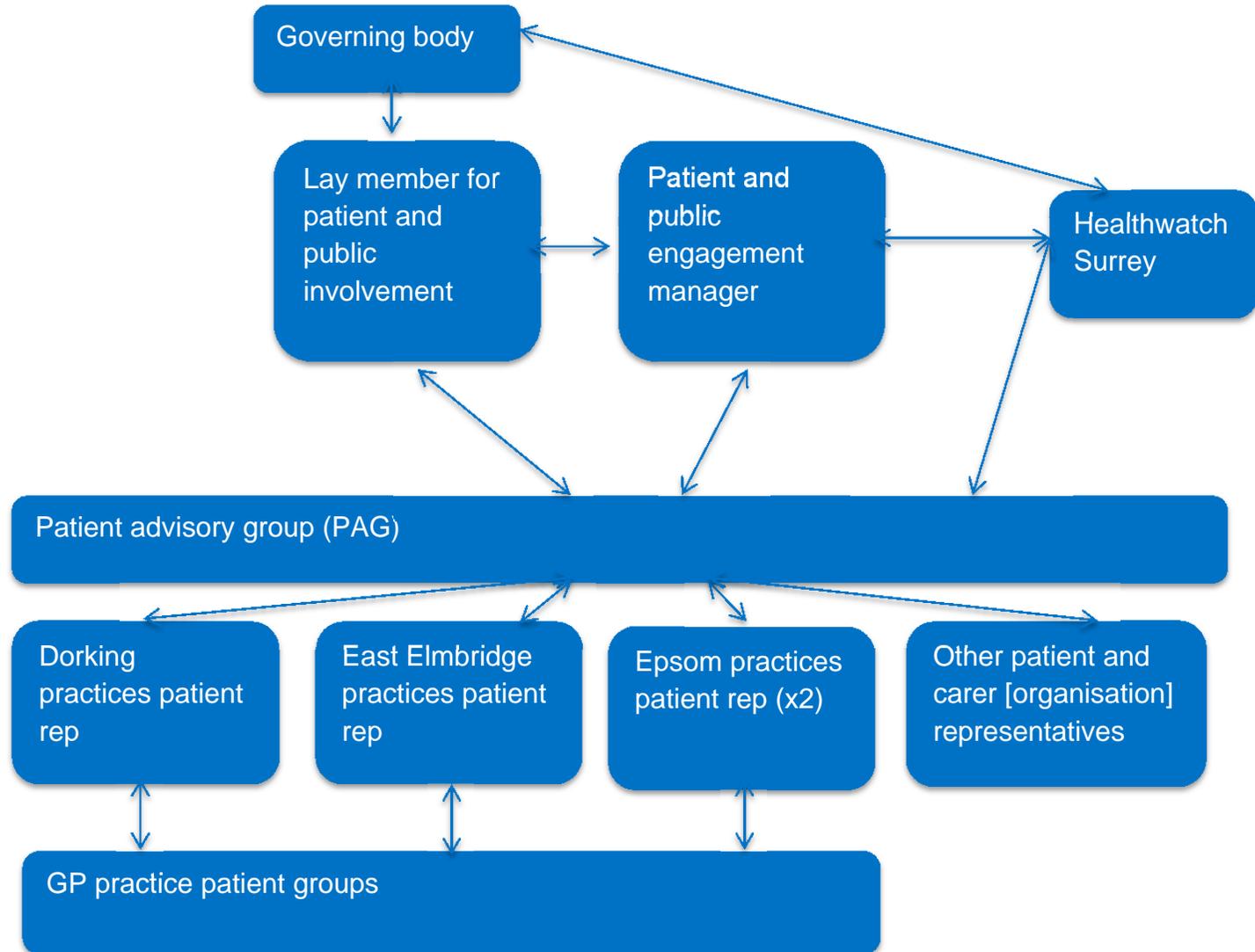
4.4.1 Practice engagement

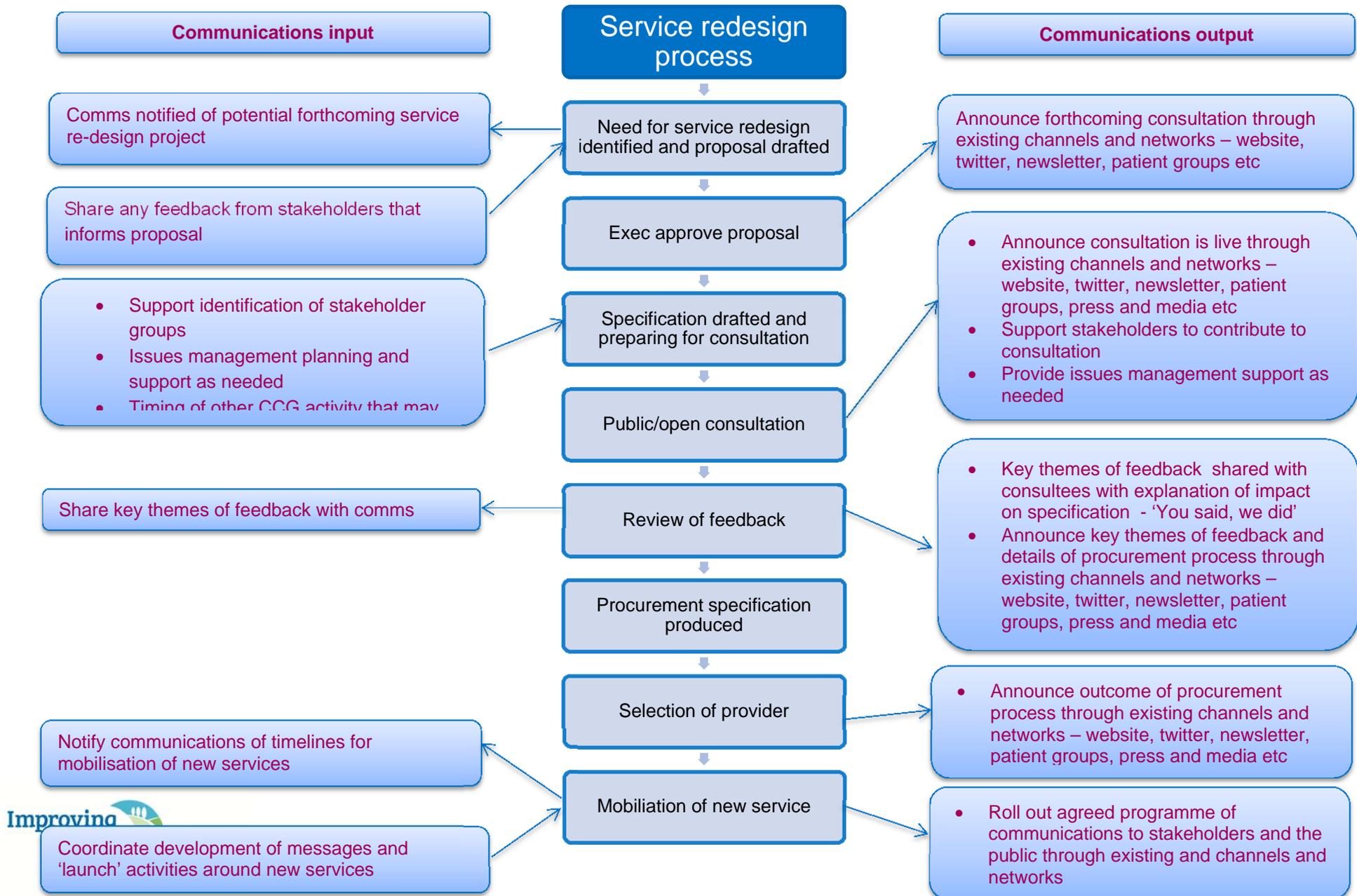
Effective engagement with our member practices is key to the success of our communications activities. The CCG has three practice 'localities' or networks – Dorking, East Elmbridge and Epsom. We will engage with the member practices on a cross-CCG basis and on a locality basis, as shown in the diagrams below.



4.4.2 Patient and public engagement

As set out in section four below, we will be developing a more detailed patient and public engagement plan. The diagram below sets out the current structure for engaging with patients and the public.





4.5 Tools and channels

We have a number of tools and communications channels that we can utilise to support effective engagement with our stakeholders.

Website, extranet and intranet – along with direct communication to key stakeholders, our website will be our primary communication tool. We will use this to inform information about the CCG and our work, opportunities to get involved and create a secure area for member practices.

Social media – we will be ‘fast followers’ when it comes to the use of social media. In addition to our website we will maximise social media opportunities including (YouTube), social networking (Facebook and Twitter), online surveys and forums. and. A priority for 2014-15 is to increase our use of social media and integrate it fully into our communications activities.

Publications and newsletters – we will develop publications that explain our vision and plans for the future. These will be published on our website, as will our Annual Report and accounts. We will reinstate a regular stakeholder newsletter and continue with our regular weekly newsletter, start the week, for GP practices. We will also approach external organisations, for example local authorities, patient organisations, with newsletters where appropriate.

Meetings – We will host member practice and stakeholder events and meetings and will hold CCG Board meetings in public. To ensure transparency, minutes and Board papers will be published on our public website.

Media relations – we will take a proactive approach to working with the media and will use the media as a way of reaching our local population and updating them on our progress and plans for the future.

Our priority is delivering first class patient care to our local population and it wrong to spend any more than we must on other functions – including communications. Our approach will be to:

- Only use communication channels that: are well evidenced; reach the desired audience; are effective; and achieve value for money.
- Explore opportunities to reduce costs by working collaboratively to benefit from economies of scale where possible
- Ensure publications are informative and eye catching and consistent with the NHS brand without being too ‘glossy’
- Where significant investment is required, we will seek the views of our patient representatives and patient group prior to decisions being made

- Where a communications campaign is required – for example to seek views on proposed service re-design – a detailed communications plan will be drawn up to outline the recommended communication channels, with a full cost breakdown.

4.6 Challenges and risks

It is important that we are aware of the communications and engagement challenges that we face so that we can put factor them into the development of detailed communications plans and put in place measures to mitigate them where possible.

The key challenges Surrey Downs CCG faces are:

- Maintaining positive relationships with providers, GP colleagues, clinicians, staff and other opinion formers – this is key to success and in influencing public opinion
- Developing a clear positive vision of what the services will look like across the area in partnership with local other clinical commissioning groups
- Running engagement and consultation processes which are genuinely open, accessible and offer real opportunities for local people to influence the development of future healthcare
- Potential further changes to the NHS landscape
- Acknowledging and addressing local fears and concerns about the numbers of consultations on significant service change using similar messages within Surrey within the last 10 years, and the perception that this has either not resulted in actual change or not delivered improvements
- Co-ordination of provider and commissioning initiatives which are beyond Surrey Downs' control
- There are likely to be areas within commissioning and QIPP plans that potentially carry reputational risks. Therefore managing messages with stakeholders may be challenging.

When communicating our business priorities we will need to be mindful of the following:

- **Current issues surrounding local provider organisations** – this includes being aware of any commissioning issues, media coverage and general perceptions from patients and carefully timing communications to make sure these issues are not exacerbated. This will involve working closely with providers and joint communications where these are appropriate – for example to communicate service redesign.
- **Current policy and recommendations** – including Department of Health policy, National Institute for Health and Clinical Excellence (NICE) guidance

and recommendations made by national clinical bodies and voluntary organisations. Where commissioning intentions are not aligned with these, we recognise careful handling will be required.

- **DH business and planned announcements** – being aware of these will ensure communications are well timed and support these. This will ensure any comments made are made within the national context where appropriate.

4.7 Evaluation

Evaluation of our communications and engagement activities is critical, without measuring outcomes we cannot know how effective we have been at achieving our objectives. We use a range of metrics to measure our success. We will also ensure that communications plans for individual projects outline suitable evaluation methods and metrics.

We will produce a monthly report for the executive team showing our progress against objectives. A template is shown in below.

The table below describes the methods we will use to evaluate our work:

Type of communication	Evaluation process
Internal newsletters, extranet and general communications with staff and practices within Surrey Downs	<ul style="list-style-type: none"> • Seek continual feedback through informal and formal mechanisms • Use internal communications audits to seek feedback on the effectiveness of staff communications and to identify any areas for improvement. Questionnaires, focus groups, 1:1 interviews and informal feedback can all feed into the audit process
Stakeholder communications (meetings, correspondence etc)	<ul style="list-style-type: none"> • Seek informal feedback received and review communications as necessary
Media handling	<ul style="list-style-type: none"> • Media monitoring – monitor volume and tone of coverage. Rebut inaccuracies and review strategy as necessary to improve reputation
Website (once developed)	<ul style="list-style-type: none"> • Encourage feedback via website – through ‘contact us’ email/ feedback form • Seek feedback from patients/ patient reference groups on content, functionality and design. Review website based on feedback received • Web stats: Monitor unique hits on web, time spent on site and most visited pages • Feedback from patients, members of the public, local groups and other stakeholders
Publications (eg. leaflets and Annual Report in future)	<ul style="list-style-type: none"> • Seek feedback on draft materials and reports through patient groups. Amend content and format in response to feedback

Events (eg AGMs, engagement events)	<ul style="list-style-type: none"> • Use event evaluation forms where appropriate to seek feedback on content, venue (access and facilities), timing etc to inform future planning
Paid advertising – for example through local media (eg. for engagement events, campaigns)	<ul style="list-style-type: none"> • Evaluate effectiveness of adverts by monitoring response (ie. hits on website, event attendees, calls etc).

4.8 Progress updates

We will provide feedback and evaluation on communications activities to the Executive Team on a regular (monthly) basis.

5 Activities

This section sets out a summary of our key communications activities. This is a 'live' section and will be updated regularly and used internally as part of our regular reporting to the executive team meetings. These action plans will be held by the responsible officers within the Communications & Engagement team as part of their work directives.

6 Review

This strategy and action plan will continually evolve and will be updated to reflect national guidance and best practice in patient, public and stakeholder engagement.

Surrey Downs Clinical Commissioning Group
Cedar Court
Guildford Road
Leatherhead
Surrey
KT22 9AE

Tel: 01372 201500

www.surreydownsccg.nhs.uk