

Surrey Heartlands

Communications and Engagement Strategy

January 2019

Updated August 2021

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1. INTRODUCTION

In 2017, Surrey Heartlands became one of the first ICSs in the country, based on some key strengths:

- A strong collective vision on behalf of our citizens and staff
- Positive partnership working and building of local relationships, particularly with Surrey County Council
- Strong focus on professional leadership
- Innovative approach to citizen engagement
- A unique (at the time) devolution deal

As our partnership has developed, we have seen a collective shift towards how we tackle the wider determinants of health and how we work across traditional organisational boundaries. We have taken great steps to move away from organisational focus, to creating partnerships with shared commitments and visions to improve the lives of local people and reduce health inequalities. At the same time, establishing the benefits of both local and 'at-scale' working across health and care – where it makes best sense for positive health outcomes.

Until now, ICSs have been informal partnerships with no legal remit, making decision-making difficult, with our System Board the key vehicle for priority-setting and discussion. Following publication of the White Paper in February 2021, and the passage of the Health and Care Bill through Parliament, proposed legislation will put ICSs on a formal statutory footing from April 2022. The move to statutory ICSs will involve dissolution of CCGs, with their statutory responsibilities moving across to the new ICS bodies – with the exact detail expected in the forthcoming legislation. Establishing ICSs as statutory organisations will remove legal barriers to integrated care for patients and communities and help create the right conditions for local partnerships to thrive. This is about improving outcomes and tackling inequalities; strengthening local communities; enhancing productivity and making the best use of our collective resources.

As a system, our current plans are set against a backdrop of the challenge to restore services, meet new care demands and reduce the care backlogs that are a direct consequence of the Covid-19 pandemic, whilst supporting staff recovery and taking further steps to address inequalities in access, experience and outcomes. The continuing development of our system will support delivery of these priorities and our longer-term ambitions on behalf of local people.

The move to statutory ICSs creates the need for a new communications and engagement strategy; whilst that is being developed, this strategy has been updated to reflect recent changes, particularly in how we have been working as a system, and the impact of the Covid-19 pandemic.

Whilst this strategy refers specifically to the work of the Integrated Care System as a whole, it also acts as the strategy for Surrey Heartlands CCG supporting the joint leadership team which operates across both the CCG and ICS. It recognises that other partner organisations will have their own local communications and engagement strategies which align with this overall strategy, developed in collaboration with communication and engagement teams across our system.

A separate communications and engagement plan to support the strategy has also been developed alongside a separate communications and engagement plan to support our System Development Plan and move to becoming a statutory ICS by April 2022.

Updated August 2021

2. SURREY HEARTLANDS VISION AND PRIORITIES

Surrey Heartlands brings together partners with a single shared vision and view of our collective purpose to ‘take stewardship’ of the health and care system in Surrey Heartlands.

Our vision: ‘Working together with the people of Surrey Heartlands to improve health and care’

Supported by the following strategic objectives:

Our objectives are:	Expressed as:	Deliver through (for example):
To support and enable people in Surrey Heartlands to be healthier.	“Start well, live well, age well”	...focus on prevention, healthier lifestyles and the wider determinants of health.
For those who need it, to provide high quality and accessible care.	“Best care, where and when you need it”	...removing unwarranted variation in care ...spreading best practice ...meeting best quality standards / targets
To create partnerships that work better for the people we serve and those who provide care.	“One team, one Surrey Heartlands”	...at the leading edge of developing integrated care ...taking opportunities such as devolution / digital to make the best use of our collective resources

3. KEY PRIORITIES 2021/22

As a system we have three clear priorities:

1. Continuing to work as a system to support our response to the Covid-19 pandemic, including continuing to run our local vaccination service to get our population protected
2. Working together as a partnership on recovery to get services fully back up and running following the pandemic, reducing backlogs and waiting lists to get people in for appointments as soon as possible where these have been delayed due to the impact of Covid-19
3. Focusing on our people – our staff – who have had the most challenging year and supporting their health and wellbeing

In June 2021 we published a plan that summarises how we will work as an ICS to meet both national and local priorities over the next six months and on until March 2022.

The plan is published on our website *here*.

As well as looking at our short-term priorities, we are also very focused on the improvements we want to deliver for our population in the longer term as part of the overarching Surrey Health and Wellbeing Strategy. For us, this includes:

- a **much greater focus on prevention** to help people to stay well wherever possible
- **earlier intervention** to make sure people get the care and support they need as early as possible
- **tackling health inequalities** and the other areas that affect people's health and wellbeing (known as the wider determinants of health) which includes things like housing, poverty and education, where it's clear we must work together as a system to address these areas.

4. CONTEXT

Internal context – across our partnership organisations there is still variable understanding and awareness of Surrey Heartlands and the move to become a statutory ICS. With our new Place-based partnerships at local level, the landscape has become more complex and it's important our strategy reflects the need for clear, honest and open internal communications and engagement.

In order for Surrey Heartlands to be successful and achieve its objectives, there is also a cultural piece to overcome. Breaking down organisational barriers, helping staff feel part of both the wider ICS and their local Place-based partnerships, as well as understanding overall priorities and ambitions and how they can make a positive contribution. Strong and engaging internal communications and engagement is therefore required to redress this balance, particularly as we move towards April 2022. A separate System Development Plan has also been developed with a supporting communications and engagement plan.

Staff within the CCG and across our Place-based partnerships in particular continue to experience a period of considerable change; a recent culture review and other change programmes means we need to pay particular focus to developing a strong and positive internal communications and engagement strategy across the CCG as we continue our transition towards becoming a statutory ICS.

External context – to date Surrey Heartlands has developed a positive reputation on the national platform, particularly with the regulators and other local systems. We need to continue to build on this and be seen as one of *the* leading systems within England, taking every opportunity to promote our ICS on the national platform. Over the past few years, we have increased engagement with stakeholders and partners across the system, particularly with the voluntary, community and faith sector. During the recent pandemic these relationships have further strengthened, and we will continue to build on this partnership approach moving forward.

Our innovative citizen-engagement methodology continues to be used effectively across many of our programmes, with award-winning results and will form a key part of our engagement framework as we move towards April 2022, along with our Citizen Ambassador programme.

And whilst there is little awareness of Surrey Heartlands or our emerging Place-based partnerships with the wider public, what's important is that we use this opportunity to celebrate the success of the local NHS/social care through strong storytelling that puts patients and citizens at the centre. It is less important that people understand the architecture of our ICS rather that they can see and have confidence and trust in the outcomes.

We also need to ensure this strategy aligns with the Surrey Health and Wellbeing Communications strategy and with partner communication and engagement strategies.

5. KEY MESSAGES

- At its simplest level Surrey Heartlands is a partnership of health and care organisations* working together to improve local services and support people to live healthier lives
- For the past few years, health and care organisations have been working as local systems to bring health and social care services together, with all systems now operating as Integrated Care Systems (ICSs) from April 2021
- This ‘system working’ supports a focus on wellbeing and prevention, with wider partners taking ‘collective responsibility’ for improving health outcomes (focusing particularly on the wider determinants of health)
- In Surrey this is about working together to deliver the priorities set out in our Health & Wellbeing strategy
- Until now ICSs have been informal partnerships with no legal remit, making decision-making difficult, with our System Board the main space for priority-setting and discussion
- Following the White Paper earlier this year, proposed legislation will make ICSs statutory organisations from April 2022, with the Health and Care Bill now making its way through Parliament
- The move to statutory ICSs will mean **dissolution of CCGs**, with their statutory responsibilities moving across to the new ICS bodies – with the exact detail described in the new legislation. Establishing ICSs as statutory organisations will remove legal barriers to integrated care for patients and communities and create the right conditions for local partnerships to thrive.
- This is about improving outcomes and tackling inequalities; strengthening local communities; enhancing productivity and making best use of our collective resources

- We want to drive improved health outcomes and experience for local people through the development of strong vibrant ‘Places’ where we expect the majority of service delivery to take place. We already have four strong Place-based partnerships – Guildford and Waverley, East Surrey, North West Surrey and Surrey Downs
- These ‘Places’ bring together health, local government and wider partners, working across organisations to use their collective resources and expertise to improve health outcomes
- Our Place-based partnerships are already working in unique ways, targeting resources to tackle the wider determinants of health and wellbeing, as well as contributing to our wider system strategy and ambition
- For example, we know that even if our health and care services were the best in the world that would only ever affect around 20% of a person’s overall health and wellbeing. The other 80% is influenced by what are known as the ‘wider determinants of health’ and it’s only by working in collaboration, including our borough council colleagues and the voluntary and community sector, that we will ever be able to tackle these in a meaningful way.
- We also know that if a child starts school with a ‘health inequality’ – such as obesity or living with poor air quality – it’s difficult to make up that gap, and that they’re more likely to have poor physical and mental health as they get older. As a system we are putting a big focus on what we’re calling the ‘first thousand days’ and doing as much as we can to make sure every child enters school with equal opportunities.
- Importantly, our journey is also supported by strong multi-professional leadership and engagement; making sure colleagues working across Surrey Heartlands, and patients and citizens, are able to influence change in a meaningful and evidence-based way.

6. GOALS AND OBJECTIVES FOR THIS STRATEGY

Through high quality communications and engagement this strategy will support Surrey Heartlands to deliver its vision and objectives.

Our specific goals are to:

- Increase awareness of Surrey Heartlands, its ambitions, challenges and successes across key audiences
- Create buy-in and trust with audiences for Surrey Heartlands and the work we are doing
- Influence behavioural change [with patients, public and staff] that supports key priorities
- Support cultural change with staff so colleagues across our partnership – at all levels - feel engaged and part of something new
- Work in a genuine partnership with citizens, patients, staff and wider stakeholders

We will do this through the following objectives:

- Developing a clear narrative for Surrey Heartlands and our Place-based partnerships that works across all audiences
- Articulating and describing the changing landscape [for health and care] so it is easily understood by staff, patients, stakeholders and the wider public
- Being clear about our challenges and honest in our approach to finding solutions
- Taking every opportunity to promote and communicate our successes, with a particular focus on patient stories
- Engaging audiences in a two-way dialogue so they feel involved and part of the conversation
- Reaching all our communities with a particular focus on those who are 'less engaged' and those with protected characteristics, supporting our overall priorities to tackle health inequalities

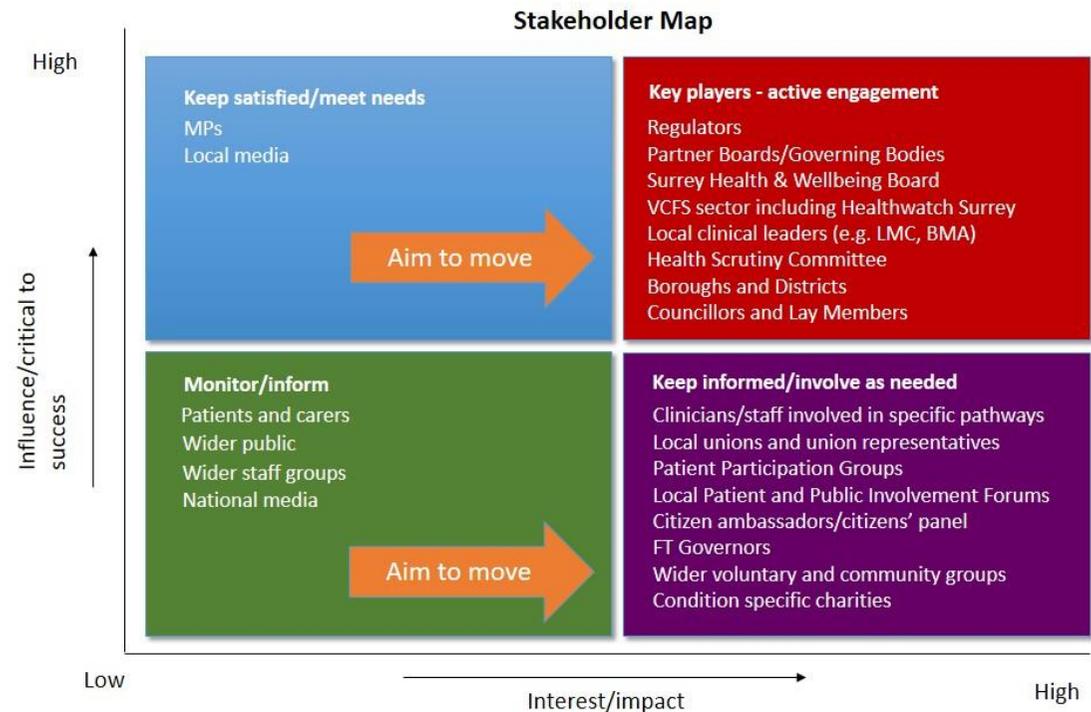
- Embedding our methodology of citizen-led engagement as business as usual across Surrey Heartlands, mirroring this with staff
- Developing a clear approach to engaging stakeholders across the voluntary, community and faith sector including patient and user representatives and carers
- Providing high quality communications and engagement support to programmes of work across Surrey Heartlands
- Supporting our Place-based partnerships in developing their communications and engagement strategies
- Establishing a robust evaluation methodology to measure success

7. UNDERSTANDING OUR AUDIENCES

The importance of good stakeholder mapping: there is a mutual dependency between organisations and their stakeholders - those that are directly affected by what we do and/or those that can influence our partnership and what we do.

Identifying and understanding our stakeholders is essential for our strategy to be successful, mapping influence and interest so we can plan and tailor our communications and engagement most effectively.

For example, some stakeholders will be content to be engaged with as and when needed, whilst others who are critical to helping us achieve our objectives may require higher levels of engagement. Our key stakeholders are mapped on the following matrix, with a full list of stakeholders at Appendix A.



It should be noted that this represents a general matrix for the partnership; this would change at a more micro-level, i.e. for specific workstreams and work programmes – for example patients and carers with experience of a particular pathway, representatives of specialist voluntary/patient user groups, and would therefore need to be repeated for individual communication and engagement plans.

8. SOME KEY PRINCIPLES

Our communications and engagement will adhere to the following key principles:

- Using plain English
- Communicating openly and honestly
- Ensuring our material is inclusive and accessible and that it meets the Equalities Act 2010
- Feeding back – using a ‘you said, we did’ approach
- Developing our narrative through compelling storytelling - patient examples wherever possible
- Professional – material produced to high standards - ‘real’ local photography, good quality design
- Innovative – compelling and creative so we achieve maximum impact, using innovative tools and channels
- Efficiency – using methods that are ‘fit for purpose’, cost effective and **add value**
- Timely – information is provided at the time it’s needed and relevant. Wherever possible (and relevant) – **staff first**
- Targeted – ensuring the right message reaches the right people at the right time

9. COMMUNICATION AND ENGAGEMENT TACTICS

Key communication and engagement tactics will include (but not be restricted to):

- Media relations – a positive media strategy to maximise local/national media coverage
- A proactive digital strategy – maximising opportunities with social media platforms (such as Twitter, Facebook, YouTube, LinkedIn, NextDoor), websites, intranets and other digital platforms (e.g. digital advertising, apps, email, engagement software)
- Compelling use of film + animation
- Publications and newsletters – targeted for use in the most effective way
- Social events (e.g. for staff)
- Use of robust insight and research methodology (e.g. focus groups, co-design)
- Face to face – staff meetings/stakeholder/public meetings/presentations/roadshows (NB when possible following Covid-19 restrictions)
- Events and conferences – virtual and face to face when possible
- Posters/advertising
- Effective evaluation

10. BRANDING

Surrey Heartlands has developed a visual identity using a simple brand which is consistent with NHS brand guidelines and which reflects the strong relationship with Surrey County Council. As we move towards April 2022 we will need to develop a clear brand for the new ICS, in line with national guidelines (as of August 2021 these are not yet published).

The current 'brand' is based on the following image, which is used consistently with both the NHS lozenge and Surrey County Council logo.



Our Place-based partnerships will be supported as they develop their own brands/identities, and it would be sensible to approach this in a consistent way across the wider partnership.

11. FOUR KEY PRINCIPLES

Our strategy can be divided into four key areas of work (with some overlap):

1. Positive PR and promotional activity
2. Citizen and public engagement (including research and consultation)
3. Internal communications and engagement
4. Programme support

11.1 PRINCIPLE 1: Positive PR and Promotional Activity

Action and response strategies

A proactive approach – making the most of opportunities to promote the ambition, progress and benefits from working as an integrated care system

- Planned events – face to face* meetings/presentations, co-design events, engagement events, and responding positively wherever possible to invitations to attend meetings/conferences *where possible following the pandemic
- The importance of regular and well-timed communication – seeking out positive stories with regular media releases, newsletters, online activity such as social media, blogs (avoiding a famine or feast approach), responding to national announcements wherever a positive opportunity presents
- Making best use of communication/engagement tactics that are within our control
- Ensuring high quality, up to date information – particularly online and ensuring professional and high quality printed information where relevant (e.g. display material)

Planning reactive strategies – measures to respond to negative feedback, complaints, media enquiries:

- Media enquiries responded to in a timely way, always seeking to put SH and/or partners in a positive light and taking as open and transparent approach as possible – working together across the system wherever possible with a ‘system’ response where relevant
- Ensuring all other enquiries are responded to in a timely way e.g. contacts via website, enquiries/feedback from stakeholders, patients and others
- Taking a proactive approach to those expressing a more negative view – offering face to face meetings, responding in an open and transparent way, responses that are empathetic and compassionate

Building a positive media strategy**Introduction**

The media plays a pivotal role in shaping public perception and therefore should be treated as a key partner in building and maintaining the reputation of Surrey Heartlands and all the Surrey Heartlands partners. This section outlines the approach Surrey Heartlands will take to both proactive and reactive media management.

This includes traditional broadcast media (TV, radio); print (newspapers and other publications); and digital – online and social media such as Twitter, Facebook and others.

This media strategy will be predominantly implemented by the Surrey Heartlands central (CCG) communications team, supported by, and in collaboration with, local communication teams across the wider partnership.

Where do people go for their news?

The extent and nature of the media serving Surrey Heartlands has altered in line with changes to media provision and news consumption across England over the last five years. Online news is playing an increasing role – almost two-thirds of people use the

internet for news. Indeed, increased reliance on social media as a source of news **has seen Facebook become the preferred option for a third of people over 16.**

Analysis by Ofcom in 2018 shows that TV is the most popular platform for accessing local news among news users. Nationally the pattern is similar.

Half of local news users say they watch regional and local broadcasts on BBC TV (48%) and one third ITV (32%). More than four in five of these are satisfied with the quality of news these channels provide.

Almost one in four (23%) use printed local or regional newspapers and one in six (16%) say they use social media for local news. Sixty percent of online news users are most likely to go directly to the websites/apps of a news provider such as SurreyLive.

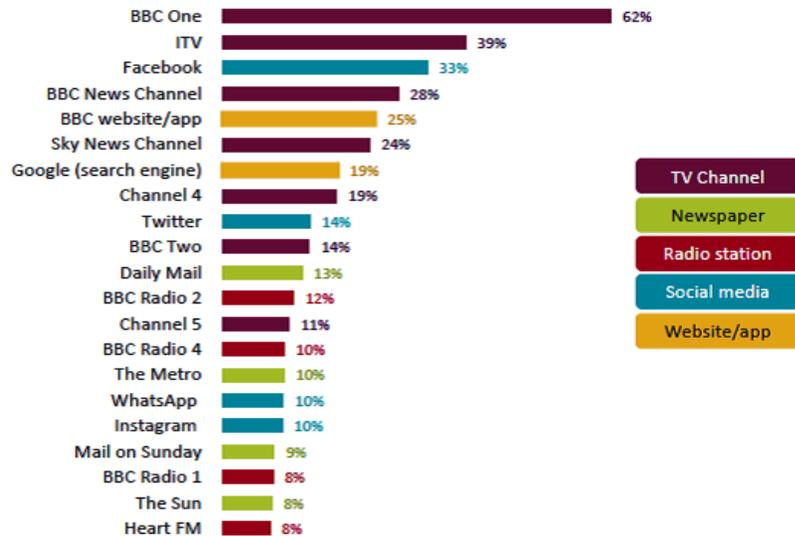
Six in ten adults in England claim to use BBC One for news, while two in five use ITV. Facebook is used by one in three.



Figure 15.2

Top 20 sources for news in general 2018 - England

% of adults 16+ in England using each source for news nowadays



- TV Channel
- Newspaper
- Radio station
- Social media
- Website/app

A positive approach

Surrey Heartlands is not yet featuring sufficiently on the media's news agenda. This is because the media locally has no real comprehension of the full nature of the ICS or the scope and impact of its work. This strategy sets out how we will inform journalists, editors and producers about the role of Surrey Heartlands in the new NHS that is taking shape.

Patient stories are a key element in this media strategy.

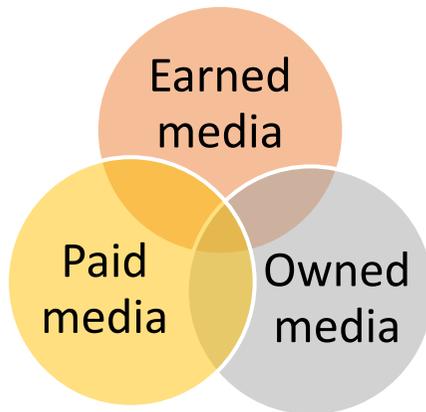
What will make the difference is the language and the demystification of what may seem like every-day concepts to NHS insiders. Surrey Heartlands has plenty of good stories to tell. However, it's the improvements to patients' lives that are delivered through developments brought about by Surrey Heartlands – in particular our partnership approach - that will win positive headlines and demonstrate if we have been successful in our objectives.

Relationships with local news desks will be further cultivated and developed by the local communications teams, with a specific emphasis on the role of the Surrey Heartlands ICS. Similarly, relationships with the leading national and professional media e.g. BBC Health, HSJ and Nursing Times.

We will take a more active approach in placing stories – focusing on patient case studies – across all local (and where relevant, national) media channels and in developing more feature stories and thought pieces.

Maximising our media channels

We need to maximise opportunities for positive media across the range of earned, paid and owned media where relevant.



Earned media is when customers, the press and the public share your content, such as media releases. In other words, the mentions are “earned,” meaning they are voluntarily given by others.

Paid media is when you pay to leverage a third-party channel, such as traditional or online advertising.

Owned media is when you employ a channel you create and control. This could be your blogs, YouTube channel, your website, or even your Facebook page. Even though you don’t strictly “own” your YouTube channel or your Facebook page, you do control them and don’t have to pay for basic usage.

Reactive media relations

News organisations make their own decisions about what stories they will feature. For example, Health Service Journal employs specialist regional reporters who keep a watchful eye on Board papers to follow up on particular issues. This can mean Surrey Heartlands may be approached for a contribution to a story where it is felt its input may add to the report.

This may vary from a request for expert opinion on a topic to a demand for an explanation of behaviour that has been the subject of outside criticism. This is reactive media relations. At best it provides an opportunity for the organisation to demonstrate its expertise. At worst it calls for the application of experienced crisis communications management. The Surrey Heartlands communication teams are all equipped to deal with either of these extremes and everything in between.

Following the pandemic, NHS England has established a clear sign-off protocol for media enquiries and bids, particularly those from national media; all the Communications teams across Surrey Heartlands work closely with the NHS England regional team to ensure the protocol is followed. We will continue our partnership approach with NHS England and the regional team in particular. The Director of Communications and Engagement is part of the communications leadership group across the South East.

It is important to handle enquiries from the media promptly and whenever possible to provide a response rather than a 'no comment'.

Maximising our digital channels

As part of our overall media strategy, maximising the opportunity presented by our digital channels is a key component. The stories we develop to 'sell' to the media will work just as well, albeit in shorter, punchier formats, on social and digital channels and we will seek to maximise this opportunity.

Surrey Heartlands currently has a website (www.surreyheartlands.uk) alongside Twitter, Facebook, YouTube and LinkedIn sites (with LinkedIn and NextDoor also in the pipeline). In pushing out our stories we need to create an integrated package, using traditional media (print and broadcast) alongside digital channels to maximise coverage.

A proactive social media strategy will also help to drive traffic to our website and increase the number of regular visitors. Our social media approach includes:

- Production of regular 'blogs' or thought pieces, published via Twitter, Facebook, LinkedIn with links to the website
- Patient stories published via Twitter, Instagram and Facebook (creating greater readership than traditional print media alone)
- Creating conversation and comment via Twitter (in particular) – taking every opportunity to promote Surrey Heartlands and its priorities on the back of national announcements, health themed events, publication of research articles, performance data and so on

- Encouraging staff and partners to join our social media conversations, increasing reach and spreading the reputation of Surrey Heartlands (and driving up the number of followers)
- Regular additions and updates to the Surrey Heartlands website to keep it fresh and interesting
- Use of engaging film / animation / photography to promote Surrey Heartlands and our key priorities
- Using social media to support partners and their messages to wider audiences
- Using social media to support national priorities and health campaigns
- Support across all partner organisations to share and promote news articles/messages to maximise reach and demonstrate the integrated nature of the wider partnership
- We will also use social media as a key component in our health campaigns, using a targeted approach wherever possible based on clear insight and data (such as the Covid-19 vaccination programme)

Developing a web strategy

The Surrey Heartlands website, www.surreyheartlands.uk has been developed as a programme resource with the following key objectives:

- To describe the vision, aims and objectives of Surrey Heartlands and our key priorities and work programmes
- To promote the partnership and its successes (particularly around patient benefits) to a wide audience – staff, other NHS and local government colleagues (locally and nationally), stakeholders and other interested members of the public
- To keep audiences up to date with the latest developments

- To provide a contact facility to allow interested parties to make contact with the partnership and to understand how to get more involved

As we move towards April 2022, we will need to develop a new website for the new statutory ICS; we want to develop this as an engagement platform to make it easier to engage with our partners and citizens. A web presence for our Place-based partnerships will also be part of this wider web strategy and development.

Patient case studies

- A key element in our strategy will be to create patient case studies as complete 'packages' to use across our various channels. This will include:
 - A written narrative – focusing on plain language which looks at the story primarily from the patient's perspective
 - Supported by short video clips, including a longer piece (2 minutes max) to place on our website, and a number of shorter 30 second clips to use on social media
 - Photography which will enable the case study to be used across a variety of mediums
- We will then be able to publish our case studies across a range of platforms including:
 - Print media
 - Social media (Twitter, Facebook, Instagram, YouTube)
 - On our website
 - As part of the Surrey Heartlands newsletter

- Other digital outlets such as NHS England's website, national and local electronic newsletters
- Across relevant partner platforms (e.g. a local story might also feature on the local CCG website, provider website etc)

11.2 PRIORITY 2: Citizen and public engagement (including research and consultation)

Building on our citizen-engagement programme

Surrey Heartlands is leading the way with involving residents, patients and staff in shaping the transformation of health and care services.

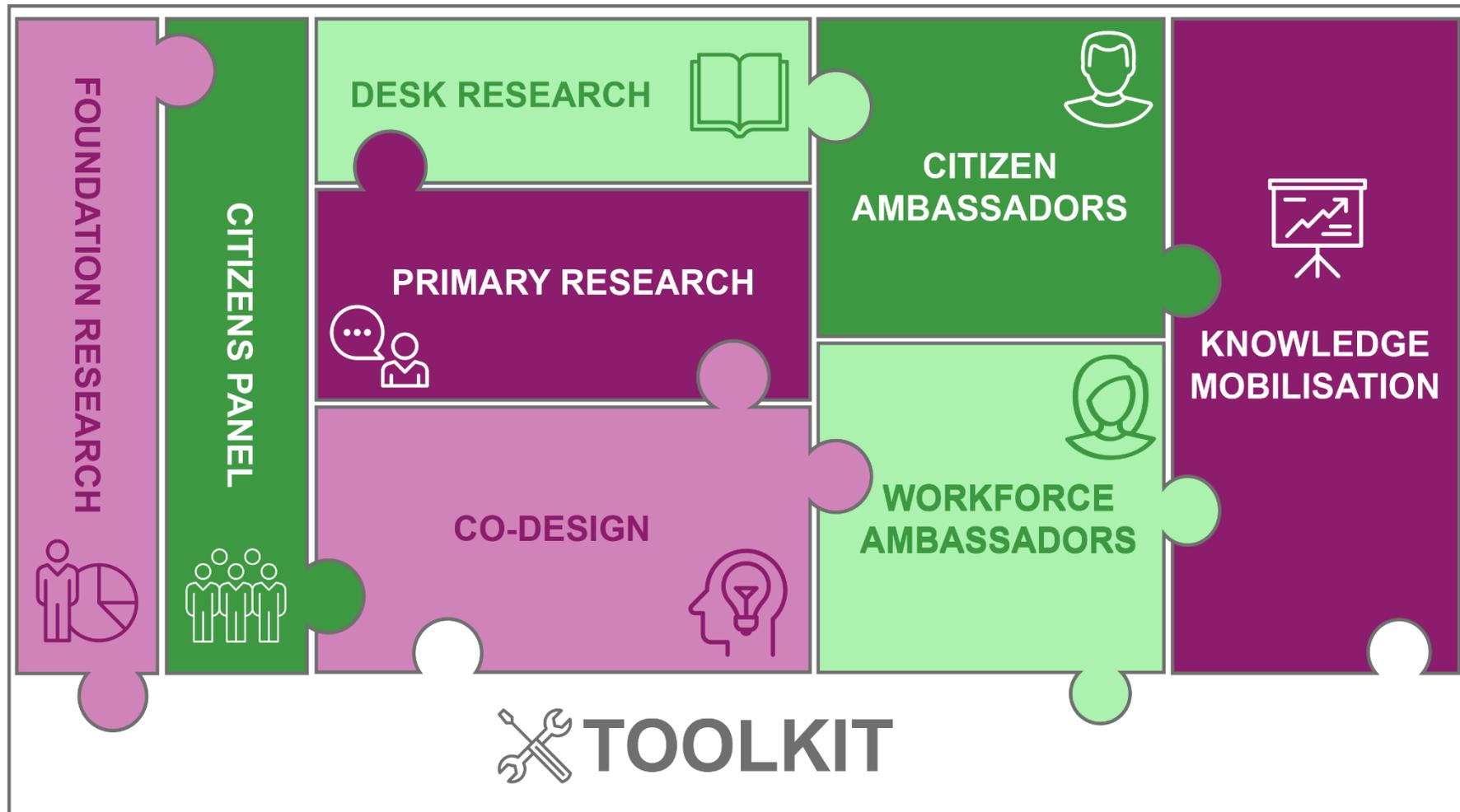
By using the term ‘engagement’ we are referring to conversations between citizens, the NHS and Social Care. These conversations are really important because if we understand what citizens need from health and care we can create services that are easier to use, easier to deliver, more efficient and, most importantly, increase the chance people will remain healthier for longer.

Yet simply inviting people to be part of a conversation isn’t going to have any effect unless we’re able to take action in relation to what we’ve heard. This means we need a process that not only listens but that then understands before helping to bring about change that is valuable. Therefore all of our work is guided by the following three principles:

1. Only undertake ‘meaningful’ engagement where it’s clear the findings can and will be used to influence change
2. Listen to a varied range of citizens and opinions ensuring that we have included all the appropriate people
3. Understand it can be hard for many people to find the time and motivation to engage

This approach has been embedded from the inception of the Surrey Heartlands Partnership and, as well as being used consistently across the specific Surrey Heartlands workstreams, is also being adopted across partner organisations for other, more targeted pieces of work.

The aim of this strategy is to continue to develop the programme so local residents and staff feel empowered in helping to drive positive change, and to continue to embed this as the consistent Surrey Heartlands approach to engagement in service development. To support this we have developed the following citizen engagement toolkit:



1. **Foundation research**

Before we embark on a research project, it's important to check whether a similar project has been conducted previously, and use the findings of that project to inform ours. Similarly, existing data may be available that can help us construct a more focussed research question. Input from our citizen and workforce ambassadors should also be obtained to hone the research question. The consolidation of existing knowledge is the foundation from which a research framework can be built.

2. **Citizen Panel**

The research team has set up an online resident panel to carry out regular survey research online among a sample of people who live in Surrey Heartlands. The panel is “statistically representative” of the Surrey Heartlands population and therefore is more robust than surveys and consultations that are open for anyone to complete.

3. **Desk Research**

Desk research is an exercise to collate existing information that is related to the area of interest. Information can be found internally and externally and can come from sources as varied as previous research carried out through to publically available data.

4. **Primary Research**

Primary research takes raw data from information collected through qualitative or quantitative methods and interprets the data to meet research objectives. Qualitative research is recommended for exploratory research, where underlying reasons, opinions or motivations need to be explored. Qualitative methods range from non-participatory observation to focus groups to fully interactive co-design workshops. Quantitative research is carried out in the form of surveys, usually conducted online but also over the telephone or face-to-face.

5. **Co-Design**

Co-design is often used as an umbrella term for participatory, co-creation and open design processes. The qualitative co-design approach goes beyond traditional consultation sessions undertaken in the public sector and builds and deepens equal collaboration between citizens affected by, or attempting to, resolve a particular challenge. A key tenet of co-design is that users, as 'experts' of their own experience, become central to the design process.

6. **Citizen Ambassadors**

The Citizen Ambassador programme was commissioned by Surrey Heartlands in September 2017 and is led by Healthwatch Surrey. An aim of the programme is to maximise the representation of different citizen voices by engaging and involving people who do not already consistently engage in service change within the NHS. The Citizen Ambassadors act as the independent voice bringing insight from local people and communities.

7. **Workforce Ambassadors**

The Workforce Ambassador programme is in development, but the aim is for the WAs to work in collaboration with clinical leads and citizens to help transform care services.

8. **Knowledge Mobilisation**

The term Knowledge mobilization refers to making information useable so knowledge can be put into active use. Working collaboratively is seen as key to research uptake, so encouraging researchers, commissioners and clinicians to work together will help ensure research informs policy or practice

This approach complements and builds on other forms of public engagement that continue to take place across the partnership; with our stakeholders, the VCFS sector and wider patient user and carer groups.

The full approach to citizen engagement and wider participation and engagement is included in our **Participation Toolkit** available on our website [here](#).

Supporting larger change programmes

The obligation to engage

NHS organisations and local authorities all have separate but similar obligations to consult and involve the public. NHS England recommends early engagement as integral to any service change; furthermore early and continued public engagement is part of a CCG's statutory responsibility under the 2006 National Health Act [amended by the Health and Social Care Act 2012]. Our approach across Surrey Heartlands is based on our Participatoin toolkit and methodologies described above.

In terms of service change, we also need to adhere to the Gunning principles:

- **Engagement when proposals are still at a formative stage**
Public bodies need to have an open mind during a consultation and not already made the decision, but have some ideas about the proposals.
- **Sufficient reasons for proposals to permit 'intelligent consideration'**
People involved in the consultation need to have enough information to make an intelligent choice and input in the process. Equality Assessments should take place at the beginning of the consultation and published alongside the document.
- **Adequate time for consideration and response**
Timing is crucial – is it an appropriate time and environment, was enough time given for people to make an informed decision and then provide that feedback, and is there enough time to analyse those results and make the final decision?
- **Must be conscientiously taken into account**
Think about how to prove decision-makers have taken consultation responses into account.

If significant service change is being proposed there is also a legal obligation for public consultation, which if not undertaken can result in judicial review, a lengthy and potentially expensive process. Not only is it the right thing to do, the more thorough and transparent any engagement campaign is, the less likely it will be to result in an eventual judicial review and/or referral to the Independent Reconfiguration Panel. There is also a 'legitimate expectation' that if the public is expecting consultation – perhaps because it's been promised, or done on similar topics in the past - we could be legally held to account if we don't.

Our approach

Across Surrey Heartlands, we will engage and consult the public as widely as possible (proportionate to the level of change) on any significant service change proposals, paying particular attention to reaching our wider communities and those most affected. Cabinet Office guidance suggests a minimum consultation period of 12 weeks for large-scale change. Wherever possible, and as appropriate, we will work collaboratively focusing on the clinical case for change, fronted by clinicians wherever possible.

As we move towards April 2022 and becoming a statutory ICS the statutory responsibilities for public engagement, participation and consultation will move across to the new ICS organisation. Our approach will have oversight from a formal Patient Oversight/Assurance Group.

11.3 PRINCIPLE 3: Internal communications and engagement

As we move towards becoming a statutory integrated care system communicating and engaging with internal colleagues across the partnership is critical for success. Our strategy aims to:

- Ensure all partnership colleagues have a fuller understanding of the Surrey Heartlands ICS and place-based partnerships and our overall aims and objectives
- Ensure colleagues have a clear understanding about the direction of travel towards becoming a statutory ICS
- Ensure colleagues are engaged in the development of our system and can input directly into shaping future plans
- Ensure colleagues understand how to get more involved in system workstreams and programmes of work
- Support workforce and organisational development colleagues to create a 'Surrey Heartlands' employer brand where individuals and teams understand the part they play within the wider system
- Share system successes and opportunities across our workforce so people understand the benefits integrated working offers to patients and staff
- Help to shape the right culture so staff are able to influence the way our system continues to develop (a 'bottom up' approach) including a specific programme of internal communications and engagement support across the current CCG (as it transitions to becoming a statutory ICS)
- Create the right channels for feedback and ideas – ensuring a 'you said, we did' approach
- When key and critical messages are being communicated, we always adopt a 'staff first' approach

There are a number of key internal audiences we will need to consider including (but not limited to):

- Partner Boards/Governing Bodies and Foundation Trust Councils of Governors
- Other clinical leaders (clinical executive committees or equivalent)
- Union and staff representatives
- Managers and team leaders
- Primary care colleagues
- Wider staff groups across the partners

In communicating and engaging key messages we will need to take account of different audiences and tailor our activity and messaging accordingly.

Communications is everyone's responsibility

Internal communications and engagement cannot be the sole responsibility of the communications and engagement team/s. Whilst the ICS communications and engagement team – supported by colleagues across the partnership - may craft individual communication and engagement plans to support programmes of work (in particular the implementation plan to move towards becoming a fully integrated care system), this strategy needs to rely on support from senior leaders and their teams across the partnership.

Transformation Board members have a responsibility, working with their internal teams, to ensure colleagues across their organisation are receiving key, consistent messages and that they are given the opportunity to fully engage in the development of our integrated care system and place-based partnerships.

A more innovative approach

In a developing digital age we should be exploring more innovative and creative approaches to staff communication and engagement (whilst recognising that some staff may not have access to computers and/or smart phone technology). This also includes greater use of short film and/or animation (which can be more compelling and easily digested than long streams of narrative), the use of apps and digital platforms (such as Sharepoint/Jive) to encourage staff engagement and more interactive engagement and feedback mechanisms.

The communications and engagement teams across the partnership are committed to continually exploring new ways of communicating to ensure we are communicating in the most effective and compelling way.

Tactics and channels

Our internal communications and engagement tactics and channels will include (but are not limited to):

Face to face*:

- Internal team briefing/stand-up style meetings with opportunity for discussion and feedback
- Team meetings
- Wider briefings and interactive workshops
- Conferences, staff awards
- Co-design events

*Many of these events are now being conducted virtually following the Covid-19 pandemic

Written and electronic communication

- Internal newsletters – celebrating and sharing successes, delivering consistent messaging

- Email / direct messaging from senior leaders
- Staff intranets / websites / digital platforms
- Social media – twitter, facebook, Instagram, Next Door, YouTube – creating a ‘community’ approach to social media and its use, encouraging interactive conversations and sharing of successes
- Short films/animations
- Printed leaflets, posters and other printed material where relevant
- Staff surveys and suggestion boxes (electronic and physical as appropriate)
- Consider development of a Surrey Heartlands staff ‘app’

11.4 PRINCIPLE 4: Supporting the workstreams

The Communications and Engagement team is also available to provide professional support and advice to programme teams across the ICS. Whilst every effort will be made to give programmes the support they need to achieve their own business objectives, the Communications and Engagement team is relatively small and for larger projects workstreams may need to commission further support.

Programmes are encouraged to complete a template where they will be expected to outline their project's goals and objectives, key messages, audiences, timeline and budget from which the team will be able to draft a communications and engagement plan. Support may include:

- Research and co-production (including focus groups, surveys, co-design events)
- Media releases
- Social media activity
- Messaging to staff
- Production of material such as patient / staff leaflets
- Help with planning and advertising events
- Support to run displays and roadshows
- Web support
- Video production
- Newsletters

Where appropriate the Surrey Heartlands Communications and Engagement team will also seek support from the wider partnership Comms and Engagement group.

12. SUPPORTING OUR PLACE-BASED PARTNERSHIPS

Our four Place-based partnerships are a key component within the Surrey Heartlands partnership. Whilst describing the role of these local partnerships and how they fit within the wider partnership is a critical element within our core narrative, each will need their own localised communications and engagement strategy to support delivery at local level.

It is important that these local strategies remain consistent with our overall strategy, at the same time reflecting the important differentials and details of local plans and directions of travel.

With the move towards becoming a statutory ICS, the central ICS/CCG communications and engagement function is being restructured to ensure comms and engagement support that is aligned to each of the four Places. It is expected that wider support from across each of the Places will also input into developing strategies and plans in a true partnership approach.

13. EVALUATION

Evaluation should be a clear component of any communications and engagement strategy in order to measure the success of individual campaigns/plans, to learn what works well and what doesn't, and to influence future planning.

According to the Chartered Institute of Public Relations, this means '**setting goals in advance of a campaign/plan so that the outcomes can be measured through the lens of those goals**'.

There are now a number of evaluation frameworks that offer evaluation guidance for communications and engagement activity that we can use; the approach set out here is based on the Barcelona Principles (published by AMEC, the world's largest professional body for communications research, media intelligence and insight).

In evaluating this strategy, and in providing support to individual communication and engagement plans/campaigns, we will undertake our evaluation against our stated objectives following the framework overleaf.

Our evaluation framework is based on four key measures:

- Outputs – measuring the actual activity we carry out (a quantitative measure)
- Out-takes – what people take away/hear from our communications and engagement – so how we frame our messages/what we say
- Outcomes – what changes as a result of our activity, e.g. uptake of prevention measures, people’s perception of our partnership, what *they* say about us
- Organisational impact – this measures key impacts e.g. an increase in reputation, increase in staff recruitment and retention, improved satisfaction/feedback from residents as examples

The example framework overleaf demonstrates how we can apply this to measuring our overall goals. Similar templates can be created for individual strategies and plans.

Evaluation tools

In undertaking our evaluation, we can use a mixture of the following tools and measures:

- Quantitative data – measuring the activities undertaken (e.g. media releases, events, promotional materials)
- Quality of coverage – particularly for earned media, how stories are taken up and interpreted in the media, commentary and what others are saying about us (across traditional and social media)
- Analytics – measuring uptake (e.g. who reads electronic newsletters, website hits, social media shares)

- Qualitative data – capturing opinions/feedback for example through focus groups, co-design events etc
- Surveys – to capture changes in attitude and perception/measuring satisfaction/dissatisfaction
- Complaints and compliments
- Feedback to engagement and consultation programmes
- Behavioural change – in response to specific campaigns (internal and external)

Goal	Outputs (quantitative) – examples	Out-takes – what people take away/hear	Outcomes – what changes as a result	Organisational impact (examples)
Increase awareness of Surrey Heartlands, its ambitions, challenges and successes across key audiences	Media coverage Newsletter activity/blogs Social media activity Website coverage Face to face meetings/events	Tone of our messaging What people are saying about us	More willingness to engage in work of Surrey Heartlands	Increase in reputation of Surrey Heartlands and constituent partners
Create buy-in and trust with audiences for Surrey Heartlands and the work we are doing	Stories that demonstrate patient / staff benefits Messages that are open and honest about challenges Open co-design and citizen engagement	What people are saying about us Understanding of what the partnership/partner organisations are doing	Public, patients, citizens more willing to engage Demonstrating positive engagement	Increase in reputation of Surrey Heartlands and constituent partners More overt support from key influencers
Influence behavioural change [with patients, public and staff] that supports key priorities	Prevention campaigns – measured coverage of the campaign % of audience reached	Increased awareness of dangers of flu (or other health conditions)	Change in behaviour e.g. Update of flu jab	Improved health outcomes e.g. reduction in strokes, reduction in flu cases
Support cultural change with staff so colleagues across our partnership feel engaged and part of something new	Staff engagement programmes with supporting material e.g. animation, staff app, shadowing roles, new induction (supporting Workforce workstream)	Understanding of change What staff are saying about us	Staff more willing to engage with the partnership Staff acting as champions, promoting change	Improved recruitment and retention

<p>Work in a genuine partnership with citizens, patients and wider stakeholders</p>	<p>Open and honest communication Co-design/citizen engagement Open and honest consultation Wide stakeholder engagement programme</p>	<p>Demonstrable understanding of the challenges that might be facing a service Acceptance of the need to change</p>	<p>Evidence of changes to service pathways resulting from inputs from citizens, patients, stakeholders</p>	<p>Improved satisfaction with a service</p>
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14. WAYS OF WORKING

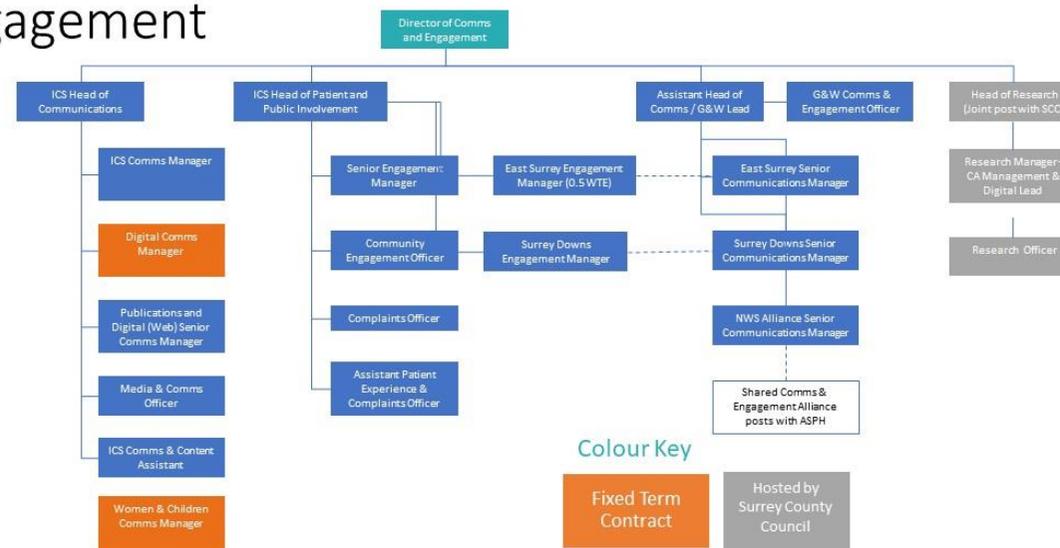
Across Surrey Heartlands, and Surrey where appropriate, we will collaborate whenever it makes sense to do so, demonstrating ‘one face of the local health and care system’, creating efficiencies, more consistent messaging and a shared approach. This will evolve as relationships mature, but will include:

- Training – sharing costs and developing skills across our teams
- Sharing specialist skills from the teams through regular interactive workshops
- Developing areas of specialism that can work across the footprint (e.g. market research, graphic design)
- Sharing and learning from best practice across the footprint
- Creating ‘one plan’ for Surrey Heartlands/Surrey on critical areas – e.g. winter, heat-wave planning and sharing the work linking close to the work of the Health & Wellbeing Board Communications sub-group
- Collaborating whenever it makes sense to do so – e.g. health promotion campaigns, national messaging, areas of common interest (e.g. GP extended access)
- Taking a shared approach to engagement – e.g. service change engagement which involves multiple partners
- Supporting the workstreams, using the ‘whole team’ to share the workload

15. ROLES AND RESPONSIBILITIES

- A Surrey Heartlands NHS communications group meets bi-weekly
- The joint CCG/ICS communications and engagement team is led by the Director of Communications and Engagement – full structure below
- A Surrey Heartlands ICS patient voice/participation oversight and assurance group is currently being set up and will report formally to the Quality and Performance Board

1. Comms & Engagement



RISKS

The following table describes key risks to this overall strategy and how we can mitigate against these.

Risk	Mitigation
Unwillingness of media to engage and run our stories	Creating a regular supply of stories on owned channels (e.g. website, social media). Building positive relationships with journalists and media outlets, responding well to media enquiries.
Negative media coverage/perceptions	Build positive media relations; invite media in for interviews/informal discussions to explain key issues and aid understanding.
Unwillingness/lack of interest from stakeholders to engage	Ensuring a regular supply of engaging communication and narrative. Responding well to enquiries, listening to feedback and seeking to engage on areas of interest for stakeholders.
Lack of engagement on key service change projects could risk legal challenge; general lack of engagement could lead to poor relationships	Ensuring robust engagement, training managers on importance of engagement and consultation, mapping our engagement work and working closely with other stakeholders/partners; other mitigations via the new Patient Voice/Participation Oversight Group

Opposition from key influencers, e.g. MPs	Ensure regular communication and engagement with key influencers. Always offer to meet face to face.
Limited capacity from communication and engagement teams and competing priorities	Being clear about easy wins, key priorities. Working smarter, sharing tasks and being careful not to duplicate work. Making best use of colleagues across the system.
Lack of buy-in from partner communications and engagement colleagues	Regular meetings and sharing of information/challenges. Engagement on communication and engagement plans and strategies. Joint working – sharing best practice, shared training opportunities etc to develop relationships.
Conflicting messaging; gaps in communication/engagement leading to rumour and incorrect messaging.	Ensuring a steady stream of communication and engagement (avoiding a feast or famine approach). Always quick to rebut and correct misinformation.

16. KEY CONTACT DETAILS

ICS Director of Communications and Engagement: Giselle.rothwell@nhs.net; ICS Head of Communications: suzi.shettle@nhs.net; ICS Head of Patient and Public Engagement: l.patroe@nhs.net; ICS Head of Research: rich.stockley@nhs.net

Website: www.surreyheartlands.uk

APPENDIX A: KEY STAKEHOLDERS

- Staff working across Surrey Heartlands
- MPs
- Surrey County Council Wellbeing & Health Scrutiny Committee
- Surrey Health & Wellbeing Board
- Boroughs and local authority representatives
- Surrey Healthwatch
- Member practices across Surrey Heartlands
- LMC
- Kent, Surrey, Sussex Academic Health Sciences Network
- Voluntary, Community and Faith Sector
- Patient and user representatives
- Carers and young carers
- Surrey Police
- Surrey Fire and Rescue
- Service users
- Practice Patient Participation Group representatives
- Leagues of Friends
- Foundation Trust Governors
- Foundation Trust members
- Media

Last updated: August 2021