Communications and Engagement Strategy: 2017 - 2020

Members

Partnerships

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Right Care, Right Time, Right Place

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1.0 EXECUTIVE SUMMARY

This strategy creates a framework to illustrate how NHS St Helens Clinical Commissioning Group (CCG) will communicate and engage effectively with its many partners over the next three years to keep them informed and influence public behaviour. The list of partners is defined in Appendix 1.

This strategy is an evolution of the previous NHS St Helens CCG Communications and Engagement Strategy (developed in 2013 and the public facing version developed in 2016).

The updated content reflects; the way in which we place people at the centre of everything we do, the increasingly challenging environment in which the NHS is having to operate in, the shift in the way in which the public are now preferring to receive their communications and the way in which the public are becoming increasingly eager to participate in engagement than ever before.

This will be a live document over the next three years, with work plans being updated continually.

2.0   INTRODUCTION

2.1 Importance of Communications and Engagement

Communication and engagement is more than an exchange of information. It achieves organisational credibility, promotes reputation and reassures people in times of crisis. It involves two-way written, verbal and non-verbal communication but also involves managing relationships. It is as much about attitude and behaviour as it is about delivering messages. Good and bad communication or the decision to communicate (or not) can have a serious impact on public confidence, staff morale and the reputation of the organisation and brand.

NHS St Helens CCG's vision is to commission high quality services to enable people to live longer, healthier lives. However, the only way we will do this is by putting the people of NHS St Helens at the heart of all of our communications and engagement activities. This involves working with, talking to, listening and learning from our public, patients, families and carers to fully understand what matters to them and improve things in response to their views and needs. Similarly, greater emphasis needs to be placed upon equipping officers, GP members and other partners who have regular contact with the people of NHS St Helens to create a well-informed network who are capable of passing on our messages effectively. Effective communication and engagement has the power to manage, motivate, influence, explain and create conditions for change.

2.2 Strategy Aims

Raise Awareness: Raise awareness of the existence of NHS St Helens CCG and ensure NHS St Helens CCG is a 'recognisable face' within NHS St Helens.

Create Understanding: Clarify who NHS St Helens CCG is and what we do.

Develop Partner Buy-in: Ensure all partners feel a sense of ownership and pride towards NHS St Helens CCG.

Build Reputation: Raise the profile of the CCG and its members by maximising confidence levels in both GPs and the NHS overall.

Listen to Partners: Ensure the public/patient voice really is at the centre of all business decisions and that there are appropriate structures in place to all partners to feedback comments, questions, criticisms or concerns.

Talk to Partners: Ensure that regular, clear, timely messages are given to our partners, letting them know what is going on within the CCG and our plans for the future.

Manage Expectations: Confirm that some things won't change quickly – although over time the CCG will bring about continuous improvements that benefit service users. Remind partners of the limitations to resources with respect to communications and engagement.

Provide Co-ordination and Consistency: Ensure that the organisational key messages are interlinked into all messages. Ensure that all partnership communications and engagement activities are integrated into our work wherever possible.

Integrate Communications and Engagement: Communications and engagement should be at the heart of all business decisions and the ethos of commitment to good communications and engagement should therefore be the responsibility of all NHS St Helens CCG partners, not just that of the Communications and Engagement Team.

We will also support the aim and objectives of the St Helens Cares Communications and Engagement strategy which has eight key aims:

1. Design the St Helens Care, local care system with citizens at the heart of the programme

2. Develop an identifiable branding for "St Helens Cares: Your local care system"

3. Keep stakeholders involved and informed at an appropriate time and in an appropriate way

4. Promote the benefits and purpose of St Helens Cares

5. Articulate and help communicate information in a consistent way across all partners and stakeholders by providing key messages and communication materials using a variety of channels

6. Communication and engagement methods will be used to support positive cultural change amongst citizens and staff within St Helens Care

7. Ensure opportunities for engagement, involvement and communications are pursued at appropriate points and are maximised

8. Ensure that all legal responsibilities, particularly around any required consultations, are adhered to

2.3 Services Offered

COMMUNICATIONS: *strategies *promoting vision *promoting values *media relations *PR *campaigns *member communications *internal communications * horizon scanning *marketing *planning *digital communication *copy writing *crisis management *reputation management *brand management *social media management *website management *intranet management *print management *e-bulletin *annual report *AGM *evaluation *media monitoring

ENGAGEMENT: *informing public *encouraging participation *listening to voices *engaging population *consultation *recognising diversity *public involvement *gathering feedback *comments *compliments *asking questions *criticism *accessible information standards *commissioning support *statutory responsibilities *managing consultation *evaluation *event management *attending community events *membership database *questionnaires *surveys *community representation *focus groups *analysing themes *opinion polling

2.4 CCG Values

The CCG's values are to be;

- innovative and creative
- collaborative and inclusive
- ambitious and to demonstrate leadership
- effective and efficient
- respectful and caring
- transparent and honest in our communications

These core values support our vision, shape our organisational culture and reflect how we want our people to behave. They are the essence of our identity and guide us in all decisions that are made.

Communications have an important role to play in making sure our staff and members recognise and understand our values and appreciate what behaviours they need to adopt to realise these values. All messages cascaded by the CCG should (wherever possible) refer back to the CCG's values. Our partners should all also be able to recognise the CCG's values and cascade them via their networks.

We recognise that building and fostering a healthy values-based community will take time as we must ensure we establish credibility and partner trust before we will see the full range of positive results that come from this approach.

3.0 COMMUNICATIONS

3.1 Where are we now?

The CCG leadership value the importance of good communication and engagement and encourage that it is embedded into all policy and project work from the outset (not as a bolt on at the end).

The communication team's core aims are to;
- help the public to achieve a better understanding about what the CCG is
- promote the CCG's vision and objectives
- inform partners of CCG news and events
- protect and further promote the CCG's (and NHS) reputation and brand *(whilst we have a duty to be open and honest about our performance, we understand everything we say or do has the potential to enhance or damage).*

Working in collaboration with partners in the borough, the communication team also aims to;
- encourage people of NHS St Helens to live healthy lifestyles
- encourage those with illnesses / conditions to self-care as much as possible
- encourage people of NHS St Helens to use NHS services appropriately

3.2 Where do we want to be?

- ***More focus on ensuring set parameter of priorities***

Work requests are received by many different officers, executives, lay members and partners. This means the team are pulled in many directions and have many competing priorities. Moving forward, our aim is to focus on fewer projects and priorities, allowing us to achieve high quality results. We will seek opportunities to work in a more integrated way with our local authority partners thereby enhancing our capability and capacity.

- ***More innovative and dynamic tactics used***

At the moment, we tend to rely predominantly on safe, traditional communications tactics (such as leaflets, posters, printed media). However, moving forward we aim to work more proactively and take risks in looking for new, more innovative ways of communicate our messages.

- ***More focus on digital and social media***

NHS St Helens CCG already makes use of social media and has a following on Twitter. Research is showing that the public are moving further away from printed media and becoming even more reliant on social media (with 65% of the national

population owning a smartphone and 48% reporting to use social media most days) *(emarketer.com, 2014)*. If we can provide compelling and relevant content we can grab the attention of potential customers and increase brand visibility. Digital and social media allows us to respond instantly to news, developments and comments and is much cheaper than traditional advertising and promotional activities.

However, in order to increase our success we need to be ever present on the social web and hit multiple customer touch points with the same message.

- *More focus on word of mouth*

Nielsen's Global Advertising Report (*neilsen.com, 2015*) surveyed more than 28,000 people in 56 countries and identified that 92% of respondents reported to trust recommendations from friends and family above all other forms of advertising (18% increase since 2007). Only 58% of respondents reported to trust editorial and website content. Traditional forms of advertising including television, print and radio reported a drop in trust of 24% since 2009. Moving forward, we aim to harness the potential power of using people as advocates of our brand and messages. This will include making better use of all touch points and undertaking more face-to-face communications with a range of audiences.

- *More focus on relevance*

The Edelman Trust Barometer (*edelman.com, 2015*) indicates that individuals need to hear / read / see things three to five times before they actually believe it. So, every form of content has to be consistent in order break through the clutter of the millions of other messages being broadcast across traditional and social media. Moving forward, we aim to invest more resource into auditing conversations taking place on the web enabling us to add to the conversation wherever possible. We will then work more strategically to ensure messages are timed well on social media and that we contribute to trending topics (ensuring maximum expose).

We will look into the types of social media preferred by the various audience groups and ensure that we are tapped into all available platforms. We will also take into account what is happening nationally and how we can use it to maximise local opportunities

- *More social video*

Social video's importance can be seen in the rise of platforms like Instagram, Vimeo, Vine and Snapchat over recent years. Its growth has mainly been down to millennials who grew up with online video and spend a growing number of hours on their phones and laptops and a shrinking number of hours in front of the television. It was estimated that in 2013, 1 in 3 millennials watched mostly online video and no broadcast TV at all (pointer.org, 2013). With the reduction in video production and

distribution costs over recent years, coupled with the value of earned media, social video is one of the most effective forms of content marketing.

According to Brandon Gaille, 15 second videos are the most shareable and prompt the highest click-throughs *(brandongaille.com, 2013)*. All of our videos should include a call to action to be shared. People are more motivated to share something that makes them look smart, popular or successful. This should be considered when developing messages.

Moving forward we aim to work more with our partners to further analyse each social video platform's strengths, weaknesses and typical audiences and research and copy the format of what is currently being shared the most on each site and develop an approach on how best to maximise their usage.

- ***More confidence to talk about the hard hitting truths and to have difficult conversations***

In order to capture our audience's attention, we must grab them in the first 5 seconds. It is therefore vital that it is impactful, different, entertaining, personal to them, simple to understand and graphically appealing. Difficult conversations are a natural part of human interaction and depending on how they are approached and how they proceed, they can present an opportunity to improve and make things work better.

3.3 Communications Principles

3.3.1 External Communications Principles

When developing messages, the Communications team follow the principles of the 7 C's;

- Clear *(what is the purpose and goal of the message? Is there a call to action?)*
- Concise *(is the message straight to the point and brief?)*
- Concrete *(is message solid? Will all promises definitely be delivered upon?)*
- Correct *(is the message error free? Are we using the best channels for the audience?)*
- Coherent *(is the message easy to understand by all?)*
- Complete *(is there anything missing from the message? Can we pre-empt what questions or issues may arise from the message?)*
- Courteous *(is the message friendly, open and honest? Does it empathise with the audience's needs?)*

3.3.2 Internal Communications Principles

The CCG strives to foster a culture in which the sharing of general information, lessons learnt and good news is an expectation for staff at all levels. We know that effective internal communications is essential for the smooth running of the organisation as it ensures that everyone understands what is expected of them, what the CCG is and what it is trying to achieve enabling all to work towards the same purpose.

Although the communications team takes responsibility for managing the corporate channels (including digital, face to face and printed channels) and for facilitating the regular dissemination of centralised messages - internal communication in its broadest sense remains the responsibility of all staff.

All senior managers and clinical leads within the CCG know and understand that communicating effectively to their team and colleagues is a matter of priority - ensuring that any message, news or update issued by the CCG is appropriately circulated and explained using language that will be understood by all. There are a variety of ways in which regular face to face communication takes place including all staff sessions, team sessions and one to one meetings.

3.3.3 Member Communications Principles

In order for each of our GP members to fully appreciate what potential value the CCG could bring to them (both at practice level and as an individual clinician), they must at first fully understand what the organisation actually is, it's objectives and their own personal role within the system. By working collectively as members of one commissioning organisation, the GPs have considerably greater power than should they commission / provide independently.

Strong membership communications is essential for building robust and meaningful relationships between our GP community and the officers working on their behalf. The GPs must recognise that the CCG belongs to them and is therefore their organisation if they are to take a sense of ownership towards it. Successful membership communications will ensure that we create one unified primary care health economy, sharing local and clinical knowledge and skills and all working for the greater good, i.e. to ensure the people of NHS St Helens live longer, healthier lives.

In order to fit alongside their busy daily schedules, the CCG recognises that member communications must be succinct, relevant and not disseminated in a 'scatter-gun' approach. A commitment has been made to members that non-urgent, ad-hoc messages will be published collectively by a bi-weekly member's e-bulletin. Alongside this digital tactic, the communications team also provide them with printed communications when relevant.

4.0 ENGAGEMENT

4.1 Where are we now?

Our engagement team ensures that NHS St Helens CCG achieves its statutory and regulatory obligations with regards to involving current and potential service users (or their representatives) in all matters relating to setting priorities, shaping needs, planning initiatives, provision and delivery and evaluation of NHS services. They ensure the people of NHS St Helens have the opportunity to hold the CCG to account for the way it has chosen to allocate its resources. In 2015/16 we engaged with over 18,000 members of the public in NHS St Helens about various local health issues and initiatives.

The team spend considerable time developing public trust by showing that what we do is not tokenistic and that we actually listen, respond to and (where possible) implement their suggestions. This is done by providing feedback to all whom we have engaged with to let them know how their input has made a difference and by offering information on next steps. The team also recognise that some people may have felt they did not have the confidence, expertise, skills to participate so we also invest resource in developing volunteers' capacity to participate should it be required.

This diagram demonstrates the importance of good engagement at all stages of the commissioning cycle.
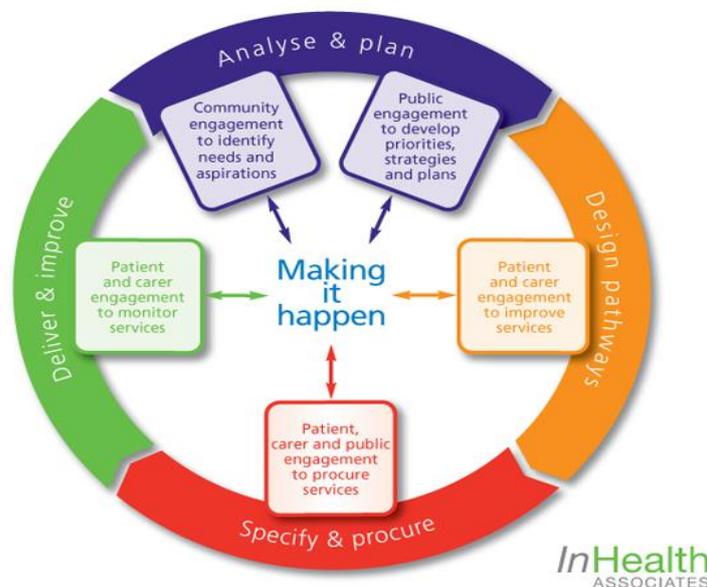
4.2 Where do we want to be?

We recognise that we are quickly and irrevocably moving away from the simple Communication Age and into the Participation Age. This does not mean that

communication does not still have an important place for everyone, but that we recognise how we need our partners to no longer be passive receivers of our messages and to become active participants in all discussions. All engagement conversations will remind the public of their responsibilities in looking after their own health as well as our commitment to support them on their journey.

- ***More focus on place (community) based engagement approaches***

We know that NHS St Helens families are often faced with a range of different, complex health and psycho-social problems. Place-based engagement is a person-centred, bottom-up approach used to meet the unique needs of people in one given location by working together to use the best available resources and collaborate to gain local knowledge and insight. It aims to build a picture of the system from a local perspective, taking an asset-based approach that seeks to highlight the strengths, capacity and knowledge of all those involved. Place based approaches also address complex problems by focusing on the social and physical environment of a community and on better integrated and more accessible service systems, rather than focusing principally on the problems faced by individuals. Communities have the knowledge and therefore the power to change things.

- ***Better use of social media to engage (not just as a communications tool)***

Although it is widely recognised that engaging through social media is a challenging concept, there is still more we can do to improve the amount of two way interaction we experience via our platforms. We will look to ask more questions to start conversations, provide responses to all incoming posts, answer questions on partner feeds to start conversations, ask for feedback on topics, and look into running polls, contests, incentives and providing more call to action on our posts.

There are also a variety of digital tools for online engagement (such as Cityzen, Community Remarks, Crowdbrite, Poll Everywhere as well as many others). More work needs to be done on researching and testing these sites to assess whether they are suitable for CCG engagement.

- ***More focus on targeting the harder to reach communities***

If we are going to undertake meaningful engagement with all people in St Helens we must firstly break the population down into broad audience groups. We must understand each group's interests, lifestyles, wants, needs and motivations. We must consider their possible barriers to engagement (e.g. transport availability and costs, disposable income, timing of the activity, interest, lack of trust in the CCG, perceived relevance, accessibility and mobility (physical and cultural), language

issues, awareness of the event, childcare issues, dietary requirements.) We must create better relationships with other local agencies and groups already in these communities and look at how we can get into their communities, rather than expecting them to come to us. We should appoint an audience champion for each group who will act as the main representative for that group and work with equalities experts from across NHS St Helens to make sure our work complements theirs.

- ***More recognition on the importance and value of co-production***

Co-production involves creating an active relationship between the CCG teams and the members of the communities in NHS St Helens, whereby all become seen as equal co-workers. This approach recognises people as assets, builds trust between people and fosters mutual respect, builds social networks and creates a shift from 'doing to' to 'working with' communities. The community becomes the expert knowledge and the CCG becomes the public service facilitators – providing a greater sense of community ownership to problems.

Working in this manner will also encourage the emergence of peer advocates. It is more powerful for a member of a community to be reinforcing our messages across their peers than for us to do it in isolation.

- ***More focus on collaboration in delivering engagement***

We know that many organisations within St Helens are undertaking public engagement or consultation including the Council, Healthwatch, Fire Service, Police, the College, the schools, Helena social housing provider, GP practices. It is therefore vital that we work more strategically to tap into each other's work plans and share opportunities, which will save time, public money and cause less inconvenience to the public.

Collaborating more closely with partners and other commissioners and provider organisations, to maximise the impact of communications and deliver on a much wider footprint, particularly around key projects such as St Helens Cares, the Alliance Local Delivery System and the Cheshire & Mersey Sustainability and Transformation Plan.

4.3 Engagement Principles

4.3.1 External Engagement Principles

When undertaking engagement activity, the team follow the below principles. They ensure that all processes;

- make a difference (not tokenistic)
- are transparent and are delivered with integrity
- involve the right number of participants, are fit for purpose and are tailored to their needs
- are an integral part of the mainstream commissioning and planning process
- are owned by all CCG partners
- make clear from the start what is 'on offer' (i.e. what can and cannot be influenced, how the results will be used and what feedback will be given)
- involve people at the earliest stages in the planning, not just consulting them once decisions are made
- appreciate that people / communities may wish to engage at different levels and some may not wish to become fully involved
- involve participants being kept up to informed of what changes occurred as a result of their input
- ensure evaluation, monitoring and feedback are built into plans at the outset.

4.3.2 Internal Engagement Principles

Feedback has demonstrated that involving staff in making decisions that affect their professional lives increases their self-esteem and self-confidence - in turn improving their working life experience and their health and wellbeing. All staff must feel as though they have a voice within the organisation, therefore, it is vital that we maintain a constructive dialogue with staff.

For more information on the CCG's approach to internal engagement, please refer to the CCG's Organisational Development Plan.

4.3.3 Member Engagement Principles

There are a variety of ways in which our members are engaged into CCG business. These include our regular GP Forum and Members Council, ad-hoc topic specific events, 360° Partner Survey, and one to one practice visits with CCG senior leaders. It is vital that our members fully appreciate that the CCG is theirs, that the success of the organisation is in their gift and then subsequently take full ownership of it.

As with all membership organisations, there needs to be on-going monitoring of the feelings and attitudes of members during engagement activities to assess whether attitudes are neutral, friendly, hostile or apathetic. We then adopt our approach accordingly. We know that our GPs are more likely to get and stay involved if they can clearly see how the CCG's work will benefit them and consequently what will improve.

5.0 MARKETING AND SOCIAL MARKETING

Social marketing is an approach used to develop activities aimed at changing or maintaining people's behaviour for the benefit of individuals and society as a whole. It is a discipline which draws on psychology, sociology, economics and anthropology and combines ideas from commercial, private sector marketing with the theories of these social sciences in an attempt to fully understand people.

The goal of social marketing is always to change or maintain how people behave – not what they think or how aware they are about an issue.
To be successful, a social marketing campaign must;

- create the right preconditions for behaviour change (i.e. making the target audience feel concerned about their current health and its consequences and recognise that their families are at risk and feel overall dissatisfaction with this situation)
- make them believe that change is possible (giving them confidence about the future);
- ensure they understand what they need to do to change
- support them on their behaviour-change journey (by providing information and products and signposting them to services)

5.1 Where are we now?

Previously we have had the tendency to adopt 'top down' approaches to engagement whereby we assume we understand the audience and shape our initiatives and campaigns against our own sets of beliefs and understandings.

5.2 Where do we want to be?

- More focus on creating a bottom up approach to engaging communities
- . Access into engaging with harder to reach communities and individuals (the groups we need to understand are those who typically do not usually get involved with traditional engagement).
- Creating opportunities for communities to shape their own solutions
- Provide opportunities for communities to celebrate their assets.

5.3 Social Marketing Principles

When undertaking social marketing, the NHS aims to follow the below principles;

- reaching the at-risk groups *(understanding their wants, needs and aspirations)*
- helping the at-risk groups understand the consequences of their current actions and convincing them they are actually at risk *(bringing benchmark results to life telling people where they stand in relation to the nation)*

- inspiring people that they can do the behaviours and creating the desire to change *(Creating practical goals, allowing families to select behaviour to change, based on their own needs and aspirations.)*
- triggering action *(providing a mechanism for the individual to record their own behaviour and reminding them of the goals they set)*
- supporting sustained change *(by recognising achievement and reporting back on how they're doing)*

5.4. How do we support social marketing?

Although NHS St Helens CCG does not actively develop its own social marketing campaigns, we access regionally and nationally developed campaigns, such as Examine Your Options, Stay Well this Winter and Be Clear on Cancer. We will support these campaigns by pushing the campaign messages and collateral via our channels and networks.

5.5 NHS Brand

Effective management of the CCG's identity and corporate house style is an important element in protecting the organisation's reputation and in ensuring that CCG's vision and values are clearly visible within all our communications.

We will work with staff to ensure that the brand and the corporate house style is applied appropriately at all times. To support staff with this, the communications team have developed a series of corporate templates and guidelines about how the NHS and corporate identity should be applied.

5.6 Ensuring Inclusivity

Promoting equality and equity are at the heart of the NHS values. To ensure we exercise fairness in all that we do and that no community or group is left behind we need to ensure our communication is clear, precise and accessible to everyone.

This team will provide communication in different formats or tailoring it to ensure it meets the needs of specific groups within our community. Following guidance from NHS England, this approach will be extended to our digital communications (including the website) and the CCG may be required to look at ways to ensure they are accessible to all

5.7 Marketing
We will actively market new services to patients (working with providers where appropriate).

6.0 ENVIRONMENTAL ANALYSIS

6.1 The NHS Today

We are currently working within a very challenging climate where we can identify an increasing demand for services, growing financial pressures and a shift in the balance of care away from the hospital and into more personalised, community based services.

6.2 What are we doing to address this challenge?

In response to the above challenges, St Helens has placed increasing priority on collaborative working between the organisations which provide health and social care services in and across the health economy. Examples of this are St Helens Cares, the Alliance Local Delivery System and Sustainability and Transformation Plans, which are being delivered at scale by multi-agencies.

6.3 Our Communication and Engagement Challenges

The public need to understand that if NHS St Helens is to meet this challenge then two things must happen;

- **The NHS (as they currently recognise) it needs to change.**

Going forward, the NHS needs to ensure expertise is no longer fragmented, with patients having to visit multiple professionals for multiple appointments, endlessly repeating their details because they use separate records. The NHS needs the opportunity to be able to invest in its current and future workforce to develop into a more integrated system which supports people with multiple health conditions (not just single diseases). This would enable a future where far more care is delivered locally (but with the ability to provide some complex services in specialist centres where there is evidence that it would produces better results).

- **The public need to change their relationship with the NHS**

Since its creation in 1948, the NHS quickly became known as a system of care and repair – tending to anyone who needed treatment. However, modern research now indicates that the NHS has become a victim of its own success, with many people having become too reliant on their GP and / or A&E – and going to them for treatment for illnesses or injuries that they could have managed themselves at home or with the support of a pharmacist. Therefore, we appreciate that the existing set-up is no longer sustainable, particularly with us living in a society with more people who are living longer, sicker lives.

The only way in which the NHS can and will survive is if the population becomes less reliant on the system and take on more self-responsibility and control over their personal care and treatment. Whilst the NHS will always continue to help and care for those who need it, there is a plea to society to appreciate there are many things they can personally do to help save the NHS. These include;

- Helping family, friends and neighbours (keeping a particular eye out for older people in your neighbourhood)
- Checking yourself regularly and attending free health checks and screenings when invited
- Vaccinating your children against common diseases
- Exercising regularly
- Eating healthily
- Drinking less
- Stopping smoking
- Turning up to GP and hospital appointments (or cancelling them if they are no longer needed)
- Keeping A&E for emergencies

It is NHS St Helens CCG's responsibility to ensure that the people of St Helens have the knowledge, skills and tools to be able to be able to achieve the things listed above. Many currently expect the NHS will be around as it currently is forever and do not understand the severity of the situation. Our goal is to inspire the local population to want to better themselves. However, this is something each must want to aspire to as an individual. We cannot do it for them but we will support them at every stage possible.

7.0 PARTNERS

Please see appendix 1 for a detailed NHS St Helens CCG partner register.

All of the partners can be broken down into five groups:
1. Public and patients (both latent and active)
2. External Influencers
3. CCG Membership
4. CCG Officers
5. Providers and other NHS organisations

Each of these audience groups will have a different understanding of what the CCG is, what they expect from it and what concerns them about the organisation or local health services in general. It is therefore vital that all relevant communications and engagement work takes these audiences' wants and needs into account and ensures that messages are pitched accordingly.

The CCG operates a membership scheme to enable members of the public, patients and carers to become involved in the work of the CCG. This scheme is open to any resident of St Helens, and those who are registered with a General Practice in the town. It operates three levels of membership dependent of the level of involvement the individual wishes to have.   We have been actively recruiting to the scheme with the aim of increasing the number of local people actively joining us year on year, (with a target of 1,000 by the end of 16/17) to make decisions "with us, about us|" within a local context.

8.0 EQUALITY AND DIVERSITY

One of the CCG's equality objectives is to communicate and engage with all protected groups. NHS St Helens CCG is fully compliant with the Accessible Information Standard which tells organisations how they should make sure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate (including access to services and support for interpretation and translation, BSL, easy read format, audio and braille).

The CCG will seek to address any underrepresentation by carrying out targeted engagement with these groups.

NHS St Helens CCG links with a Merseyside E & D expert who provides us with advice, recommendations and a mechanism of engaging with PSED groups. The CCG also ensures that all its communication and engagement plans are Equality Assessed or work with St Helens Borough Council to produce Community Impact Assessments to ensure protected groups are not inadvertently affected.

9.0 TACTICS AND RESOURCES

The theory of Effective Frequency tells us that people need to be exposed to a message at least seven times before they take any notice of it. It is therefore essential that we utilise a variety of channels and techniques to create maximum exposure for the target audience. Experience has shown us that it is impossible to offer 'off the shelf' or 'one size fits all' communications solutions, as each target audience and call to action will have their own requirements.

Please see appendix 2 for a detailed breakdown of available tools and channels

10.0 PATIENT QUALITY AND EXPERIENCE

Please refer to the CCG's Patient Experience and Quality Strategy for more information on how we approach these issues.

11.0 EVALUATION

It is vital that we regularly critically examine our communications and engagement work. This involves us collecting and analysing information on impact, outcomes and opinions around the work we have delivered or are in the process of delivering. This allows us to make judgements about its effectiveness and whether things need changing as we move forward.

12.0 REFERENCES

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APPENDIX 1 - PARTNER REGISTER

*(**Correct as of Jan 17 2017. To be reviewed annually**)*
KEY
Public and Patients
External Influencers
CCG Membership
CCG Officers
Providers

St Helens CCG Board
- Chair
- Clinical Chief Executive
- Chief Finance Officer
- Director of Public Health
- Recovery Director (LA)
- Deputy Chief Executive
- GP Governing Body Members
- Clinical Leads
- Lay Members

St Helens CCG Staff Directorates
- Finance, (inc. Performance & Contracts)
- Integrated Commissioning
- Quality
- Governance & Corporate Services

St Helens CCG Membership
- GPs / Practice Managers / Practice Nurses
- Other practice staff

St Helens Primary, Secondary Care and Support Providers**
- St Helens & Knowsley Hospitals NHS Trust
- 5 Boroughs Mental Health Trust
- Bridgewater Community NH Foundation Trust
- Midland & Lancashire Commissioning Support Unit
- St Helens CVS

**N.B - this list is not exhaustive and relates to any provider NHS St Helens CCG holds a contract with.*

Other NHS Organisations
- NHS England (Cheshire & Mersey)
- Department of Health
- Cheshire & Mersey CCGs

St Helens's Patients and Public
- Citizens
- Patients
- Carers
- Communities of Interest Groups and Forums
- Health Condition Specific Groups and Forums

- Geographical Communities
- Health and Social Care Groups and Forums
- Protected and Vulnerable Groups

St Helens Council
- Executive Lead Member, Health and Wellbeing
- Councillors
- St Helens Council's Executive Team
- Public Health

NHS St Helens MPs
- Connor McGinn – St Helens North
- Marie Rimmer – St Helens South & Whiston

Staff Representatives
- Unison
- RCN
- Unite

Overview Groups
- St Helens Peoples Board (formerly Health and Wellbeing Board)
- St Helens Healthwatch
- St Helens Overview and Scrutiny Committee
- Local Medical Committee
- Local Dental Committee
- Local Optical Committee
- Local Pharmaceutical Committee

Local NHS St Helens based Media
- St Helens Star
- St Helens Reporter
- Lancashire Life
- Local Life
- Wish FM

Regional based Media
- BBC Northwest Tonight
- Granada Reports
- BBC Radio Merseyside
- Liverpool Echo

National Media
- National Press
- National TV stations
- Health Press

Appendix 2 – Tools, Tactics and Channels

External	Internal & Member	Campaigns	Social & Digital Media	Partner Engagement
Print *Booklets* *Leaflets* *Posters* *Flyers* *Corporate documents like the annual report* **Local Media** *Press Releases* *Advertorials* *Adverts* *Health Pages Radio & TV interviews Radio panels & expert phone-ins* **CCG Newsletter** **Community Newsletters** **Promotional Merchandise** *Stationery* *Novelty Items* *Clothing* **Notice Boards** *GP Practices* *Clinics* *Pharmacies* *Office walls* *Staff kitchen* **Awards Entries**	**Face to Face Meetings** **Intranet** **Public / Communal Area Posters** **Member & staff e-Bulletins** **Global Emails** **Member's Events** **Pay Slip Memos** **Screensavers** **Air & Share sessions** **Staff Away Days** **Team Meeting** **Staff Forum**	**Outdoor Advertising** *Billboards, *6 sheets & busliners (Mobile & static),* **Radio Advertising** *(St Helens Radio, St Helens Community Leisure radio)* **GP Practice Screens** **Display Stands** *Roller Banners* *Exhibition stands* *Table Top stands*	**CCG Website** **Social Media** *Facebook* *Twitter* *You Tube* **Practice Websites** **Podcasting** **Video Blogs** **Partner Websites**	**Membership events** **Other CCG Events** **Focus Groups** **Surveys** *Survey Monkey Social Media Opinion Polls* **Existing Community Health and Social Care Groups** **Practice Patient Participation Groups** **Partnership / Integrated Engagement Groups** **Feedback tools**

Appendix 3 – Evaluation Methods

Strategic	Internal	External and Campaigns	Social and Digital Media	Engagement
Overall Strategy Document *Governing Body Approval* **Operational Plans** *Delivery against work plan* **Policies and Protocols** *Adherence to content*	**Intranet** *Internal comms survey* **Public / Communal Area Posters** *Internal comms survey* *Staff ability to recall messages* *Taking the Temperature surveys* **Screensavers** *Internal comms survey* *Staff ability to recall messages* *Taking the Temperature surveys* **Staff and Membership e-Bulletins** *Campaign Monitor digital evaluation* *Internal comms survey* *Staff ability to recall messages* *Taking the Temperature surveys* **Global Emails** *Ability to recall messages* **Staff Air & Share**	**Print / Display Stands** *Ability to recall* *ad-hoc comments* **Media** *Hit rate on number of releases sent to articles actually appearing* *Sentiment* *Column size* *Opportunity to comment* *Tone of voice* **Radio** *Opportunity to hear (average number of listeners over duration of campaign)* *Repeat rate (expected number each listener will hear the message)* **Life Channel** *Opportunity to see – (average number of patients in waiting room over duration of campaign)* **Outdoor Advertising** *Opportunity to see – (average*	**Website** *Visitor numbers* *Google analytics* *Feedback sent in via website* *Hit rates on specific pages* **Social Media** *Number of followers* *Share of Voice* *No. of re-tweets* *No of impressions* *Amount of two-way interaction* **Video** *No of times watched* *No of shares*	**Panel** *Number of members on database* **Events** *Number of attendees* *Number of repeat attendees* *Content on evaluation / feedback forms* *Perceived atmosphere in the room* **Consultations / Focus Groups** *Number of participants* *Quantity of useful information gathered* **Electronic Surveys / Polls / Q&A function** *Number of respondents* *Quality of information* **Involvement and Panel Emails** *Number of incoming enquiries via this address*

	Sessions / Team Meetings *Internal comms survey* *Staff ability to recall messages* *Taking the Temperature surveys* *ad-hoc feedback* **Staff Away Days** *Event evaluation feedback forms* *Taking the Temperature surveys*	*number of people passing the sign over the duration of its display)* *Message recall*		**Patient Participation / Community Health and Social Care Groups** *Number of active groups in St Helens* *Quantity of useful, usable information provided from them* **Healthwatch** *Level of interaction* *360 survey feedback from Chair* *Feedback Provided*

Appendix 4 - SWOT Analysis

Strengths	Weaknesses
• The recognition of value of the communications and engagement by Executive team and Governing Body • Communications and engagement staff working within the same team and under the same line management structure – allowing truly integrated working • Committed, skilled, and competent workforce • Good working relationship with local media • Good working relationships with other departments within the CCG and with other organisations working within the St Helens health economy • Growing understanding of the importance of good communications and engagement across the CCG • The CCG has a number of well-defined and well used communication tools and channels	• Capacity is insufficient when matched against demand and projected need (particularly around the multi-media and graphic design elements) • Continued low public understanding over what the CCG is and does • Limited control over provider and public health communications • Limited understanding of the communication and engagement issues of some partners • Communication and engagement with membership needs further development • Ever changing NHS arena
Opportunities	**Threats**
• To raise expectations and awareness of healthcare services in St Helens • To support the delivery of effective campaigns which affect behavioural change • To develop local brand recognition • To ensure effective signposting to services and lifestyle choices • To raise awareness of NHS St Helens CCG's vision, aims and values • To reduce health inequalities in St Helens • To develop ways of working with communications teams in partner organisations which adds value to city-wide communications • To develop an integrated communications and engagement team with local authority • To maximise the potential for positive media coverage • To create a usable system whereby partner intelligence is used effectively to shape business planning • To ensure confidence of the NHS remains high • To utilise the feedback networks the GP • Opportunities to further develop ways of working with partner communication teams	• Not being able to move beyond the communications 'basics' (e.g. reactive media, corporate publications and advice to services) • Reputation damage as a result of local or national political changes • Poor credibility with public and partners • Continued lack of brand awareness • Organisational recognition of 'silo working' • Inability to protect NHS brand from issues arising at other NHS organisations (within NHS St Helens and beyond) • Staff and partners potentially not signed-up to the importance of communications and or engagement • Financial challenge will impact on available budget to spend on communication and engagement activity