

# **NHS Sheffield Clinical Commissioning Group Communication and Engagement Strategy 2020-22**

## **1. Introduction**

NHS Sheffield CCG published a communication and engagement strategy in 2016. The strategy set out to establish a profile for the CCG and engage our stakeholders and the public on key work.

Since then, the CCG has had annual communications and engagement plans. During this time, our in-house integrated team has built solid foundations and tested different communication channels and engagement methods. The proportion of staff reporting good communications is improving (from 31% in 2016 to 52% in 2018 - the national staff survey) and we have started to carry out more robust collective engagement.

With the publication of our improvement plan and development of our new organisational strategy, the time is now right to enhance our communications and engagement further to ensure they are central to everything we do and aligned to the long-term goals of the organisation.

The broad aim of the strategy is that through effective communications and engagement, we'll have a good reputation and the services commissioned by the CCG will reflect the needs of Sheffield people, particularly those with greatest health inequalities, and ultimately people trust and support the decisions we make. Our staff, members, public and stakeholders will be well informed about our vision and values, become advocates of the CCG and will talk positively about our work and the CCG an employer, and people will want to get involved and share their views. We also aim to meet our statutory duties as a CCG.

Most importantly, we will become a listening and responding organisation.

## **2. What do we mean by communications and engagement?**

At Sheffield CCG, we see communications and engagement as two sides of the same coin. We use the terms communications and engagement to mean having a two-way conversation.

The words 'information' and 'communication' are often used interchangeably. However, they are different. "Information is giving out and communication is getting through" (Sidney Harris, esteemed journalist). Where possible, we will communicate with our audiences, not just relay information. Good communication needs to be two-way and when it works, it appeals to join in the conversation (the engagement).

We use engagement as an umbrella term for the numerous words and phrases used to describe collective conversations. This includes involvement, participation, market research, co-production, and consultation. This strategy includes all levels and distinctions.

We do make a distinction between individual engagement and collective engagement. Individual engagement is having a patient representative on a committee or having a one-to-one representative working on a specific issue. This form of engagement is important but limited. To ensure we understand the needs of the public, the public and community groups, it is important we undertake collective engagement at scale alongside individual engagement.

This strategy sets out how we'll do more collective engagement, and direct our resources to achieve this.

### **3. Scope of the strategy**

The scope of this strategy primarily covers our staff, members and public but also all Sheffield CCG audiences, such as Healthwatch Sheffield, ICS and ACP partners, NHS England and the media.

The focus is on public and patient engagement, not on capturing patient experiences (which is covered by the patient experience strategy) but we recognise it isn't always possible to separate the two as people often share an experience as a patient at the same time as their views on a strategy or service change. Therefore, we will work closely with the patient experience team to share our findings and feed into the commissioning cycle.

This strategy compliments:

- Patient experience strategy
- Volunteer policy
- Health inequalities action plan
- Commissioning intentions

### **4. Why it matters?**

Both communications and engagement help to build trust in staff, public, patients and stakeholders. Communications is key in maintaining and boosting a reputation, and having a good reputation is key in running a healthy business.

Good staff communication is critical if the CCG is to effectively engage with our staff. From a financial perspective, the benefits of an engaged workforce are compelling, with numerous studies linking employee engagement with improved productivity and better patient outcomes.

Engaging all stakeholders helps create better solutions and outcomes for patients. It helps to build trust among staff, patients and the public.

NHS England says we "can better understand population health needs, and respond to what matters most to people when they involve and listen to those who need, use and care about NHS services. Patients and the public can often identify innovative, effective, and efficient ways of designing, delivering and joining up services". The CCG wholeheartedly agrees with this.

We want our public and stakeholders to be able to inform and influence our decisions and be aware of and support our vision and values and understand the reasons for the decisions we make.

### **5. What good communications and engagement looks like?**

According to the Centre for Public Relations Studies at Leeds University, organisations that communicate effectively have the following four attributes:

1. An excellent understanding of the brand
2. Excellence in planning, managing and evaluating communication
3. Leadership support for communication
4. Communication as a core competency

They believe that those organisations that successfully apply the four attributes across the four perspectives will tend to see the following benefits:

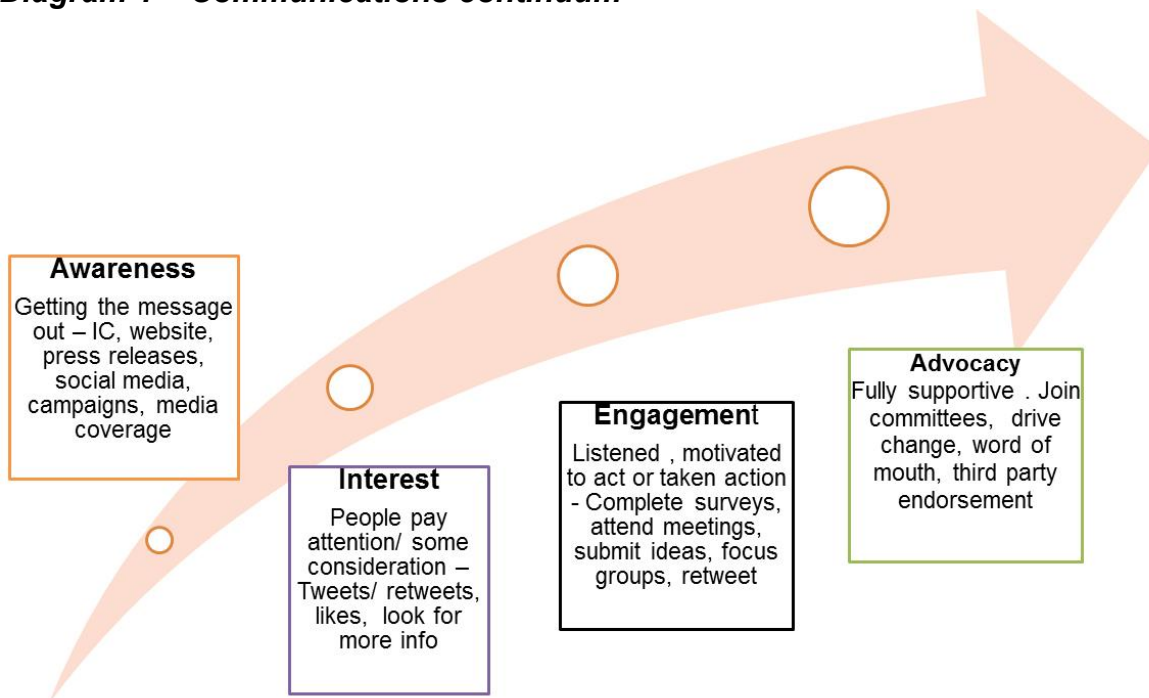
- Improved trust, legitimacy and reputation with the local community
- Informed business decisions, better equipped senior managers and good stakeholder networks
- Services that uphold the brand, are informed by the needs of its users and are supported by engaged stakeholders
- A communications department that performs an effective and functional role in a focused and informed organisation

Sheffield CCG will set its communications strategy around these four attributes.

### **What do good communications and engagement processes look like?**

We will use many different communication channels to achieve different outcomes. The communications continuum in diagram 1 shows the different types of communications, their potential impact on audiences and what can be achieved. We want to move the impact of our communications past just awareness, towards advocacy.

**Diagram 1 – Communications continuum**



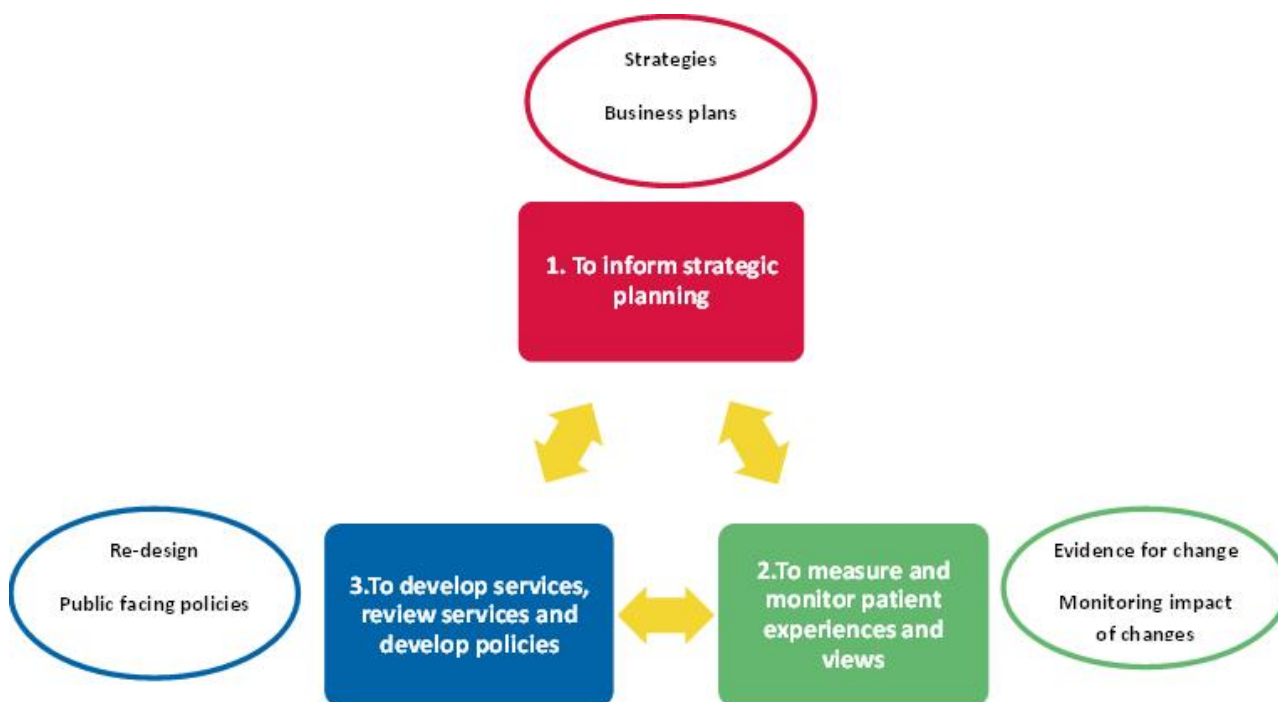
As with communications, we'll use different engagement methods with different people to achieve different outcomes.

Good engagement is about much more than formal consultations. It's about a continuous process of public engagement and involvement and putting the public voice at the heart of decision making every single day.

The communications continuum demonstrates how we communicate out, but how people communicate with us is just, if not more, important. To progress as a credible, listening organisation we will consider and reflect on public views in all our decisions and work.

At Sheffield CCG, our engagement will be carried out for three purposes which in turn will be different stages (shown in diagram two). This is not a linear process and engagement can be started at any stage. For example, the first purpose of engagement may be collecting evidence on change which includes looking at patient experience data such as patient surveys and complaints, which will then prompt a service review, and once service changes have been implemented, impacts will be monitored via seeking patient views.

**Diagram 3 Sheffield CCG's engagement cycle**



## 6. National and Sheffield's context

### The NHS

The NHS is facing a period of vast change. Financial pressures are growing, but at the same time, the public rightly expects improvements in the safety and responsiveness of services, and for the NHS to take advantage of clinical and technological developments.

The government expects this to be largely delivered through health and social care organisations working together as integrated care systems (South Yorkshire and Bassetlaw ICS) and accountable care organisations (Sheffield Accountable Care Partnership). This means the CCG does not commission services in isolation but works closely with the council and other partners in the city and wider region.

We are expecting new legislation to move commissioning into integrated care systems as NHS organises by April 2022, this means communicating and engaging with partners in Sheffield and South Yorkshire is more important than ever.

### Digital transformation

As well as the changes to the NHS, how people consume news and information has changed too.

Within a few years, digital communications and social media have revolutionised communications and information-sharing across the globe. Social media such as Facebook, Twitter, Instagram, TikTok and YouTube are rapidly changing the way we find, consume, and share information, including news. These enable billions of people worldwide to connect and communicate with each other, with corporations and public figures.

Across the globe, in 2020 almost 5 billion videos were watched on YouTube every single day, there were 3.5 billion Google searches per day, and there were over 2.8 billion monthly active Facebook users. Twitter has 330 million monthly users, Instagram has 1 billion daily active users, TikTok 800 million active monthly users and LinkedIn 303 million. The number of people listening to podcasts is also increasing.

72% of UK adults have a Facebook profile, 42% use YouTube, 47% Twitter and 41% Instagram (Meltwater, 2019). Sites such as Instagram and TikTok are increasing in popularity.

However, we know the use of digital communications varies by age and socio-economic group. Millennials and generation z are the biggest users and this reduces with age.

According to Ofcom, thirteen per cent of UK adults do not use the internet, which is unchanged since 2014. This is around 75,000 people in Sheffield. Moreover, 30% of 65-74s do not use the internet, rising to 51% of over 75s. And 27% of people in DE socio-economic group don't use the internet.

### **News consumption**

This collective move to online corresponds with a change in how people get their news. There's a decrease in the number of people watching live TV, listening to FM radio, and reading printed newspapers (Ofcom, 2020). Although more people watched TV news during the pandemic than in previous years, this downward trend is expected to continue. Compared to last year, fewer adults used social media, magazine and newspapers for news.

According to Ofcom (2020), the majority of adults in the UK consume news from TV (75%), followed by the internet (65%), 45% social media, 42% radio and 35% newspapers. However, TV, radio, newspapers are declining and the internet is increasing.

TV is the most popular source for the 65+ group (92%) and the internet with those from BAME groups (74%).

The most popular news sources in the UK are the BBC, ITV and Facebook.

TV is also the most popular medium for local news (38%), followed by social media (17%), internet (12%), print (12%), and radio (9%).

There are big differences between demographic groups. 83% of 16 to 24 year olds and 82% of BME groups' main source of news is social media, not broadcast or print media. 50% of younger people's main source is Instagram. Men are more likely to use Twitter, WhatsApp and LinkedIn for news and women are more likely to use Facebook, Instagram and Snapchat.

Very few people from a BME background listen to local BBC or local commercial radio for local news (research doesn't include community radio). Those from lower economic group are more likely to listen to local commercial radio than other groups.

Multi-sourcing is on the rise. The days of people getting their news from just one or two sources are over – the average is 6.7 different sources a day.

It isn't just young people who connect online. 62% of over 65s use Facebook for news and 26% use YouTube and 76% of adults have a smartphone.

### **Connectivity**

The world of engagement has moved on too. Quite rightly the public expect to be involved in shaping proposals and decisions and are increasingly holding the NHS to account on how they reach their decisions and scrutinise proposals. Campaigners are now better connected and involved due to social media. They are better connected with other campaigners locally and nationally, with the media, with politicians, and also lawyers.

CCGs have a legal and moral duty to involve patients and the public in our planning; development and consideration of proposals for change services; and the decisions we make. Our decisions can be challenged and quashed in court if they haven't been made following the law. They can be referred to the secretary of state for health too. Both are happening more and more.

In 2017/18, Sheffield CCG came under the spotlight due to our proposals to close the walk in centre and minor injury centre. We have built learning from this into our strategy including better engagement with equality groups, stakeholder management, greater reach and helping the public make informed decisions by being more transparent.

Through wider scale engagement and connections with equality partnership and community groups, we aim to have a continuous process of public engagement and involvement to inform our decisions. Using the Equality Delivery System (EDS2) tool, we will work with local communities to review and improve the performance of specific services that were highlighted as having a particular impact on people with characteristics protected by the Equality Act 2010.

## **7. Corporate principles**

We aim to deliver high quality communications and engagement at all times. Our principles set out what this will look and feel like.

### **Overall principles**

- We will be open and transparent
- We will be inclusive
- We will use accessible formats and ensure equality of opportunity
- Digital communication and engagement will complement, not replace, traditional methods
- Our videos will include subtitles and imagine descriptions
- We will evaluate all our work – do more of what works well and stop what doesn't
- Our work will be cost effective and deliver value for money
- We will work with our partners to avoid duplication and overload for the public, and use insight from their engagement too

- We will ensure good communications and engagement is the responsibility of all staff - not just the corporate team
- The communications and engagement team will take the lead on advising governing body, senior management team and staff to deliver effective work
- We will be honest and straightforward
- Work will be directed by, and support the delivery of, strategic priorities
- We will learn from and apply best practice
- All work will uphold the NHS Sheffield brand
- Work will be specifically targeted using the most appropriate tools and methods for each audience
- Nurture relationships with community groups

### **Communication principles**

- All communications will be clear, concise and in plain English
- We'll tell staff news first
- We will be responsive
- We'll work with partners to communicate in one NHS voice, avoid duplication, and maximise reach

### **Engagement principles**

- We will engage people early on in our decision making processes
- We will put resources into engaging people with the greatest health needs and those in the poorest health
- Involve the public in the governance of the CCG
- Before starting engagement activity, we'll review existing sources of insight about patient and public views and experiences, and bridge any gaps
- Engagement will be an ongoing process, not a one off exercise
- We will be clear and concise, and all engagement will have a purpose
- Engagement will be representative. We will take time to involve seldom groups, those experiencing the greatest health inequalities, and the most vulnerable people. We will use accessible formats and ensure equality of opportunity. We will prioritise engagement with these groups and divert resources towards them.
- We will go out to external groups; we will not depend on them coming to us
- We will work with our partners to avoid duplication and overload for the public
- We will meet our responsibilities under the Equalities Act, 2010 and statutory responsibilities under section 14Z2 and meet the Gunning principles
- Sheffield CCG will listen and hear, what people tell us and we will feedback – so people will understand the impact of their views
- Sheffield CCG will recognise and record people's contributions
- The work will influence the quality of the services delivered.
- We will recognise the difference between individual and collective engagement.

## **8. Target audiences**

We have many audiences we need to communicate and engage frequently. Part of the strategy will be to segment our audiences for each piece of work more and target communications to their needs and preferences.

Generally, these four target audiences are covered by this strategy.

### **1. Public and patients**

- General public
- Patients
- Carers

- Patient groups
- Potential patients
- People with health inequalities
- People in areas of greatest deprivation
- People with protected characteristics
- Carers
- Equality hub members

## 2. Influencers

- MPs
- Councillors
- VAS
- Healthwatch Sheffield
- Community and voluntary organisations
- Staff side (trade unions)
- PCNs
- LMC/ LPC
- Staff forum
- Staff

- Locality managers
- Deputy directors
- Health scrutiny

## 3. Decision makers

- Governing body
- ICS
- ACP
- NHS England

## 4. Providers

- GPs
- FTs
- PCS
- Care homes
- Third sector
- Sheffield City Council
- Carers
- Practice managers
- Practice staff

## 9. Our communications and engagement vision

Over the last few years, the CCG has improved how it communicates and engages staff, the public and stakeholders. We need a communications and engagement strategy to share our brand, highlight where we are heading as an organisation and a system, and engage all communities in the city on our priorities while keeping up with the ever-changing digital world.

As an organisation, we are now operating in a world of instant comment, person to person communication, and dynamic reputation management. People don't wait to be informed – they seek it out and even shape the news. The behaviours and expectations of those online have inevitably increased the demand for interactive services and responsive, immediate methods of engagement.

Cisco predicts that by 2021 80% of the internet will be video. With the advent of 5G and faster broadband, video will get faster and bigger. In 2021, YouTube is the second biggest search engine in the world, behind Google and the world's second most used social platform (behind Facebook). more than a billion hours of video on YouTube are watched every day.

Twitter posts with videos are six times more likely to be retweeted than photo posts. TikTok is the fastest-growing social media apps, users communicate via short videos. It's forecast to have 1.2 billion active monthly users this year.

“Going back about 10 years most of what we shared and experienced was text. Then it was photos. And now we're entering into a world where that's video.” Mark Zuckerberg Facebook

Sheffield CCG aims are to keep up with the outside world, embrace new media and technology as the world quickly moves on.



In an age of social media, the lines are blurring between internal and external communications and we'll develop Sheffield CCG channels to communicate and engage with both groups at the same time.

Whether communicating and engaging with millennials or baby boomers, our strategy needs to focus on everyone's needs and over the next year digital communications won't replace all our channels, but be used as the primary channel where possible.

We'll shift resources from individual engagement to collective engagement. We'll do more mass market or at scale engagement to and fund voluntary and community sector to reach people in most deprived communities, BAME communities, homeless and those with protected characteristics. This is to ensure a representative group of Sheffield people influence our decisions.

Our vision:

- We'll have a good reputation where the services commissioned by the CCG will reflect the needs of Sheffield people
- Our staff and patients will be well informed about our vision and values and become advocates of the CCG.
- We will involve the people of Sheffield in our decisions, especially targeting those with the greatest health inequalities and those in the poorest health/
- People will want to get involved and share their views.
- We will meet our statutory duties.
- We will progress as a listening and responding organisation.

## **10. Objectives**

As an NHS organisation, we are accountable to the public and our regulators. To deliver our strategy, we will:

1. Ensure staff understand how they contribute to the CCG objectives (linked to the system), feel informed on the work of the CCG, and feel valued as an employee.
2. Build a CCG brand - raise the profile of CCG as a trusted, transparent, listening organisation.
3. To establish annual programmes of proactive communications campaigns and engagement that supports the delivery of the CCG's corporate objectives.
4. Embed communications, engagement, and equality as a key part of any service development, quality improvement, transformation and change programme.
5. CCG decisions (including policies, commissioning and priorities) will demonstrate they have been informed by the views of the public, patients and carers.
6. Work with ACP/ ICS partners to communicate in one voice, avoiding duplication and maximizing reach

### **Our big ticket items will be:**

1. Prominent visual ID of our vision and values around 722
2. Deliver communications and engagement plan on covid vaccinations
3. Staff connecting with each other and the CCG on social media/ social enterprise network
4. Engagement repository on what the public told us by theme and demographic group
5. Successful implementation of equality delivery system (EDS2) and publication of action plan shaped by the public and our partners
6. Part-fund equality hub mechanism

7. Support staff to be better connected with each other on social media

## **11. Where are we heading?**

### **Overall**

- To keep up with the outside world, embrace new media and technology as the world quickly moves on.
- We'll develop Sheffield CCG channels to communicate and engage with staff and the public at the same time.
- We'll shift resources from individual engagement to collective engagement, investing in VCS to help us reach those with the greatest health inequalities and those in the poorest health
- We'll do more mass market or at scale engagement alongside our work with Sheffield equality hub members/ and VCS sector. This is to ensure a representative group of Sheffield people influence our decisions.

### **By end of 2020/21**

### **Overall**

- Stronger partnership working and joint plans with ACP partners.
- Resourced comms and engagement annual plan aligned to CCG priorities
- Launch communications and engagement offer and toolkit
- Shift audiences from awareness/ informed to engaged
- Deliver communications focussed on outcomes, against agreed measures of success.

### **Internal comms (IC)**

- IC and social media channels that focus on and celebrate success
- Staff motivated by prominent vision and values
- Annual plan of wellbeing events
- Co-design staff charter and behavioural framework with staff
- Have a well used, accessible and engaging channel for staff to share their voice and encourage connectivity between staff (social media or enterprise social network)

### **PR**

- Delivered a big punch on turning around our reputation
- Control narrative more by social media takeover days and live broadcasting
- More engaging, personal, content to improve reach and newsworthiness of a story
- Deliver social marketing campaign to promote urgent care services
- Proactive media planner developed
- Increase % of positive media coverage
- Annual comms plan for ACP partners
- Deliver flu campaign to increase uptake
- Greater use of video

### **Engagement**

- Meet legal duties
- Launch new quality and equality impact assessment process (QEIA)
- Engage public on Equality Delivery System (EDS2) plan, specifically focussing on interpretation services to shape tender of a new contract
- Formally support the delivery of cross health equality hubs

- Repository of robust public views on health needs at a protected characteristic and PCN level

## **In 2021/ 22**

### **Overall**

- Channel shift so the majority of comms and engagement is online and video
- Boundaries between internal and external comms are blurred

### **Internal comms (IC)**

- Staff can create their own content on CCG channels

### **PR**

- Be a trusted organisation with a good reputation
- Deliver communications campaign build confidence in covid vaccines to maximise uptake

### **Engagement**

- All quantitative engagement carried out on strategic priorities is statically reliable at +/- 3%.
- Done at scale – mass population
- Engagement carried out at the start of a project/ programme, not at the end.
- Engagement informs the development of all QEIAs
- Involve Me membership grown by 25%
- Be rated as 'outstanding' for engagement by NHS England
- Develop partnerships with diverse communities and carry out engagement activity covering all nine protected characteristic groups including with cross hub health working group.

## **12. What will be different - measurement**

To really move on as an organisation, and deliver our objectives, we will continuously evaluate our work, make sure return on investment for the CCG, do more of what's working and change or stop what isn't.

The CCG will adopt the Association of Measurement and Evaluation of Communication (AMEC) Framework to evaluate our communications and engagement activities. This globally recognised framework is based on best practice and knowledge from many fields and applied to public communications. The model moves away from measuring outputs to also outtakes (what people do with the information) and outcomes (effect this has on audiences).

### **Metrics**

- Increase website traffic by 25% each year
- Increase Facebook likes and Twitter followers by 25% each year
- Increase social media engagement (likes, shares, etc) by 10% each year
- Have a third of staff actively engaged closed Facebook group in the first year and more than half in year two
- Increase positive and neutral media coverage to over 80%
- Ensure at least one positive piece of broadcast PR a month
- Shift proportion of positive media coverage that is with key and priority media to 60%
- A picture library of 20 high-quality images
- All videos receive at least 500 views

- Increase the percentage of staff who say communication between senior management and staff is effective by 10% each year
- Increase the percentage of staff who say senior managers try to involve staff in important decisions by 10% each year
- Meet duty to involve (compliance with section 14Z2)
- Meet Public Sector Equality Duty
- Survey results to be statistically reliable at +/-3% or lower for all strategic priority engagement
- Deliver the 'we're listening' campaigns at least every six months (for the public) and every 3 months (for staff) with feedback shared with the organisation and action shared with stakeholders.
- 90% of all VCS groups we work with were satisfied with their experience and all would work with us again.
- The majority of the public satisfied with the opportunity to have their say
- Increase the number of members of Involve Me to 1,000.
- Something about the hub?
- Be rated by NHS England as outstanding for engagement