



Northumberland
Clinical Commissioning Group

Communications and Engagement Strategy 2019/20

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Executive summary

How could any organisation function without explaining to staff what is expected from them and their role within the organisation, or without explaining to customers, patients or the public the services that are offered? It is recognised that the role of communications is essential to the effective functioning of any organisation.

It is always the case that dialogue is more effective than monologue in engaging people, as good communication should always be two-way.

Despite these obvious truths, organisations across all sectors constantly find it difficult to be good at communicating with their various audiences. In part, this is because the communication landscape is more complex than ever before. We have a myriad of different channels at our disposal; audiences are more selective in how they use these channels and it is almost impossible to quantify the number of messages that compete for the attention of those audiences.

Northumberland Clinical Commissioning Group is in the process of refreshing its approach to its communications and engagement activity. In more recent years financial and performance issues has consumed resource capability within the communications and engagement function. However, in recent months, as the CCG has exited Special Measures, the opportunity to review this position, alongside viewing a communications and engagement solution as part of a system-wide approach, has enabled the development of a more strategic approach to communications and engagement.

This document has been designed to give a clear direction for the communications and engagement function which creates a blueprint for the future and covers the following:

- the ambition for the communications and engagement function
- the principles in which the directorate will operate
- the key components of success and how this will be delivered.

Please note that, depending on the issue or opportunity, individual communication and engagement plans will be required that are subject specific. They are not included within this document and cannot always be planned for.

Where do we need to be?

Key components for success

The impact that the function of communications can have on any organisation is vast. In the private sector it will tend to be measured by brand equity, sales, satisfaction with services and share price; in the public sector it tends to focus on overall organisational reputation, awareness of services and activity at a local level.

The evidence that communication makes a vital contribution to an organisation applies to public services as well as to business. Over the years, the survey research organisation Ipsos MORI has developed a substantial amount of data related to the overall performance of local public services and their communication effectiveness. Within the NHS, it found that better performing organisations committed more resources to communication, were more likely to have marketing/communications strategies in place, and had communication teams that were more influential. It also found that staff in organisations rated as 'excellent' were significantly more likely to understand their roles than those in weak performing ones.

Ipsos MORI also looked at the communication effectiveness of 29 London local authorities, including seven that were rated as 'excellent' by the Audit Commission. It found that all seven 'excellent' councils at the time were also among the top 11 councils rated by the public as being the best at keeping them informed.

Good communication is also important for engaging with staff. The Cabinet Office carried out a review of the evidence base for employee engagement a number of years ago, as part of its work on improving engagement with civil servants across all government departments. It showed that engaged staff are 43 per cent more productive, perform up to 20 per cent more effectively and take an average of 3.5 fewer sick days a year than disengaged staff.

So, good communication that engages staff, customers, patients, the public and stakeholders is vital to organisational success.

Leeds Metropolitan University was commissioned in 2008 by the Department of Health to summarise the attributes of organisations that are good at communicating and engaging. To start with, it produced a review of literature around effective communication. It tested the conclusions from this work with a range of leading communication academics and practitioners from the UK, USA, Australia and Sweden. The work was further tested with a reference group of NHS communicators and with a selection of chief executives within the NHS.

Based on this work, the university produced a paper that summarised the evidence base – What good looks like: An evidence base (2009), Centre for Public Relations Studies, Leeds Business School, Leeds Metropolitan University. Please note that whilst this research is now ten years old, the principles still remain.

This describes the distinguishing features of organisations that communicate effectively. Such organisations have the following four attributes:

- **an excellent understanding of the brand**
- **excellence in planning, managing and evaluating communication**
- **leadership support for communication**
- **communication as a core competency.**

These organisations apply the above four attributes across the following four perspectives:

- **societal – how the NHS is perceived as a whole at national and local levels**
- **corporate – how communication operates within each organisation at the level of strategy setting**
- **service user and stakeholder – an understanding of how patients and the public experience the NHS locally**
- **functional – the way in which communication strategies and programmes are put into operation.**

Source: Leeds Met 2009

The following table was produced by Leeds Met as a simple framework for describing organisations with ‘world-class’ communications. By mapping the four attributes detailed above against the four perspectives, again as detailed above they have produced an academic framework for what good looks like within the function.

Perspectives Attributes	Societal perspective	Corporate perspective	Service user/stakeholder perspective	Functional perspective
Excellent understanding of the brand	The purpose, principles and values, set out in the NHS Constitution, are embodied in the NHS, supported by the public and define the national brand. The local brand is aligned to the national brand	The corporate strategy and brand are aligned. The board understands the value of relational and reputational capital	The brand is experienced through services and by engagement with stakeholders	The communications function understands the brand, effectively promotes and defends it and anticipates threats and risks to it
Excellence in planning, managing and evaluating communication	Communication plans and strategies take full account of the brand and follow best practice	Communication priorities and strategies inform, and are aligned to, the corporate strategy	Effective processes are in place to listen to service users and stakeholders, and to engage them in dialogue and action	There is effective implementation of programmes of action which promote services and the organisation, and respond to user and stakeholder needs
Leadership support for communication	Leaders understand the brand and model it in their behaviour	The role of communication is understood and supported by the organisation’s leaders in the formulation of corporate strategy and in resource decisions	Leadership action is informed by customer and stakeholder insight	The communications function has direct access to the leadership
Communication as a core competency	The wider organisation understands the brand and models it in its behaviour	The communication perspective is embedded in the way that the management role is undertaken	Appropriate communication skills exist among staff involved in delivering services and stakeholder engagement	The communications function is appropriately located in the organisation with professionally competent staff in post

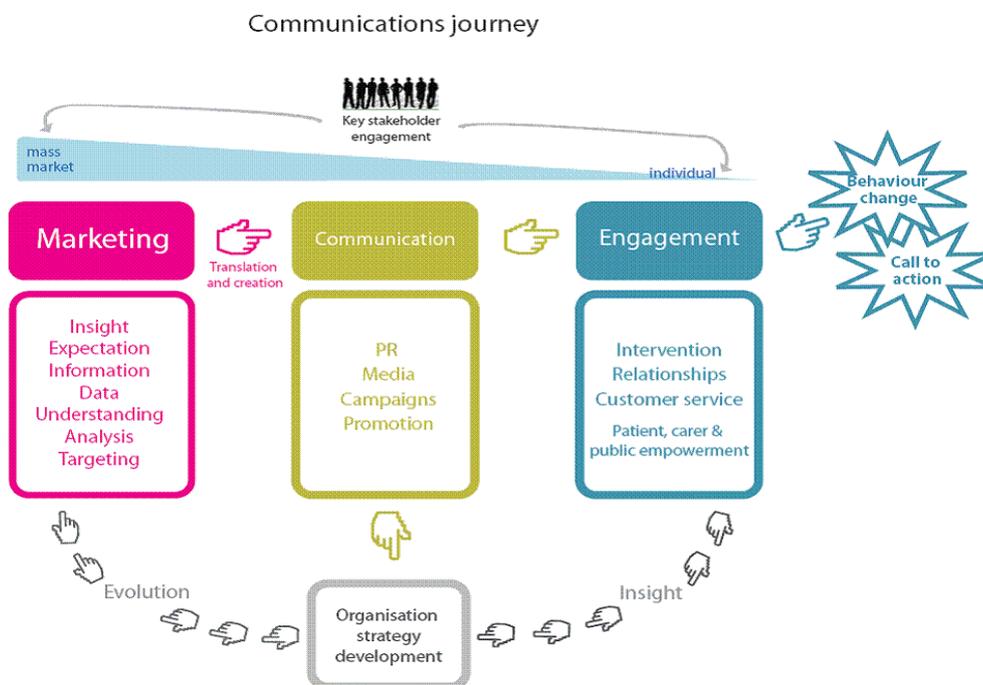
They believe that those organisations that successfully apply the four attributes across the four perspectives will tend to see the following benefits:

- **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.

However, whilst the Leeds Met work is a tried and tested model of success for communications, it is very PR/media driven and this only represents one dimension of the work that is required for the future. For example, this does not represent the market in which NHS organisations operate within and how communications need to support a market led approach. So in addition to the principles set out by Leeds Met, the developed market-led model (see below) to deliver communications that is more appropriate within the current context for the NHS.

Market-led model



This model represents the interdependencies the roles marketing, communications and engagement have on each other which will ensure organisations maximise the benefits of their investment and the growth of their brand. Separation of each of the functions would lead to a disjointed, inefficient and ineffective approach and will

prevent the function from delivering a return on investment. It shows how the function can use insight from a mass market position to develop 1:1 relationships whilst supporting positive brand positioning.

This, along with the key attributes detailed within the Leeds Met work will act as the guiding principles for communications and engagement activity across Northumberland Clinical Commissioning Group.

Impact new technology has had on the function

New technology has and will continue to have a transformational impact on the way we communicate and engage as an organisation. For example, media planning has become increasingly difficult in recent years with the emergence of social media and social journalism. Through mediums such as twitter, facebook, instagram and blog/vlog sites everyone has the ability to be a social journalist/influencer at any point in time and people are exercising this right increasingly. Traditional journalists are also using this information to feed traditional print media.

There has been an explosion of the ways in which consumers are contacted both digitally and through conventional media such as print, radio and television. Convergence of media creates new problems and opportunities for brands and this is something Northumberland Clinical Commissioning Group must consider and manage for the future.

The ambition

Objectives and key performance indicators

The following articulate the objectives for communications and engagement.

1. Raise profile of Northumberland Clinical Commission Group based on the work delivered.
2. Position system working across the NHS and care sector within Northumberland.
3. Communicate and engage more effectively with local communities making sure there is a feedback loop that promotes two way communication.

4. Communicate and engage more effectively with stakeholders across Northumberland.
5. Effective media management (proactive and reactive).
6. Effective digital management utilising social media and other digital tools to engage a wider audience.
7. Ensure internal communications and engagement is effective and timely.
8. Deliver in accordance with the NHS England Trailblazer project.
9. Support the system-wide transformation board and planned activities.
10. Proactively support the public health agenda to influence behavioural change.
11. Ensure a cycle of communications and engagement is in place to support better communications with GPs/members.
12. Connect regionally and nationally to communications and engagement activity.

Using the above objectives as a guide, the following key performance indicators (KPIs) have been collated which represents the measure of success for the directorate as a whole.

Along with specific measurement linked to the objectives set, the following overarching KPIs have been created. Please note, that individual bespoke strategies (thus measurement) will have their own KPIs for examples urgent and emergency care strategy, trailblazers etc.

- Maintain or exceed a 70 per cent positivity (including neutral) rating for media activity.
- Decrease the amount of negative media coverage to a level below five per cent.
- Increase the volume of media coverage by ten per cent.
- Increase the amount of AVE by ten per cent.
- Increase number of social media followers by 20 per cent.
- Prepare a forward plan which ensures quarterly engagement with local healthwatch, health and wellbeing boards, overview and scrutiny committees and town councils.
- 100 per cent compliance with section 242/242a and 244 of the Health and Social Care Act.

- Plan and implement a new model of engagement that supports PPGs, PCNs and creates a regular cycle of engagement activities to support the connectivity to the communities we serve in partnership across the system.
- Introduce a 'we're listening' campaign cycled in every six months with feedback shared with the organisation and actions shared with stakeholders.
- Increase levels of internal communications and engagement – measured via NHS staff survey – with improvements year on year.

Unless otherwise stated these objectives are within year.

How will we achieve this?

It is important to recognise that an overarching communications and engagement strategy for Northumberland Clinical Commissioning Group must set the ambition, the objectives and the key components to be delivered. This strategy will therefore not go into detail on every piece of work delivered by the team. Each of these areas would require its own dedicated strategy to ensure it is developed in line with a market-led approach rather than that of a one size fits all approach.

All activity will be delivered via a shared service across Northumberland Clinical Commissioning Group and Northumbria Healthcare. An SLA is in place and will be reviewed regularly. We must continue to build capability to ensure we keep up with new and more effective ways to communicate and engage. This is being addressed within the current team by investing in additional resource, training and Continuing Professional Development.

Working as a shared service affords the clinical commissioning group, and partners, the opportunity to plan and collaborate as a system. This will in turn enable more effective and efficient delivery of communications and engagement activity.

Please also note that there is a contract with the North East Commissioning Support Unit for communications support.

A regular report will be provided to EMG and the Board as and when required. See appendix for an example of the media and social media tracking that has now been put in place. Please note the information within this report will be utilised as a baseline to measure performance going forward.

Managing risks

A comprehensive risk horizon scan will be collated monthly and is designed to produce a forward looking of up and coming risks associated to any areas of the organisations. These risks will be managed via EMG regularly and refer to day to day operations within the organisation. This risk horizon scan will be used to flex the resource, as

appropriate, depending on the issue or issues arising. Action is taken, where possible, to mitigate those risks.

Immediate work programme

Whilst this strategy focusses on key principles and objectives for communications and engagement going forward, the following details provide you with the immediate work headlines.

1. Increasing proactive media activity and management of media risks – including reducing risks linked to public board papers.
2. Website renew and update.
3. Creation of a new model for engagement across PPGs and PCNs supporting practice engagement and involvement activity and infrastructure.
4. Engagement and involvement within the ICP and ICS communications and engagement activity.
5. Supporting and advising on the potential multiple GP moves across the county.
6. Trailblazers.
7. Whalton Unit.
8. Rothbury.
9. Berwick hospital redevelopment.
10. Urgent and emergency care.
11. Winter/surge planning.
12. Internal communications.
13. Stakeholder management.

Conclusion

There is much to do to transform the approach to communications and engagement.

This document highlights the ambition, whilst positioning the immediate actions.

Regardless of the investment, and shared service approach, the work required is wide ranging and comprehensive within limited resource. It is therefore important that work is prioritised and expectations managed accordingly.

Nonetheless, the opportunities to build capacity and capability within the team exist which will, in turn, impact positively on outcomes.