STP Communications & Engagement Plan

1. Introduction

This plan proposes approaches for the programme-wide engagement and communications:

- communicate key messages
- promote the work and future plans
- advertise opportunity to get involved with the groups' development work
  - engage with, and get input from staff
  - engage with, and get input from service users
  - engage with, and get input from stakeholders
- support programmes to educate service users and empower staff

This plan links to the overarching Communications and Engagement Strategy, and delivery groups' plans.

2. Background

From our draft Sustainability and Transformation Plan, produced in June 2016, we know that we need to develop improved communication and stronger working relationships across our organisations.

We also need a shared culture that means we can learn and make improvements together. We are committed to delivering the healthcare you need - working together as one system with one budget.

We have much to be proud of and are well placed to make the changes we need. Cambridgeshire and Peterborough has a committed and expert health and care workforce. We provide some excellent services to which people travel from other parts of the country. We host groundbreaking research and deliver excellent medical education and training. We have a resourceful voluntary sector, strong organisations, active local communities, and we work alongside research and technology industries which are world leaders in improving healthcare.

Through discussion with our staff, patients, carers, and partners we have identified four priorities for change and developed a 10-point plan to deliver these priorities.

Priorities	10-Point Plan
At home is best	1. People powered health and wellbeing 2. Neighbourhood care hubs
Safe and effective hospital care, when needed	3. Responsive urgent and expert emergency care 4. Systematic and standardised care 5. Continued world-famous research and services
We're only sustainable together	6. Partnership working
Supported delivery	7. A culture of learning as a system 8. Workforce: growing our own 9. Using our land and buildings better 10. Using technology to modernise health

3. What it means for staff

Networks of care: Our approach is to move knowledge and not patients wherever possible and appropriate. Our acute clinicians are beginning to agree how to work as operational networks of care, sharing protocols for referrals, using best practice to determine treatment, building workforce resilience through an enhanced career development offer, sharing out-of-hours rotas, and offering flexibility to match staffing requirements with available physical capacity.

Our new, networked approach to care will mean that our staff and GPs will be asked to think of themselves as part of the Cambridgeshire and Peterborough system, not just the organisation that employs them. Although this is a new way of working, we believe that it will benefit staff by presenting new career development opportunities, reducing frustrations arising from poor inter-organisational communications, and that it will make our services more resilient particularly out-of-hours. The relationship between Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and provider organisations will need to evolve from one that is transactional to one that is outcome focused, strategic, transformative, and equitable.

For all specialties, including those where physical consolidation does not make sense such as ophthalmology and obstetrics, the service will increasingly be run as one across the acute sites making the most of the expertise we have in some providers.

Skills flexibility: Many of the emerging new models of care, including our aspiration to operate in care networks, require both the current and future workforce to work more flexibly across locations. We will seek to develop the flexibility of our workforce and to normalise working patterns that, at times, may see individuals working in different organisations at different times in line with the demand for our services and our capacity to deliver them.

Similarly our HR model will need to become more flexible, and where possible we will do things in common for example via staff passports, to enable staff to move between organisations more easily.

Promote direction of travel and service changes: We will communicate the proposed changes, progress and what it means for system-wide services and teams. We will celebrate successes and acknowledge what we have learnt.

4. What it means for patients and service users

Our engagement and communications with the public aims are:

Publicising our plan: We will articulate our vision for health and care by telling a compelling story which describes the benefits of our proposals, for patients and local people. This will help us to achieve the transformational changes required.

Co-designing care models: We will work with our health and care users, including those who require the most intensive support, to ensure that the care we design is person-centred and promotes independence. We will need to engage fully with the public about service redesign that will change how and where they access services. We aim to develop a patient choice hub to ensure the care we offer is person-centred and promotes independence.

Promote direction of travel and successes of service changes: We will communicate the proposed changes, progress and successes. What it means for them and their families and communities.

Supporting behavioural change among patients and residents: We will work with the public to promote healthy behaviours and individual responsibility for health and wellbeing, stressing to our population the importance of leading healthy lives. We see ourselves as partners with the public; we have a joint role in keeping healthy and we want to be sure that our local population is equipped with the tools they need to keep fit and well for as long as possible. We will provide education around appropriate and effective ways of using services including self-care, urgent care and A&E. We will re-educate people that A&E is only for serious or life threatening injury or illness.

5. Communications principles

The proposed approach is based upon these principles:

- Shared leadership of the communications and engagement programme, between the STP System Delivery Unit (SDU) and in-house communication leads of each partner (Comms Cell).

- Establishing and maintaining a central resource of consistent and coherent public-facing information through a STP website (standalone) and digital/social media channels, with links to and from partner organisations to ensure wider reach

  - o The key projects and activity matches those in the CCG and trusts e.g. GP member communications by CCG, Vanguard in CPFT, merger Communications in HHCT and PSHFT, so a joined-up approach will be taken for communications on these projects.

- Predominant use of 'borrowed' channels for delivery (i.e. cascade by and through partner organisations), as this represents both the most cost effective approach and the ability to use credible, recognised channels.

- Widely distributed regular briefings, with staff communication tailored and cascaded locally, and differentiated between organisations and teams (where appropriate).

- Support to leaders throughout the system to represent and champion the STP and emerging plans, including how to use core materials and messaging.

- Close management of key stakeholders to ensure that they are heard and 'no surprises', led via named relationship managers, and coordinated and supported by the programme team (SDU).

- A single engagement programme to enable co-design and support pre-consultation

  - o The key stakeholders will mirror those in the CCG, Trusts and local authorities, so a joined-up approach will be taken for engagement and pre-consultation.

6. Our communications aim to:

- Continue to raise awareness
- Build confidence in STP
- Build understanding
- Provide reassurance
- Build pride in the plan

- Build relationships

- Build public support

- Build a reputation of trustworthiness and integrity

7. Our approach

- Build on what is in place and planned:
    - social media campaigns, website & STP narrative
- Develop the Fit for the Future brand:
    - throughout materials
    - so seen as whole system brand
- Developed with partners:
    - idea development
    - content development
    - cascade / supporting (retweets etc)

8. Key Messages

Key messages will be developed from the Case for Change and draft Sustainability and Transformation Plan, and ongoing engagement.

These will be used across the communications and engagement materials, and included in any FAQs.

The messages will target appropriate stakeholders.

9. Audience

A stakeholder list in the Communications and Engagement Strategy identifies the key audiences for the communications and engagement. See Appendix A.

For this plan the audiences are grouped as:

- **Programme and group members** – executives, management, clinical and care leads, and partner staff and patient representatives working across projects and delivery groups
- **Staff** – across all organisations not directly working on the STP projects or groups
- **GPs** – across all practices and federations
- **Key stakeholders** – including MPs, scrutiny groups, Health and Wellbeing Boards, Healthwatch, unions, patient reference groups/patient participation groups
- **External** – public, service users and patients, media and social media followers

10. Channels

Sustainability and Transformation Plan and 'borrowed' channels for delivery (i.e. cascade by and through partner organisations), as this represents both the most cost effective approach and the ability to use credible, recognised channels.

Sustainability and Transformation Plan channels:

- Monthly on-line newsletter
- Website - www.fitforfuture.org.uk
- Social media campaigns - Twitter: @fitforfuturenhs, Facebook: fitforfuturenhs & Instagram: fitforfuturenhs
- Slides for staff briefings (established channels: staff internal communications, GP communications channels (LMC committee)
- Video – STP-produced videos, Vlogs
- Blogs
- Articles produced for staff communications/cascade (Intranets, emails, newsletters)
- Face to face – stalls, events, workshop presentations
- STP-produced documents, leaflets, posters & FAQs
- Word of month – staff as champions
- Media

11. Evaluation

Feedback will be sought from all communications and engagement activities. In addition, the communications and engagement will be evaluated, including:

- Number of comments received/questions raised
- Attendance figures for events (both internal and external)
- Fit for Future website usage
- Social media – reach and conversations
- Media evaluation
- Feedback from patient and carer groups, including Healthwatch and voluntary organisations.

12. Communications and engagement programme

Communications planning

Proactively managing and generating content

- Nominated leads - matched to their CEO Accountable Officer
- Specialist leads, where appropriate e.g. Elective improvement projects lead by CCG, with Cardiology supported by Papworth Comms Lead
- Includes communications and patient & public involvement
- Attend key meetings
- Advise on stakeholder management and risk management
- Identify key messages with Comms Cell and CEO
- Use Fit for the Future branding and templates (to be developed)
- All consultations continued to be led and managed by CCG

A theme a quarter: 1st quarter: Partnership working – 'Delivering Together'

- Communications promotes and supports theme
- To demonstrate the added benefit of the system-wide, Fit for the Future having impact

Topics

- Improvement project communications leads provide proactive, ongoing communications and engagement management
- Leads to produce delivery groups' timelines
- Comms Cell to converts timelines into a master communications planning document, shared and agreed at meetings/calls

Theme for 1st quarter- Delivering Together (to be demonstrated in key messages: "What STP activity added value as a system")				
Programme and group members	**Staff**	**GPs**	**Key stakeholders**	**External**
HCE and CAG Updates, staff newsletters	Slides for briefings, newsletters articles, emails, STP Newsletter, intranets, social media	5 headline slides for briefings, GP News, LMC briefings, STP Newsletter, social media	Reports, briefings, presentations, emails, STP Newsletter, website, social media	Meetings, emails, STP Newsletter, website, social media

Principles

1. Shift from concept to delivery

2. Patient and carer involvement to improve services and in delivering change

3. Public engagement to develop priorities, strategies and plans

4. Community engagement to identify needs and aspirations

Approach

• Build on reps previously involved in CWGs, workshops, PIAs and who have contacted us since the summer summary publication and last month's launch

• Healthwatch to advise how it can support Delivery Groups

• Accountable Officer, Comms Leads and Healthwatch Cambs to:

  • review group's PPI opportunities – identify reps or groups that can be targeted

  • review appropriate stages for PPI – depending on development of group and schemes

  • explore involvement of voluntary sector and local government

  • build members - staff and PPI reps - to be voices for the improvements and change - in their organisations, peer groups, families and communities

  • commitment to recent NHSE guidance on 'Engaging local people in STPs' and CCG's commitment to 'Transforming public participation'

PPI proposed activities

Shift from concept to delivery

1. Bolstered patient and carer involvement in delivery and work groups

2. Promote Fit for the Future website as central point of contact with up to date information on activity and progress

3. Advertise the opportunities – ongoing and events

Patient and carer involvement to improve services and in delivering change

As above, plus,

1. Develop a network for practical support to individuals involved in programme

2. Develop opportunities for groups to develop their involvement skills e.g. quality events, conference or guides

3. Involvement in consultations about specific areas of significant change

Public engagement to develop priorities, strategies and plans

1. Develop public involvement assemblies, building on 2015 and 2016 events

2. Look at independent facilitated public participation panels to generate values on prioritisation - to give a public perspective on questions asked by the executive

Community engagement to identify needs and aspirations

1. Target hard to reach groups – content and timings to be defined

2. Consultations about specific areas of significant change

3. Promote behavioural change and a wider conversation on prevention and resources

Key external stakeholders

For Cambridgeshire and Peterborough STP

NHS/Partners

- Department of Health
- NHS England and its local offices
- Cambridgeshire and Peterborough CCG Member Practices
- Local Medical Committee (LMC)
- Local Pharmaceutical Committee
- Independent and salaried contractors: GPs, dentists and pharmacists
- Optometrists
- NHS provider Trusts
- Bordering CCGs
- Private and voluntary sector providers
- Health and Wellbeing Boards: Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire, Rutland & Lincolnshire
- Health Overview and Scrutiny Committees: Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire, Huntingdonshire, Rutland & Lincolnshire
- Education: University - health sciences, research, innovation and training
- Media
- Other Public Services i.e. police, fire etc
- Social Partnership Forum

Patients and the public

- People who use local health services and their carers
- Patient Participation Groups (PPGs)
- Patient Forums
- BME or community groups who traditionally experience difficulties accessing NHS services
- Our residents in Cambridgeshire and Peterborough, Oundle, Wansford and Royston
- Interest groups
- Voluntary, community and third sector organisations
- Charitable organisations
- Healthwatch organisations: Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire, Rutland & Lincolnshire
- Governors of local Foundation Trusts
- Lay representatives on local Boards

Local Government

- Politicians: MPs for Cambridge, North East Cambs, South East Cambridgeshire, South Cambs, North West Cambs, Huntingdon, Peterborough, Corby & East Northants, North East Herts, Grantham and Stamford, Rutland and Melton, South Holland and The Deepings, Leicester East, Leicester South and Leicester West & Bedford
- Cambridge County Council and Peterborough City Council - leaders, councillors, chief executives and officers
- District Councils - leaders, councillors, chief executives and officers
- Unitary Councils - leaders, councillors, chief executives and officers
- Town and Parish Councils - leaders, councillors, and officers

Three-month planner – communications and engagement

January 2017	February	March
• Quarterly comms themes & key messages - Jan focus • tbc, publication of mental Health Strategy • Local Digital Roadmap published • 4 Jan, any pre-local election consultations need to start • Patients, carers, public & staff involved in delivery groups • Delivery groups & schemes comms & engagement plans	• Quarterly comms themes & key messages - Feb focus	• Quarterly comms themes & key messages - Mar focus • Weds 29, Latest Purdah starts for local elections 4 May
Tues 3, Hunts Overview and Scrutiny Panel	Thurs 2, CCG Patient Reference Group	Thurs 2, Herts Health and Wellbeing Board
Thurs 5, C&PCCG Patient Reference Group	Tues 7, C&PCCG Governing Body Meeting	Thurs 2, CCG Patient Reference Group
Tues 10, Peterborough Scrutiny Commission for Health Issues	Weds 8, CUHFT Board of Directors' Meeting	Tues 7, Huntingdon Overview and Scrutiny Panel
Tues 10, C&PCCG Governing Body Meeting	Weds 8, CCS Board Meeting	Weds 8, CUHFT Board of Directors' Meeting
Tues 10, Hunts Patient Congress	Tues 14, Greater Peterborough Patient Forum	Weds 8, CCS Board Meeting
Tues 10, Greater Peterborough Patient Forum	Thurs 16, Cambridgeshire Health Committee	Tues 14, Hunts Patient Congress
Weds 11, CUHFT Board of Directors' Meeting	Tues 21, Healthwatch Peterborough Community Meeting	Tues 14, Greater Peterborough Patient Forum
Weds 11, CCS Board Meeting	Weds 22, CUHFT - Council of Governors Meeting	Tues 14, Peterborough Scrutiny Commission for Health Issues
Thurs 12, Cambridgeshire Health Committee	Tues 28, PSHFT Public Board Meeting	Weds 15, Cam Health Patient Forum
Weds 18, Healthwatch Peterborough Community Meeting		Weds 15, Healthwatch Cambridgeshire Board of Directors
Weds 18, Cam Health Patient Forum		Thurs 16, Cambridgeshire Health Committee
Weds 18, Healthwatch Cambridgeshire Board of Directors		Fri 17, Northants Scrutiny Committee
Thurs 19, Northants Health and Wellbeing Board		Tues 21, CCG Governing Body Meeting
Thurs 19, East Northants Health and Wellbeing Board		Thurs 23, Peterborough Health and Wellbeing Board
Thurs 19, Cambridgeshire Health and Wellbeing Board		Thurs 23, Northants Health and Wellbeing Board

Thurs 19, Herts Health Scrutiny Committee	Thurs 23, CATCH Patient Forum
Tues 24, Fenland Health and Wellbeing Board	Thurs 30, Cambs Health and Wellbeing Board
Tues 24, South Cambs Local Health Partnership	Thurs 30, HHCT Board Meeting
Weds 25, Huntingdon Health and Wellbeing Group	Thurs 30, Papworth Board meeting
Weds 25, MP Westminster briefing	
Thurs 26, CATCH Patient Forum	
Thurs 26, HHCT Board Meeting	
Thurs 26, Papworth Board Meeting	
Tues 31, Rutland Health and Wellbeing Board	
Tues 31, Huntingdon Overview and Scrutiny Panel	
Tues 31, PSHFT Council of Governors	

Staff communications

CUH	CEO - Weekly cycle 8.27am Tues for 30mins Weekly nurses forum Regular consultants' forum Chair/CEO/senior manager drop-in bi-monthly Team Brief Cascade	CPFT	Monthly cycle (Department heads meeting Tuesdays every 4-5 weeks) Wider leadership every 3 months Exec Team Roadshow every 6 months	CCS	Leadership forums (c100 leaders) Clinical scrutiny (clinical leads) - every other month Paeds consultant & nursing leads meeting

		HHCT	Monthly Open Forums - CEO drop-in briefings	PSHFT	Weekly (Monday) email newsletter Monthly Team Brief – Post board meeting