

Communications and Engagement Strategy REFRESH

**2025-2027**

November 2024

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## Introduction by the Chief Executive

As we face an era marked by both unprecedented opportunities and challenges in healthcare, our commitment to a transparent and collaborative approach in how we communicate and engage with our population has never been more essential.

At the Mid and South Essex Integrated Care Board (ICB), we recognise that meaningful communication and engagement lie at the heart of achieving impactful health outcomes. Our collective journey toward a more coordinated, person-centred system of care requires clear, honest conversations with our communities, staff, and partners.

This refreshed Communications and Engagement Strategy for 2025-2027 serves as a foundational tool to strengthen those conversations and foster connections across the diverse network of individuals and organisations we serve.

In an environment shaped by financial and resource limitations, we aim to be intentional and data-driven, focusing on targeted, efficient communication that resonates.

As we move forward, we remain dedicated to integrating feedback, innovating with new technologies, and continuously refining our approach.

This strategy not only guides our communications but also embodies our commitment to inclusivity, transparency, and mutual respect.

I am confident that through this approach, we will build lasting trust and work collaboratively to realise our shared vision for a resilient, inclusive, and responsive health and care system.

**Tom Abell, Chief Executive, Mid and South Essex Integrated Care Board**

## Executive Summary

The 2025-2027 Communications and Engagement Strategy for the Mid and South Essex Integrated Care System (ICS) outlines our renewed focus on fostering clear, effective communication with the people we serve, our workforce, and our broader healthcare network. With this strategy, the ICS commits to a proactive, audience-driven approach that leverages insights, transparency, and adaptability to address the evolving needs of our communities and stakeholders.

Key components of the strategy include:

* **Purpose and Vision**: The strategy reaffirms our commitment to delivering high-quality, accessible communication that builds trust, understanding, and partnership with our communities. We will prioritize inclusivity and accessibility to support a health system that is accountable, transparent, and grounded in the needs of those it serves.
* **Targeted Engagement**: By segmenting our audiences and refining our channels, we aim to deliver the right messages, in the right ways, at the right times. This approach will ensure that our communication efforts are not only efficient but also impactful, promoting engagement that is both genuine and effective.
* **Strategic Priorities and Flexibility**: This strategy aligns with the ICS’s broader medium-term plan, focusing on three main areas—supporting system-wide priorities, enhancing business-as-usual communications, and fostering organisational development. A triaged approach will allow us to prioritise resources effectively and respond flexibly to emerging issues.
* **Performance Measurement**: Through a structured, evidence-led evaluation framework, we will track our impact, using data to refine and adjust our approach. Quarterly reports will provide insights into our progress, helping us demonstrate our commitment to accountability and continuous improvement.
* **Commitment to Innovation and Inclusivity**: The strategy embraces digital advancements and inclusive practices, ensuring our communications meet the diverse needs of our audiences. We will support our teams and leaders in fostering a culture of open, two-way communication to build a more resilient and community-centred healthcare environment.

With a structured yet adaptable approach, the 2025-2027 strategy represents our pledge to communicate effectively and engage authentically. We are committed to working alongside our communities and partners, listening to their insights, and building a healthcare system that reflects their needs and values.

## Introduction

Since the publication of the original ICS Communications Strategy in 2021, the ICB has had to respond to a national reduction in running cost allowances that has seen the communications and engagement function reduce in line with the organisational change process.

To support this shift, there have been several changes to how programmes of work are resourced outside of the core corporate communications team, with wider teams asked to take on more responsibility for their own communication and engagement needs.

To support this shift, all ICB staff are supported through a self-service portal on Connect (Intranet) that provides guidelines, templates, and resources. The team has also introduced a digital team handbook that includes links to key communications documents, ‘how to’ assets and important information that can be accessed quickly in a single space to support team resilience.

The new structure also now encompasses a corporate communications, engagement, and partnerships function.

This function supports the ICB’s strategic objectives by fostering transparency, trust, and engagement through comprehensive communication strategies and initiatives. The team also provides a delivery and coordination role across the system partnership to support the work of the Integrated Care Strategy and other cross-cutting workstreams.

This strategy has been drafted in collaboration with our NHS and wider system partners, who will share responsibility for supporting the delivery of the strategic objectives through a wide range of communications and engagement channels and techniques.

**Section 1** describes the purpose, vision, approaches and responsibilities of Communications and Engagement, i.e. the role of communications and engagement in our organisation; the vision for how the team will carry out that role, using professional and principled approaches; and clarifies what the ICB is responsible for communicating and engaging on and what are the responsibilities of others.

**Section 2** contains a summary of how we have listened and adapted our approach in direct response to feedback from our key audiences. It sets out the variety of internal and external stakeholders and audiences that we need to reach, and the range of channels that we can use to reach them, in order to communicate and engage with them effectively – the right messages, through the right channels, at the right time.

**Section 3** sets out the detailed plan for the wide range of activities that Communications and Engagement will be undertaking over the coming two years, which is based on the ICB’s stated goals, agreed system strategic priorities and the actions that flow from them.

Communication and engagement plans in 2025-27 will therefore focus on three core areas:

1. Supporting the system strategic priorities as set out in the Joint Forward Plan and the developing Medium-Term Plan through delivery of effective **proactive communications campaigns**, in partnership with other system stakeholders.
2. Supporting the ongoing business as usual activities in **managing ongoing requests to support routine and urgent communications** to key audiences.
3. Supporting the **ICBs organisational development programme**, especially in relation to engaging with our workforce to improve staff experiences.

In addition, the team will need to respond to any **emerging issues, crises, and new initiatives**.

## Section One: Our purpose, vision, approaches and responsibilities

### Our purpose

Communications and engagement do not exist for itself but are an enabler and facilitator for others. The purpose of public sector communications is defined by the national Government Communications Service approach of ‘CORE’ activity:

* Changing behaviours – through planning and initiating campaigns that create desired positive behaviours among targeted audience groups, based on data, insight and behavioural science.
* Operational effectiveness – supporting services by providing the information that people need to access them; informing residents in a timely and co-ordinated way about service decisions, actions and changes; being honest in recognising problems or failures; using engaging and accessible content.
* Reputation – of our organisation and the NHS in our area, by building positive relationships with partners and stakeholders; collaborating in how we communicate and engage genuinely with residents; promoting and celebrating what we do well; and dealing effectively with crises.
* Explaining – our decisions, priorities and policies, through honest and transparent communications via accessible channels, that set out the reasoning behind decisions and proposed changes, and any impact they have on finances, services and health and care outcomes.

We have a range of **statutory duties** that we must meet under the Health and Social Care Act 2012. Most relevant to this strategy is our statutory duty to involve people, whether directly

or through representatives, in:

* planning the provision of services
* the development and consideration of proposals for changes to the way services are provided
* decisions to be made affecting the operation of services.

The Act also places a specific duty to ensure that health services are provided in a way that promotes the NHS Constitution – and to promote awareness of the NHS Constitution. NHS organisations also have a duty under section 244 of the Health and Social Care Act to consult the local Health Scrutiny Committee on any proposal for ‘substantial development or variation of health services.

Other statutory duties relevant to this strategy are the [Public Sector Equality Duty – Equality Act 2010](https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty) and the [Accessible Information Standard](https://www.england.nhs.uk/ourwork/accessibleinfo/).

These and other responsibilities are reflected in a dedicated ‘Working with People and Communities’ approach set out [on the ICS website](https://www.midandsouthessex.ics.nhs.uk/get-involved/working-with-communities/).

### Our vision

The vision for our function is:

* To be seen as trusted advisers and respected by our colleagues to produce high-quality, accessible and strategically aligned communications and engagement approaches, which are tailored for target audiences and enable two-way communications.
* To support the organisation to facilitate relationships and build trust with staff, partners and communities, building and enhancing the ICBs reputation and providing contextual intelligence to help make sure communications are timely, relevant and resonate with key audiences.
* To be a leading in-house communications and engagement team, which delivers innovative approaches and attracts, retains and develops great communications and engagement professionals.

### Our approaches

The fundamental approaches that the Communications and Engagement team will use to deliver our purpose, vision and the specific activities set out in section 3 are:

* We will maintain a flexible communications approach that allows for immediate reallocation of resources to address urgent and crisis situations. This will see less critical work temporarily paused as needed in line with agreed priorities.
* We will continue to build trusted relationships with leaders and managers inside the ICS and with alliance leads to ensure that we are fully informed about and engaged in issues, priorities and activities from the outset.
* We will directly link measurable communications objectives and outcomes to the ICB’s strategic priorities.
* We will understand and segment audiences, by making use of behavioural, demographic, public opinion and other relevant insights, to inform how we can best communicate and engage with them.
* We will develop the wide range of direct and indirect communication channels available to us and identify which are the most effective to use for each audience and issue.
* We will provide trustworthy, timely, concise, consistent, clear, accurate and accessible information for our audiences, focusing on what they need to know, not everything that we know.
* We will develop and strengthen structures, arrangements and processes for meaningful, effective and sustainable communication and engagement with key stakeholders, including members, partners, patients, politicians, the public and local community groups, GP practices, community pharmacies, dental practices, general ophthalmic service providers and ICB staff.
* We will listen and respond to residents’ and stakeholders’ views, promoting a culture where the experience of residents and our communities is at the centre of everything we do, through effective, two-way engagement, to ensure both that we meet our statutory obligations and that we genuinely seek their input in developing priorities and plans.
* We will take a campaigns-based communications and engagement approach to support the ICB’s priorities, adapting plans in line with contextual intelligence.
* We will establish and continually improve communications and engagement standards in our function by listening, learning and acting on feedback and insights.
* We will continue to strengthen the role and effectiveness of the communications network from across the system to improve how we collectively plan and implement communications and engagement, exploring opportunities to support system efficiencies through joint procurements, maximising AI-generative opportunities, in line with the [Government Communications Service generative AI policy](https://gcs.civilservice.gov.uk/publications/gcs-generative-ai-policy/) and future ICB organisational policy.
* We will continually evaluate the effectiveness of our efforts and embedding a culture of continuous learning.

### Our communication and engagement responsibilities

While the ICB is responsible for governance, strategy and funding of health and social care in our area, the delivery of that care is the responsibility of the many health providers, from pharmacy to hospitals. This split of responsibilities is therefore similarly reflected in who is responsible for communicating what within our health and care system.

**ICB Communications and Engagement** is responsible for:

* working with system partners to embed a strategic approach to communications - building common ambition across the health and care system helping promote strong partnership working. Since the establishment of the ICS, communications lead from across the system have built strong relationships, identifying activities that can be jointly planned and delivered, including system-wide campaigns and programmes with an opportunity to build on shared ways of working and jointly procured tools to help demonstrate value. This collaborative approach minimises risk and optimises the use of resources, effort, and communications impact across the health and care.
* Development of shared narrative linked to system-wide priority programmes.
* Working with partners to adopt ensure continuous relationship building with key stakeholders.
* Providing counsel, support and training to leaders and spokespeople for media, internal and public engagement events
* Raising awareness and understanding of the work of the ICB and our system priorities among all staff and key stakeholders and ensuring that people are kept informed in a timely, appropriate and consistent way.
* Supporting both proactive and reactive media relations in line with the [ICB media policy](https://www.midandsouthessex.ics.nhs.uk/publications/001-media-policy/) and horizon scanning to widen understanding of and support for the work of the ICS and detect, prevent and contain issues.
* Providing an overarching framework for the use of social media within the Integrated Care Board. See [ICB social media policy](https://www.midandsouthessex.ics.nhs.uk/publications/002-social-media-policy/) for more information.
* Delivering the internal communications programme to colleagues directly employed by the ICB
* Supporting the delivery of the key strategic programme objectives
* Functional communications to ensure the timely cascade of messages and effective crisis management in line with our responsibilities as a Category 1 responder and the ICB Communications Incident Response Plan, see Appendix 1.
* Planning and providing appropriate engagement activities that bring real opportunities for local people, communities, partners and staff to be involved and to ensure our communications and engagement work is coordinated across our partnership to avoid duplication. Please see [this webpage](https://www.midandsouthessex.ics.nhs.uk/get-involved/working-with-communities/) for more information on the ICBs ‘Working with People and Communities’ approach.

However, it is important to recognise that communication and engagement, whether internal or facing outwards, is the responsibility of all who work in health and care, especially leaders and managers, and this will be an important feature in the culture we wish to build.

The **Mid and South Essex NHS Foundation Trust** is responsible for communications and engagement with their staff and patients about the work and performance of our three acute hospitals – Basildon, Broomfield and Southend and their satellite clinics and services.

Our three **community and mental health providers** individually and collectively– Essex Partnership University Foundation Trust, North East London NHS Foundation Trust and Provide Community Interest Company and via our **Community Collaborative** – are responsible for communicating with their staff and patients and about their services and performance.

**Essex Partnership University Foundation Trust** is responsible for communications to staff and patients about the work and performance of its adult and acute children’s mental health services and **North East London NHS Foundation Trust** for its Emotional Wellbeing and Mental Health Service for children across Essex.

The **East of England Ambulance Services Trust** is similarly responsible for communications and engagement about its services and performance.

Our **partner local authorities** communicate with their residents on the social care services that they provide, and are also the communications lead, through their directors of public health, on a range of wider public health matters.

Our **Primary Care providers** communicate with their patient populations and for general practice in particular, must undertake community engagement through for example patient participation groups.

Finally, Healthwatch and our **voluntary and charitable sector partners** also communicate with their users and members and work closely with us to support how we engage effectively with different communities.

Who communicates what depends on several factors: what the organisation does; what statutory responsibilities it has; who its main stakeholders and users are; and the geographical level at which it works – from local neighbourhood to place to system.

This can be more easily understood in four simple communications categories, where an organisation has the following communications and engagement responsibilities, depending on the issue:

* **Own** – sole, direct (or statutory) responsibility to deliver
* **Lead** – lead responsibility to deliver, but must engage and agree with partners
* **Partner** – shared responsibility to deliver with one or more partners
* **Influence** – responsibility to engage and influence, but not directly to deliver.

The ICB communications and engagement team will ensure that we play our full role across the health system in our area, from delivering communications and engagement activities where we own or have statutory or lead responsibility for the issue, through to engaging with and influencing our partners, where they bear the specific responsibility for delivering communications and engagement.

We will also ensure that responsibility sits where it belongs, so that we do not take on the delivery of activities that should be done elsewhere.

## Section Two: Our audiences and channels

### Our audiences

Our ICS system covers 1.2 million residents. We have around 40,000 health and care staff across the NHS – around 400 of whom will work directly in the ICB, but tens of thousands more work in GP surgeries, local pharmacies, opticians, dental practices, hospitals, care homes and other partner organisations. We also work with local and national political audiences, regional and national NHS, the Department for Health and Social Care, local and national media, professional membership and regulatory bodies, voluntary, community and faith sector organisations, and trades unions. See Figure 2 for more information.

These audiences are not homogeneous – and especially our residents, who will have very different social and economic circumstances, demographics, culture, outlook, education, interests and needs.

We need to understand our audiences, so we can reach them in the right way, with the right messages, at the right time, through the right channels, so that they will hear, think and act on what we are telling them. Excellent communication and behaviour change relies on strong and sound datasets. Our work will use data and audience insight to shape our communications – both the messaging and the way in which it should be delivered.

### Summary of findings from our 2024 communications surveys

To continually improve our communications strategy, it’s essential to regularly evaluate what’s working well and what isn’t. To inform our strategy refresh, four separate surveys were issued to the below audiences:

* Staff
* Stakeholders
* Primary care
* General public

A summary of key findings and how we will adapt our approach is below. A more detailed breakdown of the feedback and methodology can be found in Appendix 2.

### Key findings

There was good awareness of our corporate communications channels across most internal and primary care audiences. The effectiveness and tone of communications also scored positively. Opportunities for improvement included promotion of the primary care channels to staff and as part of primary care/PCN induction programmes, suggestions for how we might organise and better schedule communications, plus ideas for improving search functionality and clarity of content – removing acronyms wherever possible. Feedback also included a request to involve people more, with a less top-down approach to staff briefings and transformation programmes preferred.

Outputs of the public and stakeholder surveys demonstrated a perceived lack of both awareness and effectiveness in ICB corporate communications channels. While stakeholder emails were rated positively, certain social media channels such as X (Twitter), YouTube and Instagram consistently scored lower than other methods of corporate communications with concerns expressed about an overreliance on digital media and an overall preference for more face-to-face engagement. Opportunities for improvement include exploring how we can ensure more tailored and targeted messaging across the different channels, with less ‘common sense’ ‘patronising’ generic content. Themes of public feedback also demonstrated a perception of spin and a need for more transparency and honesty.

*\*It is important to note the responses of the survey are likely to have been impacted by the status of a public consultation that has attracted widespread objection to proposals that risk the closure of a community hospital.*

Observations about the frequency and clarity of some communications from the public and stakeholders were also consistent with feedback from internal audiences.

We will continue to develop what is working well to tailor our activities so that we reach the right audiences and will need colleagues who know those audiences best to help us to access data and insight into behaviours and preferences so that we have the best chance of getting this right.

Fairness will be integral to our approach, as we ensure that we tailor our communications well, working to avoid devoting our responsive resource to those who have the loudest voices, rather than the greatest need.

Figure 2 summarises the many different audiences that we need to engage with.

Figure 2 ICS Audience Wheel

Internal audience is ICS staff and System staff 

External audience include:
Community (i.e. business, schools and universities, VCS)
Political (Ministers, DHSC Officials, MCLG Officials, MPs, Councillors)
Residents (all residents, services users, target groups, potential employees)
Strategic partners (Clinical leaders, alliances, hospital foundation trusts, local authorities, Healthwatch, Primary Care Networks, Patient groups)
Care providers (GP practices, Hospitals, Ambulance services, mental health providers, care homes, community care, social services, private providers)
Media (local, regional, national, specialist and commentators/influencers)
Profession bodies (Local Medical Committees, NHS providers, Medical profession bodies, trade unions)
Regulators (NHS England and Improvement)

**Plain text descripton for figure 2:** The infographic shows a circular network diagram with eight circles around a central circle.

The central circle represents Internal ICS Staff / System Staff.

The eight surrounding circles represent stakeholder groups connected by lines to the central circle. The lines connecting each stakeholder group to the central circle suggest interactions or relationships between them. The eight stakeholder groups are:

1. Residents
2. Strategic Partners
3. Care Providers
4. Professional Bodies
5. Regulator
6. Media
7. Political
8. Community

### Our channels

Communications channels are the different ways by which we communicate and engage with our many audiences. Much of that we will do directly, although we will also communicate through third-party partners, such as hospitals and voluntary and charitable organisations, where they are best placed to reach specific audiences, and through other intermediaries, such as the media.

In selecting the right channel for the audience, we will always bear in mind both its effectiveness and cost effectiveness, and in most cases, this will mean a digital-first approach.

The main channels we use are:

* **Face-to-face** – one-to-one and group meetings, briefings, drop-ins, workshops, large events and exhibitions (either virtual or in person).
* **Media** – local and national print and online newspapers, local and specialist magazines, local and national radio and television and online-only media.
* **Print** – letters, leaflets, newsletters, print advertisements, posters, forms, magazines, printed reports, briefings and consultations.
* **Internal digital** – our own staff intranet, internal webchat, discussion forums, all-staff/team email announcements and briefings, email bulletins and lock-screen messages.
* **External digital** – our own websites, digital engagement platform, partner/campaign/interest group websites, blogs and vlogs.
* **E-marketing** – an established subscriber database continues to grow enabling us to target information to 000’s of residents who have registered to receive information on specific topics.
* **Social media** – X, Facebook, Instagram and LinkedIn.
* **Marketing** – banner-type promotion messages on our website, external digital advertising, print, radio, television and out-of-home advertising, promotion via third-party/partner channels and direct mail to residents’ homes

### Some essential principles

Regardless of the channel we use, there are some essential principles of good communication that we will adhere to:

* Write in plain, accessible and inclusive language, in short sentences, which are free from jargon and acronyms.
* Focus on what people really need to know, not on everything we might know.
* Use data and insights into audiences and areas to tailor communication to people and place.
* Ensure messages are consistent and repeated but tailored across channels and audiences.
* Use the spokespeople most appropriate to the audience and issue – especially recognising that clinicians are best placed to communicate to residents on health matters.
* Work with our communities to help shape and inform our communications.
* Ensure our communications are inclusive and accessible, avoiding a reliance on digital media using ALT text, subtitles and other means of ensuring accessibility in our communications
* Use well-designed images and photography to bring concepts to live
* Use infographics, graphs and charts to help with the understanding of complex numbers
* Use video as a substitute for or supplement to documents, to engage those who prefer to watch and listen than read
* Empower and inform internal audiences on what good communications look like, ensure relevant policies are kept up to date and adhered to.
* Apply the organisation’s brand, colour palette, font and house style rigorously and consistently, so that audiences can recognise and trust what they are receiving.
* Prioritise and schedule communications, to avoid bombarding audiences with multiple messages and topics.
* Communicate to colleagues first (wherever possible) so they are equipped with accurate information and are aware of the wider impact and how to handle queries from residents/patients.
* Actively listen and respond to stakeholder views.

## Section Three: Communication and engagement plans

### Our communication and engagement plans for 2025-2027

Our communication and engagement plans in 2025-27 will focus on three core areas:

1. Supporting the system strategic priorities as set out in the Joint Forward Plan and developing Medium-Term Plan through delivery of effective **proactive communications campaigns**, in partnership with other system stakeholders.
2. Supporting the ongoing business as usual activities in **managing ongoing requests to support routine and urgent communications** to key audiences.
3. Supporting the **ICBs organisational development programme**, especially in relation to engaging with our workforce to improve staff experiences.

With limited resources, it will never be possible to meet everyone’s expectations for communications and engagement support, so we will need to prioritise our work to these three areas, with a tiered level of support, depending on the level of priority and impact. We also need the capacity to respond to emerging issues and to deal with crises.

To ensure that we focus our resources and efforts on what is critical and important, we therefore triage communications and engagement work as red, amber and green rated, as follows:

|  |  |  |
| --- | --- | --- |
| **Red rated**  **Critical – must do** | **Amber rated**  **Important – should do** | **Green rated**  **Nice to have – if possible** |
| * Primary strategic priority * Major incident response * Statutory obligation * High reputational risk to the organisation or system * High level of outcome or impact * High level of resource allocated | * Secondary strategic priority * Minor incident response * Medium level of reputational risk to the organisation or system * Medium level of outcome or impact * Medium level of resource allocated | * Not a strategic priority * Not time sensitive * Low reputational risk to the organisation or system * Low level of outcome or impact * Low level of resource allocated |

Since the scope of our work is linked to the priorities established by the ICB and the resources we have available, we expect leaders, managers and colleagues to recognise and respect our responsibility to prioritise our work and engage with us collaboratively and as early as possible, so that we can plan ahead to deliver as much as possible.

While we cannot avoid a sudden and unexpected incident or crisis, we must avoid a situation in which requests and demands are brought to the team at a very late stage, leading to knock-on impacts on other critical or important activities. Communications and engagement must be involved early in projects and workstreams, so that we can provide advice and properly plan our activities and resource to support them.

### System strategic priorities as set out in the Joint Forward Plan and Medium-Term Plan

The extensive actions, initiatives, programmes and projects which flow from these system strategic priorities will determine a large part of the Communications and Engagement team’s activities. Each priority will need to have a planned and implemented communication and engagement plan with a detailed campaign plan, measurable objectives and intended outcomes (see ‘Our campaigns approach in section 4).

Senior responsible officers and clinical leads are still developing the detailed objectives, outcomes, actions and activities that will underpin and deliver these system strategic priorities, so we are unable to provide a breakdown of the communications and engagement objectives and activities needed to support them currently.

However, we can predict that a proportion of the work of the Communications and Engagement Team will involve these priorities, and even if we cannot be clear about precisely what is needed and when, we know that they will draw on the breadth of the team’s capabilities and the spectrum of channels that we use.

### Supporting the ongoing business as usual activities

The day-to-day work of communications supports our health and care colleagues to deliver their services effectively. Keeping residents aware of how to access those services, involving, engaging and where appropriate consulting with them when things are changing and advising them about what they need to do because of those changes.

This is the bread and butter of operational communications, whether for internal or external audiences, delivered through, regular bulletins, media releases, social media posts and videos, keeping websites and intranets updated, advertising, posters, leaflets, newsletters and other channels.

While we undertake a huge volume of activity to support day-to-day health and care services, a lot is also delivered by our partners (see ‘our responsibilities’ in section 1). Below is a summary of the day-to-day corporate communications and the business-as-usual health and care communications on which we are currently engaged.

### Corporate communications

We do a lot of corporate communications and engagement as part of our everyday work, which will continue, including:

* **Internal communications** to colleagues about their role in delivering system strategic priorities, pay, HR, health and safety and other internal issues, actions needed.
* Regular liaison with **system and regional communications teams** to ensure appropriate co-ordination and consistency of messaging.
* **Drafting, editing and publishing** corporate publications including strategies, plans, consultations and reports.
* Preparing **briefings and presentations** for ICS senior leaders.
* Managing and developing the **ICS/B website, intranets (ICB staff and primary care) and corporate social media channels**.
* Dealing with day-to-day media requests and **parliamentary requests** for information, statements and interviews.
* Supporting **corporate governance/ transparency in decision making**, promoting access to board meetings, papers and opportunity to submit questions.
* Preparing and **training spokespeople** for media interviews.
* Ensuring regular flow of **proactive media releases and emails to our comprehensive subscriber** list to help communicate the work of the ICS and important information to support local health and care.
* Design and delivery of **evidence-based system campaigns** to support local priorities e.g., winter preparedness.
* Support and advice on designing and producing **graphics, branding and collateral**.
* Planning, filming, editing and publishing **audio and video material**.
* Regular **stakeholder engagement** including **MP enquiries and other briefing sessions** in partnership with system colleagues.
* Supporting and promoting **staff recognition and reward events**.
* Organising **events, conferences and webinars as necessary**.
* Regular **bulletins to key audiences** and stakeholders.
* Reputation and **incident/crisis management** communications.

### GP/Primary care communications

We provide support, advice and day-to-day communications **assistance to GP practices** on a range of issues and topics in our role as delegated commissioners for these services, including:

* Supporting **communication and engagement of merger/closure of practices** or moving to new premises.
* Changes in **contracts or performance related issues**.
* **Capital investment programmes** and **procurements**.
* **Cascade of information to practices** from ICB/system and regional and national NHS bodies through **bulletins, news sections on the primary care hub and webinars**.
* **Working with and supporting Primary Care Networks**.
* Managing the **publication of practice-level CQC reports and suspension**.
* **Advising on feedback received on social media or reactive media enquiries**.
* Other reputational issues such as **serious incidents/outbreaks**.

### Public engagement

In line with our statutory duties, we lead **engagement activities**, including patient participation groups, Virtual Views citizens’ panel and targeted outreach sessions. We have lead responsibility for the ICS engagement framework and provide advice, guidance and training to encourage a culture of co-production among wider teams to support its delivery as close to our communities as possible. Working with clinical leads, we will seek to ensure that we consult and engage with representative and targeted patient groups, so that we do not rely on the same voices.

### Programme communications and matrix working

During the 2023/24 ICB restructure, the communications, engagement and partnerships team saw a staffing reduction of over 50%. To ensure sufficient focus on key priority programmes of work, a small number of dedicated communications posts are funded separately. This includes support for the ongoing delivery of; a system wide consultation, the MSE primary care access recovery strategy, health inequalities work and key digital programmes. These posts do however work closely with the main corporate communications team to ensure appropriate co-ordination, and specialist support where needed.

A digital communications team handbook has also been developed to support awareness and resilience of cascade of information via ICB corporate communications channels and partners.

### Public health campaigns:

In delivering on the CORE framework and behaviour change, the function amplifies and supports key national public health programmes as well as developing and delivering locally led programmes including:

* **Cancer awareness campaigns**, including Know the Symptoms, supporting Macmillan GPs, targeted lung health checks.
* **Mental health awareness campaigns**, including promotion of self-referral to adult psychological therapies, changes to local pathways (post procurement) and children and young people’s support services in partnership with the SET CAMHS Communications and Marketing steering group.
* **Health campaigns aimed at parents and carers** e.g. Children’s Health Matters

### Service transformation and capital funding programmes:

The team supports across the organisation and wiser system to ensure communications and engagement is undertaken robustly and in line with our statutory responsibilities, including:

* supporting patient insight to inform new procurements e.g. MSK, dermatology
* stewardship, including changes of approach, public insight and promotion of successes
* capital investment projects, including Beaulieu Health Centre and Hedingham Medical Centre development in mid Essex

Supporting **business-as-usual services and function responsibilities**, including:

* Emergency preparedness, resilience and response (EPRR) including role as Category 1 responder in the event of an incident, design and delivery of seasonal system-wide winter campaigns, supporting action during industrial/collective action and responding to weather alerts.
* Membership of the communications group supporting the Local Resilience Forum (LRF).
* Medicines management and optimisation.
* Quality improvement training and development.
* Performance and delivery of constitutional standards.
* Service restriction/prioritisation programmes.
* Quality assurance, patient safety, regulatory compliance, reviews and audits and CQC registration/inspection
* Infection prevention and control.
* Safeguarding/ SEN.
* Operational planning cycles.
* Innovation and research.
* Anchor institutions programme.

### Additional capacity and expertise

In addition to the permanent team, we recognise that at times we will need to draw on additional resources to supplement our in-house team, whether by employing temporary team members or outsourcing work to external providers.

For instance, specific, time-limited projects. And there will be instances in which we need to buy in design, audio and video skills for specialist products or capacity where we cannot meet the demand ourselves.

To ensure quality, consistency and value for money and governance, **the Director of Communications and Partnerships** is the accountable officer for all communications and engagement activities, which means that other departments and programmes are not permitted to employ or contract with communications and engagement resources independently of the unified team.

### Our campaigns approach

To make the best use of our in-house communications skills and knowledge, we will take a ‘campaigns approach’ to communications planning and delivery against our agreed priorities, in line with the UK Government Communications Service (GCS) best practice model. In short this means implementing a planned sequence of communications and interactions that uses a compelling narrative over time to deliver a defined and measurable outcome.

Our campaigns will always have a beginning, a middle and an end. Each campaign will have set objectives, linked to the ICS’s objectives, and a clear goal, to improve perception, increase understanding or change behaviour. Our campaigns will use the GCS ‘OASIS’ campaign planning model, as summarised below:

* **Objectives** – of the overall programme/project and SMART communications objectives
* **Audiences** – segmented with insight for appropriate targeting using the ICS ‘audience wheel’
* **Strategy** – summarises resource requirement, key messages, the creative approach and the communications channels we will use
* **Implementation** – the detailed action plan of what and how we will do, and when we will do it
* **Scoring** – the evaluation of:  
  + - **inputs** (what we did)
    - **outputs** (the volume and reach of the activity)
    - **outtakes** (reactions and response of the target audiences to the activity) and
    - **outcomes** (effect of the communications on the audience in understanding, attitude, trust, advocacy and behaviours/actions)
    - **impacts** (the organisational outcomes that the campaign is intended to support).

### Our standards and commitments

We are committed to the pursuit of excellence in our practice as a professional communications and engagement function. We will constantly seek to improve and refine our adopted operating processes and appoint the right communicators with the skills to be bold, creative and professional.

We are committed to team and individual continuous professional development, through self-learning, learning-by-doing, shared team learning and formal training.

Our team members join the Government Communications Service (GCS) and have access to the extensive professional resources and training available through the GCS website and its learning and development programmes.

We will use colleague, public and stakeholder insights to understand the attitudes, behaviours and needs of our internal and external audiences.

We will work in partnership across the organisation and with partners, sharing information and expertise freely to help services succeed.

Our communications will reflect our understanding of residents and will help to deliver sustainable change in their behaviour, in line with the ICB’s objectives. It will always be relevant, targeted and accessible to those at whom it is aimed, communicating clearly and concisely, avoiding jargon and inconsistency, in tones that are helpful, informative and engaging to all our audiences. Our activities will be consistent and integrated across all channels.

We will be proactive in identifying and managing risks and issues that affect the ICB’s, and NHS’s reputation and we will advise leaders and colleagues on the reputational impact of decisions and demonstrate the contribution that communications can make to support services, reputation and engagement.

We will respond quickly and decisively to crisis situations.

We will develop innovative and creative communications that meet the needs of all our stakeholders, which are based on evidence and result in behavioural change. We will actively promote the development and delivery of appropriate and cost-effective communications channels.

We will support the equalities and diversity agenda by ensuring our communications and information is accessible and in appropriate formats for those who need it, and by reflecting and celebrating the diversity of our communities and stakeholders. We will call out bias and discrimination.

We will ensure that our communications with communities are culturally competent and involve two-way communications when addressing health inequalities. It is particularly important to ask communities what is important to them, and to ensure that the message that we think we are sending is the same as the message that is received.

### Measuring performance

The measurement of the effectiveness of the Communications and Engagement team is in three broad areas:

**Campaign performance**

This means setting clear objectives for each campaign and measuring and reporting on the inputs, outputs, outtakes, outcomes and impacts of the team’s activities in support of the campaign (as set out in the OASIS campaigns approach above).

**Organisational performance**

This means measuring the contribution of the Communications and Engagement team to the success of broader organisational objectives, generally through the measurement of its channels and the perceptions of its audiences.

It is not easy to measure the direct impact of Communications and Engagement on an organisational objective, since the team’s activities will only be one element of the factors contributing to the organisation’s performance. For instance, the team can facilitate, enable and support leaders and managers to engage better with their teams through high-quality briefing materials, messages, presentations and events, but employee engagement is based on a much wider range of factors than the quality and timeliness of communication.

Similarly, reputation measures will be an amalgam of patient feedback data, stakeholder perceptions, media and stakeholder perceptions, political and partner perceptions and so on.

A quarterly impact report will be developed and presented to ICB executives to demonstrate delivery against the agreed ICB communications plans. The data presented will include a breakdown of performance against key campaigns and our progress in reaching and effectively engaging with the below key audiences:

* **Internal**: ICB and key primary care audiences
* **Media and other key stakeholders**
* **External**: public facing digital channels
* **Wider community groups and those under-represented** through digital communications

Measures will include:

* **Media** – percentage of net positive, negative and neutral media coverage of the ICB.
* **Stakeholder** **engagement** – number and percentage of external stakeholders say they feel well informed about the things that involve them; surveys of stakeholders on the quality, timeliness and relevance of communications with them and their awareness and understanding of key issues.
* **Social** **media** – growth in reach and followers across platforms; growth in engagement rate in response to posts (e.g. likes/shares/comments).
* **Digital** – growth in web/intranet users; growth in subscriptions to information/news bulletins; increase in specific page hits in response to issues; increased page dwell time and reduced bounce rate (people leaving the page); increased take-up of online self-service tools, online surveys.
* **Staff and primary care engagement** – number and percentage of leaders, managers and staff who access internal information (intranet news and page hits, email open-rates, online event attendance); percentage of staff who say they feel well informed about the things that affect them; intermittent sample surveys of staff on the quality, timeliness and relevance of communications with them.
* **Events** – net positive feedback scores from attendees on events run, promoted or coordinated by Communications and Engagement.

### Financial performance

This means both the effective management of the team’s budget, and its cost-effective stewardship of non-payroll activity costs. The team should demonstrate where such costs have been saved or reduced, whether by providing more cost-effective in-house services in place of external suppliers (such as for graphic design and video production), or by securing better value for money from external suppliers (such as for events, printing and advertising) by operating at a system level and applying central control and coordination of such costs

This is not an exhaustive list and will be developed alongside the organisation’s view of how it intends to measure its success.

## APPENDIX 1

MSE communications incident plan

[001 Media Policy - Mid and South Essex Integrated Care System (ics.nhs.uk)](https://www.midandsouthessex.ics.nhs.uk/publications/001-media-policy/)

[002 Social Media Policy - Mid and South Essex Integrated Care System (ics.nhs.uk)](https://www.midandsouthessex.ics.nhs.uk/publications/002-social-media-policy/)

## APPENDIX 2

[Comms strategy survey - 26-9-24.pptx](https://nhs.sharepoint.com/:p:/r/sites/msteams_ae39a3/Shared%20Documents/General/013%20Team%20Admin%20and%20HR/NEW%20DRAFT%20ICB%20communications%20strategy/Surveys%20and%20insight%20gathering/Communications%20Strategy%20surveys%20and%20insight/Survey%20analysis/Comms%20strategy%20survey%20-%2026-9-24.pptx?d=w076c168b71704b1d92c5a1cf9bc0df2f&csf=1&web=1&e=YbGszX)