

# Leicester, Leicestershire and Rutland

## Winter communications, engagement and marketing plan 2017/18

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# 1. Introduction

This communications, engagement and marketing plan has been developed to support the delivery of the Leicester, Leicestershire and Rutland (LLR) Health and Social Care Economy winter plan for 2017/18, which ensures appropriate arrangements are in place to provide high quality and responsive services throughout the winter period.

The communications, engagement and marketing plan specifically focuses on activities which will be undertaken to address the pressures presented by winter. It also takes into account and supports the wider goals of the urgent and emergency care workstream for Better Care Together – the Sustainability and Transformation Partnership (STP) for LLR and the Urgent and Emergency Care Improvement plan.

This plan has also been set in the context of the work undertaken through other Better Care Together workstreams, particularly the Integrated Teams workstream. In addition, it takes into account the context of the Unified Prevention Board and the Health and Wellbeing Board in their support of Self Care and the work of LLR Prepared.

## Partner organisations

This plan has been developed in partnership with the following organisations:

- DHU CIC (DHU)
- East Leicestershire and Rutland Clinical Commissioning Group (CCG)
- East Midlands Ambulance Service (EMAS)
- Leicester City CCG
- Leicester City Council
- Leicestershire County Council
- Leicestershire Partnership NHS Trust (LPT)
- University Hospitals of Leicester (UHL)
- West Leicestershire CCG

## 2. Situational Analysis

In order to develop this plan we have undertaken an analysis and evaluation of current qualitative and quantitative data to understand the problems and issues in order to identify actions which offer solutions and supports the goals of the LLR Health and Social Care Economy Winter Plan.

**This Situational Analysis highlights seven areas of key learning from analysis and evaluation of data to ensure the recommendations we make are evidence based.**

### **1. A&E attendances**

The top reasons for attendance at Emergency Department over winter 2016/17 at UHL:

- Head Injury
- Falls
- Abdominal pain
- Viral illness
- Sepsis
- Respiratory Tract Infection
- Sprains

People are still unsure of where to attend for urgent care, and still will default to ED, even when they would be treated more quickly elsewhere.

Feedback from last year indicated that many of the patients within the top reasons for attending ED are waiting too long to seek help and becoming acutely ill, where they could have been treated in the community effectively if they had accessed services when they first became ill. Falls, sepsis and respiratory tract infections are some of the most common categories seen in ED and often can be addressed through earlier intervention

The new Emergency Department opened in April 2017. Following a spike in attendance on the week it opened, there has not been a large discernible increase in attendance. We have seen lower numbers in August both in attendance and a reduction of breaches on the 4 hours wait. There has been a body of work completed to reduce ambulance handover delays which are also reduced from last winter. There are ongoing issues with visitor flow around the site with both taxis and people still following the old routes, which will take some time to change.

The implementation of the action plan continues, and there is additional potential for behaviour change through the "September Surge".

However as winter pressures start attendance is predicted to rise in line with last year's figures. When ED becomes busy as a system we resorted quickly to issuing reactive messages asking people not to attend, which has been proved to be counter-productive. Communications were issued regularly to all primary care across LLR asking them not to refer into ED, which has caused some unease.

The focus within ED for winter is admissions avoidance and maintaining the flow in ED, managing patients being moved through the system quickly in majors and preserving turn around in minors. Hot clinics will be in operation again, with a frailty focus, but GPs are not always aware of which clinics are happening and that they can refer to the clinic rather than just to ED.

## **2. NHS 111, Clinical Navigation Hub and new models of care**

The volume of calls to NHS 111 remains broadly in line with 2015/16 across the winter period. NHS 111 reported a surge in calls on the Tuesday bank holiday, which caused the system to struggle and, had a resultant knock on effect on ED attendance. The majority of these calls were caused from people who were unaware that the double bank holiday meant that their GP was closed on the day after Boxing Day.

Through the work of the Vanguard, and in line with the national directives, the clinical navigation hub went live in April 2017. This means that all calls to NHS 111 which are result in an ED disposition are transferred directly to a clinician for assessment. Following assessment the clinician can book appointments for the patient at new primary care hubs and the Loughborough Urgent Care Centre in West Leicestershire, primary care hubs and Merlyn Vaz in the City, and urgent care centres in East Leicestershire and Rutland. The can also refer patients to the LLR wide home visiting service.

Regionally NHS 111 is also providing clinical triage for Green Two calls, as well as dispositions to ED with illness. These two initiatives are hoped to relieve pressure on the ambulance service and ED by clinically triaging the cohorts to more appropriate routes of receiving care.

Early results from the Clinical Navigation Hub have shown it to be a success with 81% of callers being successfully redirected to other services. However engagement work done with active patients shows that there is still a mistrust of NHS 111, with people being unaware that they can speak to clinicians and a perception that they will be sent an ambulance for minor ailments, even if they don't want one. However, this does differ from research with users of NHS 111 services.

## **3. Better Care Together – Urgent and Emergency Care Work stream**

The Urgent and emergency care workstream of Better Care Together has been tasked with meeting a series of targets related to performance of the whole urgent and emergency system in line with national directives.

An improvement plan has been created to address these targets falling broadly into three categories

1. Inflow
2. Flow
3. Discharge

Many of the goals of the improvement plan are out of scope of the specific winter plan. The following areas have been identified as those in which communications will play a role.

- Increasing proportion of attendance at urgent care centres and hubs which are through pre-booked appointment via 111
- Discharge and supporting patients to choose appropriate settings

#### **4. Influenza remains a threat to the health system**

Influenza remains a significant risk to the health and social care system. It is the cause of 12,554 deaths in the UK every year<sup>1</sup>, and affects one in five people during the winter spike between November and March<sup>2</sup>. It also accounts for a high proportion of self-treatable conditions which present at ED nationally, as well as increased pressure on admissions. A pandemic of flu would place an immense strain on the system, and the potential impact can only be reduced through the process of vaccination.

Prior to 2016/17, the uptake of the flu vaccination in LLR had been following a downward trend since 2012/13. 2016/17 marked an upwards swing, but there is still more work to be done.

We have identified that the cohorts who have most impact on the health system if they do fall ill with the flu are the over 65s, and those living with a long term condition. Even though there has been a marked increase in the proportion of those with a long term condition receiving the flu jab, from 42.29% to 49.17% of the population, this is still not close to the recommended level of 75% of population vaccinated, as stated by the World Health Organisation. Over 65s account for the largest proportion of the population eligible for the flu jab, but also are more at risk of complication and admission than other cohorts.

Directly targeted support was offered to practices across LLR to contact patients with cardio-respiratory diseases and those over 65, with an outreach worker spending time in practices calling on their behalf from provided lists. In total 20 practices were visited across LLR, with 267 appointments being made and a conversion rate of 44.3% conversation to booking.

#### **5. Previous marketing campaigns**

Last winter a cross-channel marketing campaign was undertaken with the goals of:

- Increasing the influenza vaccination rate across at-risk groups
- Embedding NHS 111 into people's minds as the first contact, both for physical and mental health, whatever the need – include triage for appropriate patients.
- Promoting clarity, maximum reassurance and confidence among health and social care professionals and voluntary and community sector and intermediaries in NHS 111 and the Navigation Hub.

A full analysis of activities and outputs can be found in Appendix A. Our key learnings from the campaign were:

- Successful joint working led to better co-ordination of proactive messages
- Our work with patients and the work of our partners led to an increase in the number of flu vaccinations in our target audiences.

- Joint work with GP practices strengthened relationships with primary care which can be built upon in 2017/18
- Positive response from voluntary sector to the campaign has led to the development of new channels through which communications can be cascaded.

The weakness of the campaign, which we aim to address this year include:

- Too many initiatives undermined our ability to measure the impact, particularly around NHS 111
- Lack of budget
- Despite planning we were still being reactive to issues and resorted to 'don't go to A&E messages when we were in crisis, which had no impact and could have contributed to more attendances at A&E
- Common pressure points in winter such as a cold snap and icy conditions are approached reactively and are not always issued in a timely manner
- Christmas communications, although covered in the media, were picked up late and there was widespread misunderstanding with the public regarding GP opening times and leading to a rise in calls to NHS 111 and ED attendance.
- Feedback from last winter suggested that providers and third sector organisations are receiving a lot of information regarding winter from many different sources, with no indication of priority.

Over the summer period we undertook additional activities to support the urgent and emergency care system.

Joint partnership working with universities across Leicestershire has opened up new channels to reach students and staff, including access to the student intranet, closer links to the National Union of Students, training for security staff, campus wardens and other supporting staff at the universities in collaboration with 111 so they can direct students appropriately to services.

## **6. *Multiple campaigns across the system***

Across the system there are many individual initiatives and campaigns taking place to support specific areas of the urgent and emergency care system during winter, led by our partners and providers. These include

- Better Care Together Work stream - Integrated Teams

Through the Integrated Team's workstream there is a planned campaign which will run over the winter period focusing on supporting Falls Prevention and how patients can access services to support them to remain healthy. Falls were the second most prevalent reason for attendance in ED and pressure on the ambulance service last winter, so links to the goals of the wider system winter plan.

- Leicester Partnership NHS Trust – Falls campaign

Working with the falls team to amplify the prevention message to at risk groups.

Education around steps to prevent falls for patients, family carers and potentially wider audiences. Directional links to the Integrated Teams campaign.

- Unified Prevention Board

The Unified Prevention Board (sub group of the Leicester County Council Health and Wellbeing Board) are planning a campaign supporting self-care, with a focus on healthy living, living with a long term condition, and how to access appropriate services. This campaign will focus on diabetes, as well as supporting people to engage in more physical activity.

- Leicester, Leicestershire and Rutland Self-care Campaign

Leicester City CCG are leading on a self-care campaign which will bring together all health and social care partners to combine ideas and resources to produce a larger-scale self-care campaign for patients in Leicester, Leicestershire and Rutland. This campaign will be delivered under the Stay Well this Winter branding, and is aligned to the goals of the wider winter plan.

- LLR Prepared

LLR Prepared are undertaking several initiatives which may have impact on the winter plan. This includes LLR Prepared Week 2017, which will take place between October 9 and 13, including daily webinars (one called Getting Ready for Winter) and a weeklong schedule of social media messaging to support systems resilience.

To date there is no overall schedule for these campaigns and there is potential for the media and ultimately patients to receive a high volume of different and conflicting messages at the same time which leads to lower impact for all campaigns and communicate fatigue from the public.

## **7. NHS England Guidance for winter**

NHS England has issued guidance for 2017/18 and a series of system priorities for winter. The following areas have been identified as those in which communications may play a role.

- Supporting care homes and the 350,000 older people who live in them – communications with care homes are still poor and there is lack of understanding of referral routes. There is no quick route for direct communications to the care homes.
- Discharge – Patients are still unaware of the benefits to their health of quick discharge. Patients and the families are often reluctant to be discharged early to home and strategies such as discharge to assess are not widely understood.
- Peaks in demand – although the priority from NHS England is to address workforce planning on recognised peaks, there is still work to be done in educate patients to change their behaviour thus reducing the size of the peaks.
- Encouraging usage of the clinical navigation hub and new models of care

### 3. Stakeholder analysis

To ensure that we reach all our stakeholders we have undertaken a stakeholder analysis to identify the target audiences that we need to communicate with and engage, and prioritised and ranked them.

After analysing our target audiences (see analysis overleaf) we believe that initially our most important target group are health and care staff and partners, as well as the voluntary sector. They are our biggest asset and if they have a good understanding of the services and information around winter, could act as advocates helping us to deliver positive messages and signposting to patients/services users.

By concentrating in the first instance on this group and ensuring they have bought into our messaging, particularly around NHS111 and the benefits of the flu jab, they will become ambassadors who will deliver our key messages to a wider audience, acting as a trusted intermediary to change behaviour in some of the groups which we find harder to reach. All our other key groups to reach and communicate with immediately are outlined in the analysis table in the 'key players' and 'involved boxes'. In the longer term this strategy will be developed to include activities that reach the wider audience.

<p><b>Involved – channels for communications</b></p> <ul style="list-style-type: none"> <li>• Providers - UHL, DHU, EMAS, Alliance, TASL</li> <li>• LPC</li> <li>• County and City Councils</li> <li>• Better Care Together</li> <li>• LLR Prepared</li> <li>• Healthwatch x 3</li> <li>• PPGs and patient groups</li> <li>• Care Homes &amp; hospices</li> <li>• Voluntary Action Leicester</li> <li>• Voluntary and community sector groups (general)</li> <li>• Disease specific groups (Asthma, COPD)</li> <li>• Carers through carer groups</li> <li>• Private, voluntary and independent sector providers</li> <li>• District / borough councils</li> <li>• Customer Services/SPA teams</li> <li>• Universities / Student Unions</li> </ul>	<p><b>Key players – Partners and staff</b></p> <p><b>Internal</b> – Leicester City Council, Leicestershire County Council, Rutland County Council, Leicester City CCG, East Leicestershire and Rutland CCG &amp; West Leicestershire CCG's, LPT, UHL, DHU, primary care, localities/federations</p> <p>Each partner will need to ensure the following areas of the organisation is updated with progress:</p> <ul style="list-style-type: none"> <li>▪ Corporate management teams / Transformation boards</li> <li>▪ CCG boards</li> <li>▪ Health and Wellbeing Boards</li> <li>▪ Lead member/support member</li> <li>▪ Cabinet</li> <li>▪ Group Leaders</li> <li>▪ All council members</li> <li>▪ Adult Social Care/Community Health Managers</li> <li>▪ GP's/Clinical Leadership Teams/GP Federations</li> <li>▪ Primary care staff</li> </ul>
<p><b>Inform – use for communications</b></p> <ul style="list-style-type: none"> <li>• Wider public</li> <li>• All staff across LLR health and social care organisation</li> <li>• People eligible for flu vaccination</li> <li>• Activated patients through patient groups</li> <li>• Patients being discharged</li> </ul>	<p><b>Consult - Show consideration</b></p> <p>Police Trade unions 38 Degrees Print and broadcast media Trade / specialist media National media</p>

## 4. Priorities for winter communications 2017/18

Through our situational and stakeholder analysis we have identified the following priorities for communications in 2017/18:-

1. Increasing the number of eligible patients who need the flu jab
  - Raising awareness of the flu jab amongst target groups and the potential risk associated with not getting it
  - Supporting GPs to deliver more jabs through support for booking appointments

2. Supporting patients to seek help earlier before their condition becomes acute
  - Raising awareness of the benefit of early intervention with some of the most common conditions seen in ED which cover the early warning signs of each condition and how people can seek help early.
3. Supporting patients to understand the services available to them over the winter period
  - Early communications of service opening times and repeat prescriptions ordering
  - Raising awareness of the options when services are closed over Christmas
4. Improving internal communications on ED pressures to practices and care home partners
  - Improving communications to primary care, avoiding messages that can be seen as blaming any part of the system for inappropriate behaviour and alerting them to new initiatives which can help, including hot clinics
  - Improving communications channels to care homes to ensure that we can effectively distribute the messages that they need
    - Working with the care homes sub group to understand what care homes need and how they want to be communicated with.
5. Ensuring as far as possible messages are co-ordinated and do not overwhelm the system
  - Identifying and recording all campaigns being run by our partners particularly around self-care
  - Identifying where possible potential areas where we will need to issue reactive communications, such as upcoming icy weather and preparing messages and materials in advance.
  - Agreeing which organisations lead and who speaks on each area so that we can react quickly to more unexpected pressures
  - Capitalising on joint working opportunities across LLR whilst avoiding silo working.
6. Raising awareness of the benefits of NHS 111 and clinical navigation hub
  - Communicating areas where the clinical navigation hub makes a difference, such as booking appointments
  - Raising awareness of services for both physical and mental health needs to ensure parity of esteem.
7. Improving the perception of NHS111 and the clinical navigation hub
  - Increasing trust and countering myths around NHS 111
8. Improve the understanding of discharge process and benefits with patients
  - Raising awareness of the patient benefits of speedy discharge with both patients and family members.
  - Supporting patients to choose appropriate settings

## 5. Tactics for communications

We have created a comprehensive campaign schedule (see Appendix 1), working with our partners to ensure that all activities do not promote silo working, they capitalise on joint working opportunities and identify any gaps in messaging. Below are the tactics we will employ in order to deliver the activities detailed on the schedule.

### Proactive communications

Proactive communications will be undertaken across the winter and Christmas period to support the delivery of the winter plan. This utilise print and broadcast media as well as social media, websites, and stakeholder communications channels to inform, promote and change behaviours, particularly around peak times of activity such as bank holidays. We anticipate four themed campaigns, which will be:

1. Promoting Flu Jab
2. Christmas preparations - importance of seeking help early and appropriately before a condition escalates
3. Seek help early
4. Promoting NHS 111 and clinical navigation hub
5. Support appropriate discharge

### Supporting partner campaigns

We will support partner campaigns outlined previously. We intend to amplify the messages around how patients can improve their health and wellbeing, with the goal of ultimately reducing attendance at ED as well as the need to access health services.

### Collateral and printed materials

There are a variety of printed assets available from NHS England around flu vaccination, Stay Well and self-care, which we will utilise. These will be distributed to health and social care partners across the area, including GP practices and hospital waiting rooms to ensure patients have multiple chances to view our messaging. We will also distribute them to key third sector partners, such as Age UK, who will circulate them to their service users.

Local print is also desirable in order to reflect our local health economy and services. We will identify essential local print particularly around discharge and clinical navigation hub messages that is required.

### Digital materials and videos

We will create a range of digital assets, including video clips and social media graphics to accompany our proactive communications work. These assets will be used to increase our reach on social media, and promulgated through partners and targeted organisations. We wish to use these assets, as well as the video assets created last year to promote our key messaging to targeted audiences using Facebook paid for marketing. This would support the reach to groups which are harder for us to reach through normal communications and media routes, such as students.

## **Supporting GP practices with appointment booking**

We will build on the success of 2016/17 and support primary care with outreach workers who will visit practices and support them with appointment booking, calling patients on a pre-approved list and booking appointments onto their system. We will work with practices in advance on the quality of the data and what is required, to avoid spending time contacting patients who were not eligible, or had already received the flu jab at the practice. Using flu data from last year, we will target our support at the practices with the lowest rates of flu jabs last year to make the biggest difference.

## **Staff engagement**

We will support our partner organisations in both health and social care, where appropriate, with their campaigns to vaccinate staff. We will create “toolkits” which our partners can use to cascade messages to front line staff, domiciliary care workers and care home workers in order that they can support the service users who they directly work with.

## **Voluntary and community sector engagement**

We will work to ensure all messages to the voluntary and community sector continue to be cascaded down to their service users. We will work with third sector organisations such as Age UK to educate their voluntary carers and outreach workers so that they can support the people whom they care for to access help appropriately.

## **Local pharmaceutical committee**

We will work with the local pharmaceutical committee to ensure all messages are cascaded down to their customers.

## **Outreach**

We will focus our resources on key outreach events which offer the opportunity to talk to larger groups of the public. We will work with the South East Asian community in relation to the Leicester City Diwali celebrations. We will also work with the three universities and attend their Fresher's Fairs.

## **Care Homes**

We will improve our communications with care homes by developing a more robust route for communications, both with proactive information to support care homes to increase the understanding of how to refer patients appropriately, and when we need to get messages out urgently around pressures on the health system or potential health risks.

## **Planning for reactive communications**

We will work with communications partners across the system to identify the issues which are likely to arise over winter. This would include topics such as high attendance in ED or ambulance handovers. We will draw up a set of media handling protocols for which organisations lead on these issues, as well as key spokespeople for topics and an outline of messaging strategy.

We will also draw up a series of pre-prepared assets for common external topics such as a cold snap or high attendance in ED of frail older patients, which we will be able to distribute as soon as the situation arises.

By having these messages agreed across the system in advance, we will be able to react in a joined up and planned way to the more common reactive queries and occurrences, avoiding last minute responses.

## 6. Equalities considerations

We have a duty to ensure that the communications and engagement activities reaches out to all people in our diverse communities across LLR.

We will ensure that we communicate with all communities particularly utilising the expertise of relevant voluntary and community sector organisations to raise awareness of how to access care.

We will also reach out to a range of voluntary and community organisations to support communicating with those with protected characteristics and ‘seldom heard’ groups.

## 7. Risks

Risks and mitigations will be managed through the urgent and emergency care risk register. Risks around communications, engagement and marketing will be fed into overall risk log.

Communications and engagement risks will be identified and regularly reviewed and assessed throughout mobilisation and mitigating actions put in place to respond to issues.

Risk	Mitigation
Warmer weather leads to decreased sense of importance of winter planning in the minds of the media and general public	Better understanding of upcoming weather patterns through the Met office. Communications to be tailored to take account of weather, rather than using generic cold weather messaging
National negative media coverage of NHS 111 leads to lack of confidence in the local service and new models of care	Being prepared to respond to media queries quickly with positive information about 111 locally and the difference that clinical navigation hub makes. Identification of clinical leads at NHS 111 who are media trained and supporting them to respond to media interest.
When the system comes under pressure we will become reactive and talk about “Don’t come to A&E”, which inadvertently then increases attendance	Planning of responses on key pressure issues such as high attendance so that we can quickly issue targeted relevant messages to encourage appropriate attendance at alternative services. Agreement across the system that we will encourage appropriate attendance rather than try to discourage inappropriate attendance
Difficult to communicate with Care Homes quickly	Explore routes of communications with care homes through working with partners in social care as well as the care homes sub group.



## 9. Schedule

Outlined below are the key actions will be undertaken between September and March 2017 to support winter pressures. We have identified activities related to specific proactive campaigns and general activities.

<i>When</i>	<i>Stakeholder/ group/ Audience</i>	<i>What</i>	<i>What does good look like</i>	<i>Lead</i>	<i>Status/Update</i>
September – October	All audiences	<b>Proactive campaigns – Flu jab</b>			
		Schedule of press releases with video assets to remind people to get their flu jab supported with supporting social media campaign content.	Target groups aware of importance of flu jab		
		Working with voluntary and community organisations to support the dissemination of messages to those in our target groups, particularly the harder to reach groups	Support the LLR winter plan with the goal of increasing the overall vaccination rate across LLR to 75%	CCGs and health and social care partners	
		Working with LPT to empower staff to act as ambassadors for target groups including older frail and LTC.	3 press releases on flu related topics with 2 instances of coverage per release in print and broadcast media		
		Engagement and regular content with media to drive coverage of messaging	Evidence of advertising messages on Diwali screens		
		Targeted work with south east Asian community to promote messages through Diwali celebrations			
November – December	All audiences	<b>Proactive campaigns – Christmas preparations</b>			
		Schedule of press releases to remind people of alternatives to primary care over Christmas and filling repeat prescriptions early.	Awareness in local communities of GP opening hours and the preparations they need to make for Christmas period	CCGs and health and social care partners	
		Early distribution of GP opening hours to media outlets, targeting “ultra-local” media / parish council newsletters / etc.	Low numbers of calls to NHS 111 regarding GP closure / repeat prescriptions		
		Working with voluntary and community organisations to support the dissemination of messages to those in our target			

		<p>groups, particularly the harder to reach groups.</p> <p>Working with our PPG members to disseminate messages further into their local area.</p> <p>Support with social media and website content – held centrally on the LLR Stay Well website</p>	<p>3 press releases over campaign period with 2 instances of campaign coverage in print and broadcast media per release.</p>	
January – February	All audiences with a focus on frail and older	<p><b>Proactive campaign – Seek help early</b></p> <p>Schedule of press releases with video assets targeting people with a condition which may deteriorate quickly in winter such as those with respiratory illness.</p> <p>Schedule of press releases with video assets aimed at informing the wider public about conditions which can escalate quickly and the early warning signs.</p> <p>Working with voluntary and community organisations to support the dissemination of messages to those in our target groups, particularly frail and older.</p> <p>Engagement and regular content with media to drive coverage of messaging</p> <p>Toolkits to health and social care partners and voluntary and community sectors to cascade messages to front line staff, domiciliary care workers and volunteer workers</p> <p>Support with social media and website content – held centrally on the LLR Stay Well website</p>	<p>Informed public understanding the appropriate routes to access urgent care before they become an emergency case</p> <p>2 press releases with 2 instances of coverage in print and broadcast media</p>	<p>CCGs and health and social care partners</p>
October - February		<p><b>Proactive campaign – NHS 111 and clinical navigation hub</b></p> <p>Schedule of press releases with video assets to share good results and inspire confidence in 111 service</p> <p>Inclusion of positive 111 references in all other campaign media</p>	<p>Informed public understanding the benefits of NHS 111 locally</p> <p>2 press releases with 2 instances of coverage in print and broadcast</p>	

Working with voluntary and community organisations to support the dissemination of messages

media

Engagement and regular content with media to drive coverage of messaging

2 x toolkits distributed to partner organisations and evidence they have been used

Toolkits to health and social care partners and voluntary and community sectors to cascade messages to front line staff, domiciliary care workers and volunteer workers

Support with social media and website content – held centrally on the LLR Stay Well website

### **Proactive campaign – Discharge**

Schedule of press releases to support the campaign messages

Working with UHL to discuss routes of communication to staff on words and supporting information to patients regarding discharge options

Informed public understanding the benefits early discharge

Exploring the potential benefits of collateral for patients to explain the benefits of early discharge

1 press release with 2 instances of coverage in print and broadcast media

Working with voluntary and community organisations to support the dissemination of messages

Engagement and regular content with media to drive coverage of messaging

1 x toolkits distributed to partner organisations and evidence they have been used

Toolkits to health and social care partners and voluntary and community sectors to cascade messages to front line staff, domiciliary care workers and volunteer workers

Support with social media and website content – held centrally on the LLR Stay Well website

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**Press and public relations**

Meetings and/or regular communications established with journalists to build on relationships, drive positive coverage and mitigate negative coverage around system pressures.

Identify different topics of interest – case studies with drivers, carers, patients.

Collate and produce proactive press releases throughout campaigns to generate maximum coverage through print, radio and TV.

Create video information pieces through the campaign work and promote via social media.

Establish and agree key media spokespeople from our own and partner organisations, based on campaigns and key winter topics and ensure they are confident and well briefed in undertaking media interviews

Work with other CCG to target appropriate local magazines and newsletter with relevant articles and features, including patient newsletters and local parish councils

Proactive coverage across three campaign topics on TV, print and radio

Media protocols for proactive and reactive communications agreed across organisations

CCG

September - February

All audiences

**Website and social media**

Develop ongoing schedule of online web and social media content through the duration of the winter to engage and appeal to different audiences

Collate social media plan to further promulgate messages

Distribute to partners to form links to CCGs website and maximise number of hits

Create video information pieces and promote via social media

Awareness online of key messages

2 x video clips per month to support campaigns

Consistent winter messaging across all partner sites linking to Stay Well LLR website

CCG

September - February

All audiences

November (budget permitting)	Over 65s  Chronic Respiratory Conditions	<p><b>Supporting member practices to book flu jabs</b></p> <p>Identification of practices with lowest uptake of flu jab to population ratio.</p> <p>Outreach workers to visit individual member practices and support calling target groups to book flu appointments</p>	<p>Improved ratio of flu jab / target population in participating practices</p> <p>Increase from 20 to 30 practices supported through this route</p>	CCG
October	Health and Social Care partners  Voluntary sector	<p><b>Collateral and printed materials</b></p> <p>Distribute printed assets from NHS England to health and social care partners across the system for display in GP practices, hospital waiting rooms and other health and social care settings.</p> <p>Distribute printed assets from NHSE to Age UK and other key voluntary groups working with frail and older people to pass on directly to their service users</p>	<p>Well informed local people aware of new service</p> <p>Confirmed distribution from 3 x larger voluntary community providers</p>	CCG
August and September	Health professionals	<p><b>Staff engagement</b></p> <p>Work with Alliance, LPT, UHL and council partners to support their campaigns to vaccinate staff.</p> <p>Cascade of information through partners to frontline staff and domiciliary care to support them to deliver our messages directly to service users</p>	<p>Well informed staff aware of importance of flu jab and other winter messaging and acting as ambassadors to amplify our messaging</p> <p>Evidence of campaign messages being delivered directly to staff</p>	
August and September	Care homes	<p><b>Care Home Staff</b></p> <p>Work with the care home sub group to establish new routes for communications with care homes</p> <p>Regular communications and clear information to care homes regarding winter messaging and appropriate routes of referral into urgent care services.</p>	<p>Well informed care homes staff aware of referral routes for their residents who need urgent care over winter</p> <p>Agreed routes of communication established with care homes in city &amp; county</p>	CCG

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### Student engagement

September - February	Students	Work with Leicester, DeMontfort and Loughborough Universities to reach students and staff	
		Continue training for security staff, campus wardens and other supporting staff at the universities in collaboration with 111 so they can direct students appropriately to services.	Well informed staff and students aware of appropriate ways to access urgent care
		Outreach workers to attend Fresher's Week and pass on messages about appropriate attendance	Attendance at 3 x freshers events
		Work with staff to disseminate messages to students regarding appropriate attendance	

### Voluntary and community sector

September - February	Voluntary and community sector workers	Attend the VAL Health and Social Care Forum to engage with voluntary and community staff and inform them of appropriate routes to access care so they can pass on the messages to staff.	Informed voluntary sector able to act as ambassadors for key messages following attendance at 1 x forum
		Cascade messages through VAL to voluntary and community sector workers to pass on to the groups they work with, particularly the hard to reach groups.	
		Work with Age UK to build relationship further to increase our reach with frail older people in our community	Evidence of articles being published in voluntary sector newsletters
		Work with ELR CCG and Council mental health project to identify opportunities for urgent care communications to be cascaded through new mental health providers	Agreed routes of communication for Age UK / mental health / parents of 1-5.
		Work with LC CCG to identify route to cascade messages through the voluntary sector to the parents of the 1-5s.	

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**Proactive campaign – partnership working on other LLR campaigns**

Cascade partner campaign messages through appropriate routes

Join up campaigns where appropriate to ensure maximum impact

Campaigns working together to deliver system goals.

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