

Developing Integrated Health and Care

North East and North Cumbria

Working for people from North Yorkshire to the Scottish Borders



Join our journey...

Communications and engagement for integrated health and care

Report for Northern CCG Committee

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Background

- Aims
- Objectives
- Challenges
- Collaborative approach
- Progress



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Aims

- Support communications and engagement teams across providers and commissioners to develop and share good practice through a network
- Ensure the voice of patients and our communities is heard at all levels of the system and at every step of change and improvement
- Provide evidence including clinical expertise to inform the development and decision making process
- Keep public and staff confidence in health and care services and leadership, supported by a shared narrative
- Deliver effective, evidence based behavioural change campaigns
- Undertake robust engagement processes for transformation and change



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Objectives

- Embed a system-wide approach to communications, engagement and - where necessary - formal consultation activity across organisational boundaries
- Develop a joint regional communications and engagement strategy and narrative to help create a better understanding amongst patients, staff and residents about what is happening
- Deliver joint communications strategies and activities to support system and service change at place based level

Challenges

- Maintaining public, staff and partner confidence in the system - we need a clear and compelling narrative for change
- Working from 'places' and communities upwards – need to drive engagement at ICP and place based level
- Working within our resources – delivery is proportionate to the resource available but aspires to best practice in empowering communities
- Ensuring we have robust processes to demonstrate good governance and engagement through service transformation change

Collaborative approach

- Use consistent language to support a wider understanding of the rationale and evidence for service change , but recognise one size doesn't fit all
- Use agreed key messages and resources to support internal and external communications and engagement
- Co-ordinate timings where possible for briefings and papers
- Work through the communications network NHS communications leads - NHSE, providers, commissioners – and with local authority communicators, Health and Well Being Boards and Joint Scrutiny Committees

Progress

- Provided first set of internal/staff facing communications resources to all NHS communications teams
- Issued first ICS monthly programme bulletin with updates from all work streams to system and programme partners
- Starting development of ICS Communications and Engagement Strategy with involvement of scrutiny members and HealthWatch organisations
- Programme of engagement with Joint Overview and Scrutiny Committees and Health and Wellbeing Boards
- Establishing support for work streams based on initial mapping of available support
- Developing public facing communications with opinion former clinical pieces linked to future of NHS, and social media with support from trusts



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Building a strategy and plan

- Our focus
- Strategic approach
- Key actions
- Who is involved
- Principles of good communications - for strategy development
- Principles of good participation – for strategy development
- Planning for formal engagement and consultation around service changes
- Measuring impact



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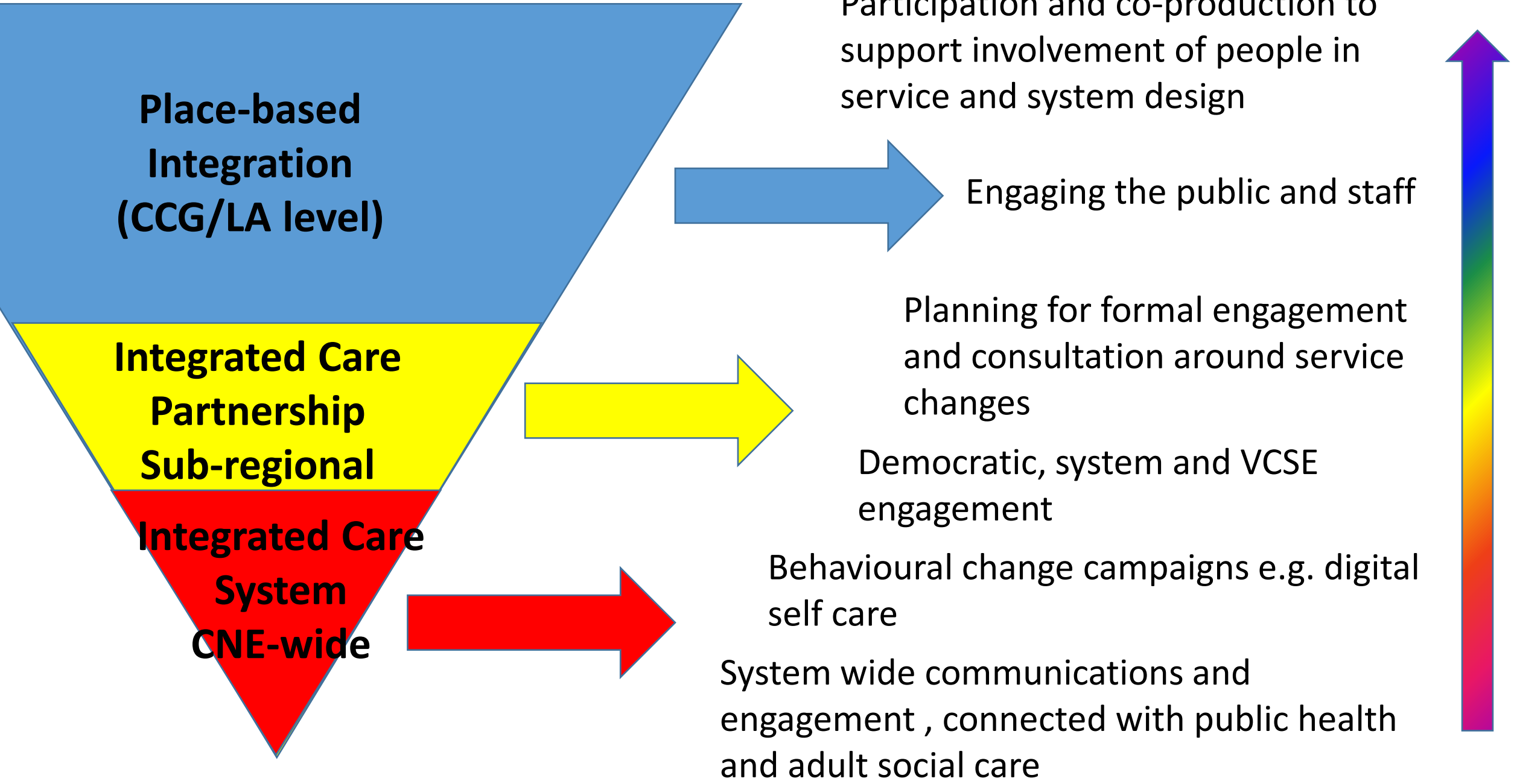
Our focus

- Communication – how we will share information about vision, thinking, planning, health and wellbeing challenges and developments with staff, stakeholders and communities.
- Engagement – how we share information with, listen to and feed back from our communities and staff – mindful of our legal responsibilities and the commitments we have given to our communities.
- Communities – patients, families, carers, staff, clinicians, campaigners, community groups, elected representatives and the public
- Staff – includes health, local authority, VCS and private sector staff



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Strategic approach



Plan - key actions

- Single communications and engagement strategy and plan following engagement with partners and stakeholders
- Ongoing engagement with local authority communications and public health
- Develop and support a network of communities that can plug into place based systems and share messages and learning making use of existing networks, communities and groups
- System wide website in place - connecting people into engagement and participation opportunities with links from all organisation websites
- Best-practice framework in place for communications, engagement and formal consultation activities, so we can meet statutory requirements and stakeholder needs around care redesign

Who is involved?

- Patients, carers, families
- Senior clinical staff – GPs, FTs
- Staff-side representatives
- Frontline staff
- MPs
- Local Councillors
- Overview and Scrutiny Committees / JOHSCs
- Local Health and Wellbeing Boards
- VCSE organisations and representatives
- Local and regional media



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Who is involved?

- Leaders in relevant local authorities e.g. CEXs, Directors of Adults Social Services, Directors of Public health, portfolio holders
- GPs and Federations
- Local Medical Committees
- Neighbouring trusts
- Charitable organisations and highly interested groups
- Service user groups
- GP Patient Participation Groups
- HealthWatch organisations
- Protected groups, voluntary and community groups



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Principles of good communications - for strategy development

- Recognise people are committed to the founding principles of the NHS and want to know any plans proposed will continue to support and sustain these
- Clearly communicate what the expected end benefits of the changes would be for patients
- Relate proposals to what people expect the NHS to deliver and how they would help ensuring it would continue delivering...
- Be clear if and how the system will still be recognisable to people – particularly around how they access the system
- Be clear about what the changes will look like so people can ‘picture’ the end results
- Understand people want to know the plan has been carefully developed with relevant experts and people with a ‘stake in the system’ i.e. patients and residents



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Principles of good participation – for strategy development

- Don't go to the public with solutions - make the challenges visible and raise and develop ideas together
- Involve patients, staff and communities at the earliest stage possible when we talk about service development
- Ensure those individuals taking part are supported with information, sharing challenges and listening to each other
- People need to strengthen how their input helps shapes changes
- Seek out and hear the patient's voice in everything we do
- Understand our communities - seek out hard to reach and diverse groups
- Recognise the value of our patients and service users in our decision making structures

Planning for formal engagement and consultation around service changes

- Rights and pledges for public involvement set out in NHS constitution
- Specific legal duties around involvement and consultation in relation to major service change that require public consultation
- Case law on consultation, equality duties, robust NHS England assurance process
- Working with elected members through joint and local scrutiny arrangements

Measuring impact

- **Co-production** – how we can demonstrate community involvement has changed and shaped development
- **Staff engagement and internal communication** – how staff feel heard and see their input and influence as ambassadors for the health system
- **Media** – change the balance of negative to positive stories, greater reach on social media
- **Clinical engagement** – clinical staff in involvement in coproduction, coming forward with ideas, and changing relationship with primary care
- **Stakeholder engagement** – stakeholders know what is happening because we talk to them
- **System engagement** – better relationships and more partnership working across health, care, VCS and private sectors
- **Networks** – number of people applying to take part, number of areas influenced, success of reporting back and feeding back into networks



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