

## Developing Integrated Health and Care

North East and North Cumbria  
Working for people from North Yorkshire  
to the Scottish Borders



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# Communications and engagement for integrated health and care

Mary Bewley – STP Communications Lead  
September 2018

## Story so far


- Must do's
- Aims
- Objectives
- Challenges
- Collaborative approach
- Progress



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## Must do's

- To successfully deliver transformation and change, we need to develop our approach based upon the needs of local patients, carers and communities, and effectively engage health and care professionals
- To manage demands on services, the public facing campaigns we deliver must be designed to result in patients / public using services more wisely and increasing self-care



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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 at the right level to drive improvements for our population
- Keep public and staff confidence in health and care services and leadership, supported by a consistent 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



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## 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 commitment and structures in place to do this as default is top down
- Working within our resources – we will ensure our delivery is proportionate to the resource available but aspires to the delivery of best practice and empowering communities
- Ensuring we have robust processes to demonstrate good governance and engagement through service transformation change



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## Collaborative approach

- Use consistent language to support a wider understanding of the rationale and evidence for service change – the narrative
- 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 Wellbeing Boards and Joint Health Scrutiny



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## Progress


- NHS and local authority communications and engagement professionals network developing shared work programme
- Regional workstream communications developing
- Design style agreed and narrative and tools
- Democratic engagement i.e. system leaders engaging partners at local level to start this month
- Starting dialogue with key partners e.g. HealthWatch
- Public facing and workforce communications to follow
- Engaging with Joint Scrutiny arrangements



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# Building a strategy and plan


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



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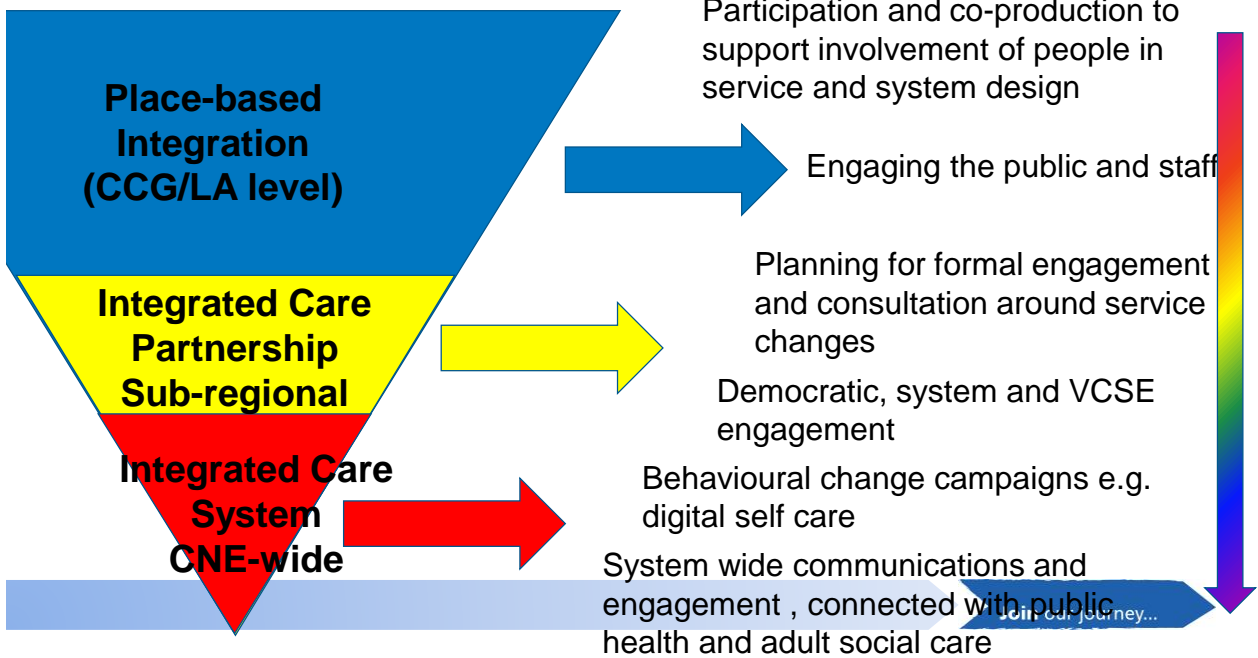
## Our focus

- 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
- Engagement with LA communications and public health teams on approach and ongoing co-ordination
- Develop and support a network of communities that can plug into place based systems and share messages and learning in and across communities 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

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## Who is involved?


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



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## Who is involved?

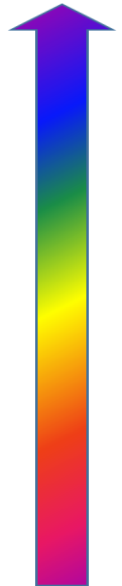
- Leaders in relevant local authorities e.g. CEXs, Directors of Adults Social Services, Directors of Public health, portfolio holders
- GPs and Federations
- Local Medical Committees
- Neighbouring trusts
- Charitable organisations and highly interested groups
- Service user groups
- GP Patient Participation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



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# Conversations

- Start at place based level
- Build relationships based on greater understanding of the challenges facing the NHS
- Address concerns faced by communities
- Shared problem solving
- Honest conversations about challenges of recruitment and finances



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## 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

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## Principles of good communications – for discussion


- 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 discussion

- 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



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# 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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## Questions and discussion



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