

# Communications and Engagement Strategy

## APPENDIX A



**NHS**  
Somerset  
Clinical Commissioning Group

**Fit for  
my future**



## Index

1.	Context	Page 2
2.	Fit for my Future and the STP	Page 3
3.	What is the purpose of this strategy	Page 3
4.	What are we trying to achieve with the strategy?	Page 4
5.	Communication and engagement principles	Page 5
6.	Critical success factors	Page 6
7.	How will we work?	Page 6
8.	Key messages - doing nothing is not an option	Page 7
9.	Audiences and stakeholders	Page 8
10.	Outline of our approach for engagement	Page 10
11.	Timeline and plans for engagement	Page 12
12.	Evaluation	Page 17

## 1. Context

Health and social care services in Somerset are facing significant challenges:

- We need to enhance the quality and experience of health and social care
- Some of our population are living with multiple and complex illnesses
- There are health inequalities for some individuals and communities in pockets across the county; provision is weak and current expenditure isn't always targeted to areas of greatest need

At the same time:

- Some of our services face major challenges in recruiting and retaining doctors, nurses and specialist consultants, care and social workers
- Financial pressures on health and social care are a growing imperative for change; even with additional funding promised to some health services, we still face a large budget gap.

Our communities say they want:

- To see a doctor more easily
- To have more health services provided more locally
- Doctors, nurses and social care staff to work more closely together with a greater joined up focus on the needs of the individual
- For the people involved in giving care to have access to the same information to avoid the need for repetition.

We need to make the best possible use of resources to take services closer to people where they live, enhance county-wide acute specialisms, address the budget gap and work much harder to embed prevention, where we help people take personal responsibility for their own health and wellbeing, and encourage communities to work together to become more self-sustaining and supportive of each other.

We need to bring about a sustained change in sentiment and attitude towards health and social care provision, encouraging the public to think about their health and how they want to live, rather than what they are entitled to. This is a significant shift in the public view and perception of the national health service. Working together - involving citizens, communities and the professionals who support them in pooling expertise and experiences to shape a future

service model that is effective and sustainable - is fundamental to achieving greater understanding, successful outcomes and an improved experience for all patients and service users, the wider community, and staff.

This will be a difficult and challenging journey; we want to take professionals, people providing and using services, their families, neighbours and communities, with us. We need them to feel engaged and have a stake in the final shape of health and social care in Somerset.

## 2. Fit for my Future and the STP

The STP describes a vision for the future of healthcare which has been developed by the leaders of Somerset's hospital, community and mental health NHS organisations, Somerset County Council and Somerset CCG. Together they identified five key priorities:

- Encourage and support everyone in Somerset to lead healthier lives and avoid getting preventable illnesses
- Move care out of hospital beds in Yeovil, Taunton and our 13 community hospitals into people's homes wherever possible, providing care designed specifically for each patient's needs, supporting faster recovery and, in many instances, avoiding the need to go into hospital in the first place
- Invest in GP teams to develop a mixture of skills and time to support the increasingly complex care that needs to be given
- Respond to the way we live now – making it easier for people to get services closer to home, when they need them, using modern technology that is already transforming other parts of our lives
- Invest more money in frontline care by being more efficient with how we use our buildings, our equipment and our management and administration We have recently published a detailed document which sets out some of the

Fit for my Future - Somerset's integrated health and care strategy - is a transformational programme designed to deliver these, in partnership with health, care and voluntary providers, patients, service users and communities across Somerset.

## 3. What is the purpose of the strategy?

This Communications and Engagement Strategy will support the ambition of the Health and Social Care Strategy to:

- improve the health and wellbeing of our local population and address health inequalities, and ..

- change the way services are commissioned and delivered to provide higher quality care and ensure their long term sustainability and affordability.

More specifically, it aims to develop understanding and acceptance by patients, public, staff and all other stakeholders of the challenges facing local health and care services, the imperative for change and the importance of developing long term, sustainable solutions to provide health and care services that are fit for the future.

It sets out a framework and plan to ensure Somerset County Council, the Somerset CCG and Foundation Trusts work together in seeking full engagement and involvement from:

- local people - service users, patients, carers and members of the public, including seldom heard voices, all of whom will help us co-design the services of the future, and ..
- local providers of health and social care, including the voluntary and third sector as well as staff from statutory provider organisations.

Our aim is to ensure all voices are heard and able to contribute to and be involved in shaping a new integrated health and care strategy, and understand their own roles in making local services sustainable.

**This strategy is intended as a living document for all the organisations involved and will be updated through the life of the programme.**

## 4. What are we trying to achieve with the Strategy?

- Ensure patients, public, staff and stakeholders understand the challenges faced by health and social care services in Somerset, the different stages of the process to arrive at a sustainable integrated service fit for the future, and how to get involved
- Build public, staff and stakeholder confidence in delivery of the programme by ensuring that learning from the STP and other change and transformation, including public feedback, informs the strategy
- Provide opportunities in advance of any formal proposals for changes to services to test and develop new proposals for enhanced health and social care services with stakeholders, partners and NHS and local authority staff and a diverse range of residents in different geographical areas with differing experiences of health and social care services, and from differing socio-economic background
- Ensure we hear views representative of the population as a whole, and lead targeted engagement work within seldom heard groups and those with protected characteristics (as identified in the Equality Act) and ensure their feedback is considered as part of formal Equality Impact Assessments

- Build strong, evidence-based support among clinicians, healthcare professionals and other key influencers to support engagement and subsequent transformation plans
- Build real commitment from staff as strong community ambassadors to help achieve success in future new ways of working and to maximise the potential for achieving the aims of the health and care strategy
- Support the development of proposals and, if needed, public consultation material to achieve support for transformation plans, or understanding and acceptance where this is not achievable.

## 5. Communications and engagement principles

**Openness and Transparency:** We will be open and transparent in our approach, communicating and engaging as widely as possible to encourage open and honest debate and feedback. Health and care leaders and experts will explain our changes as comprehensively, openly and frankly as they can.

**Effective and meaningful engagement:** We will be as creative as possible in our engagement, working with existing user and patient involvement channels and seeking out new ways of reaching the seldom heard to ensure all are heard and listened to. We will listen to all views, and take account of what they say.

**Equality:** We will carry out a full assessment of the likely impact of any changes which could affect health inequality; we will research the most appropriate channels and carry out targeted engagement to fill any gaps we identify. Engagement events will be held in a mix of areas chosen for their contrasting demographic diversity and geography to reach the most representative cross-section of the communities of Somerset.

**Accessibility:** Our documents will be published on a dedicated website and made available in print and different formats, including audio and easy-read as well as braille and community languages. We will present them in clear, plain language with simple explanations of the the clinical evidence base, the proposed changes and how people might influence them.

**Clinical input and patient views:** Clinical staff - the experts in delivery of care - will be closely involved in engaging with patients, service users and communities. We will ask clear questions and give opportunities for those people to be involved in the design of new services so patient views and experiences can be considered alongside clinical input.

**You said, we did:** We will listen and consider ideas, proposals and suggestions, before key decisions are made, and we will feedback how we are using the ideas and views we receive.

**Informing and engaging staff:** We recognise the uncertainty for staff during times of change; we will keep them regularly updated, even when there may be little to report. They are crucial change ambassadors and advocates for new ways of working and new service models.

## 6. Critical success factors

We want to build relationships with patients, service users and the wider public which are open and based on trust. From the outset it's important for us to be open and proactive in:

- presenting opportunities for engagement from a formative stage - why do we need to change, what are the issues, what factors should we consider?
- engaging stakeholders and experienced service users in our criteria and process for assessing formative proposals - what should they be? travel and access, service quality, patient safety, staffing, service sustainability?
- promoting equality - through engagement with diverse groups, considering how to remove or minimise disadvantage, tackle prejudice and promote understanding
- ensuring adequate time for genuine engagement and involvement in shaping and refining the emerging service options.

## 7. How will we work?

A single narrative is important. Additional dynamics such as estate, location and the the experience of multiple service users spanning more than one workstream make close coordination of voice, audience, timing and engagement activity important considerations.

**We have established a Somerset Health and Care Strategy System-Wide Communications and Engagement Group to:**

- Ensure a co-ordinated, consistent and integrated approach to communications and engagement across Somerset, across all identified and relevant internal and external stakeholders
- Contribute and share in the development and delivery of the programme's communications and engagement strategy and associated action plan(s)

- Identify any communications and engagement risks, identify mitigating actions and ensure these are reported through the designated programme reporting lines.

## 8. Key Messages - doing nothing is not an option

It is important not to over-complicate the core messages.

### **Public and staff**

We acknowledge the need for change and the inconsistencies and pressures on health and care services

We need to focus our tight resources - money and staff - where they can do most good and are most needed.

We want to provide more integrated, higher quality services in your community, closer to your home.

We want everyone to have equal access to the help and care they need when they need it.

Other areas provide more effective health and better care – we want to learn from them.

We want to invest in prevention so people can stay independent and live at home for longer.

We want residents to have a strong voice, to listen to your ideas about everything from GPs to hospital services, maternity to social care.

It's difficult to recruit the key staff we need. We want to find new ways to train and retain staff across health and social care.

Doing nothing is not an option. We have to make some changes.

Everyone has a role in making the necessary changes happen, including patients, carers, staff, and the many individuals and organisations providing care and support across Somerset.

We want to work together to shape sustainable and efficient health and social care services for the future.

### **Staff**



We know change is difficult and we understand its impact on staff

We value our staff; we know many have been under significant pressure for some time because of the challenges we've faced in recruiting and retaining staff

We promise to keep you informed throughout and we genuinely want to hear from you - you're closest to the issues and the potential solutions.

## 9. Audiences and stakeholders

**We will carry out a detailed stakeholder mapping exercise as an immediate priority, and explore online and social media as well as face to face options to reach the seldom heard voices.**

**External stakeholders** We recognise the significance and scale of what is required. We will work closely together with the workstream teams, alongside Somerset CCG, Somerset County Council and the acute trusts, to capture all stakeholder groups - partners, voluntary and third sector, active groups and individuals - and existing engagement and involvement channels.

The people affected by, and whom we would expect to be involved in, the development and delivery of a new integrated health and care strategy can be broadly split into seven key groups:

- clinicians, health and social care professionals and staff, including GPs
- patients, service users, carers and the public
- community and voluntary sector organisations
- elected representatives
- other NHS, private sector providers, local authorities and public agencies in Somerset, and neighbouring Somerset
- regulators
- media

Our greatest challenge will be in reaching people who are not currently engaged. Being realistic about the level of public engagement and involvement we are likely to achieve is important. Ultimately we want as much of our audience as possible to be passively engaged or even active participants. Distinguishing

between the three groups (see below) is important - engagement and communication channels to reach disengaged groups will differ substantially from those others who are likely to be wholly or partially engaged through pre-existing channels.

Audience groups	Profile	Ambition
<b>Disengaged</b>	<ul style="list-style-type: none"> <li>● Little interest or interaction with health or social care providers, eg:               <ul style="list-style-type: none"> <li>○ BME communities</li> <li>○ LGBT communities</li> <li>○ Children and young people</li> <li>○ Families</li> <li>○ People in full time employment</li> <li>○ Homeless people</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Reaches and engages with the seldom heard voices</li> <li>● Develops realistic understanding of what we can / can't do</li> <li>● Understands the need to take personal personal responsibility for own health</li> <li>● Encouraged to take more responsibility for personal health and wellbeing</li> </ul>
<b>Passively engaged</b>	<ul style="list-style-type: none"> <li>● Currently engage when they have a goal or purpose</li> </ul>	<ul style="list-style-type: none"> <li>● Engages with information, advice and support about personal health and wellbeing</li> <li>● Encouraged to take personal action as a result</li> <li>● Encourages others family and friends to do the same</li> </ul>
<b>Active participants</b>	<ul style="list-style-type: none"> <li>● Actively engaging with health and social care services through service user and patient channels</li> </ul>	<ul style="list-style-type: none"> <li>● Takes proactive personal action to stay healthy and well</li> <li>● Actively encourages others in their circle and local community to do the same</li> <li>● Actively engages in debate and deliberation about services.</li> </ul>

**Staff** It is important to recognise staff as a discrete group. Many of them will be asked to support the engagement and involvement whilst potentially being impacted by change themselves. Keeping staff informed and actively engaged where we can is crucial.

We need to be cognisant and sensitive to the more difficult stages of the change curve in our communications and engagement with staff.

## 10. Outline of our approach for engagement

### Planning - external communications and engagement activity

We will create a **master plan**, held centrally, which will include:

- **timing** of all engagement events and activities, key programme milestones and anything else that has a communications and engagement relevance; it will include events that may carry risk which may require mitigating work in advance.
- **audience / stakeholder mapping** to ensure a clear and coordinated approach to the public across all workstreams, and reveal opportunities for joint working where workstreams might share events and engagement activities to reach a common audience
- **nature of the activity / engagement and link to programme milestones and timelines**

This will be a dynamic plan, owned centrally it will depend on intelligence from others to be as comprehensive and complete at any one time as possible.

### Media relations and media handling

We will establish a **media and communications protocol** between all agencies to ensure a consistent response to media enquiries and proactive media relations activity.

### Branding and identity

The phrase 'Fit for my Future' has already been agreed. A suite of assets including Powerpoint presentation templates and other materials for external and internal communications and engagement will be produced for use across all engagement and communications activities.

### Digital and social media communications assets

**Website** A 'Fit for my Future' website will be a central online portal for all information about the development of the Health and Care Strategy, opportunities for engagement, events and information. It will be important to regularly refresh and update the website to encourage people to return. Case studies,

positive patient and user stories, guest blogs, webchats and online engagement through polls and online forums will all encourage people to engage and revisit.

**Social media** This is an important channel in reaching people who are disengaged. Facebook is especially effective as an engagement tool; Twitter is a means of informing and directing people to other digital and online sources of information. Each is essential in socialising the programme and encouraging people to share their views.

**Working with online communities and hyperlocal channels** Engagement with existing online communities and hyperlocal communities (geographic) is a further means of reaching target groups not already engaged and involved through existing channels.

### Printed materials

We will provide a suite of printed materials to support awareness and engagement of the programme.

### Complementary campaigns

We will work closely with the Somerset Health and Wellbeing Board and Healthwatch to profile the important messages of prevention in the context of health and wellbeing, and support complementary campaigns and communications to encourage healthy, resilient, sustainable communities.

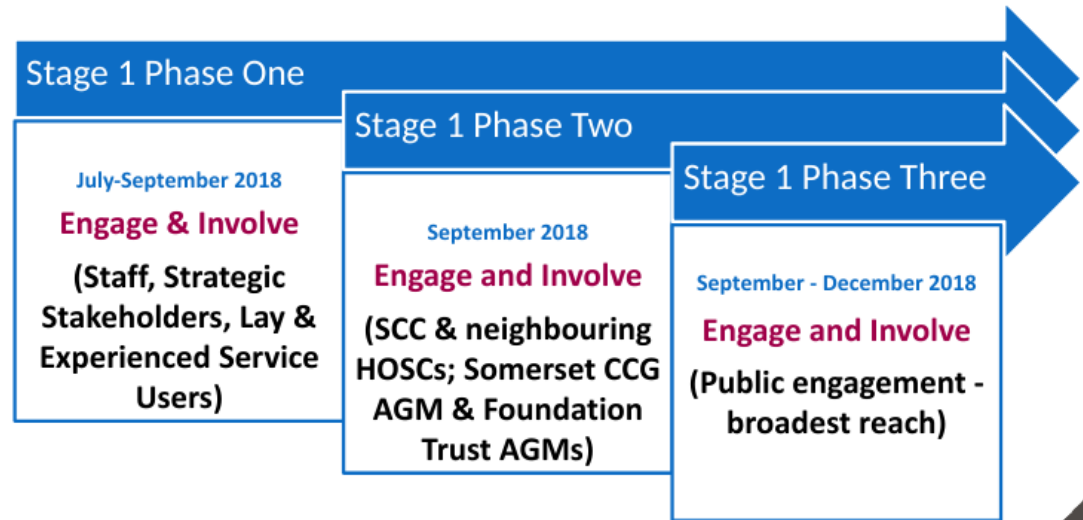
### Internal communications and engagement - planning and execution

An absence of information creates additional uncertainty and concerns about future shape and jobs. Staff need to hear about plans and developments directly from leaders, rather than via the media. Timing is everything and an internal master plan is a good means of ensuring all staff across agencies hear updates at the same time; further down the line it will help to ensure communications about any formal staff consultation is timely and sensitively handled.

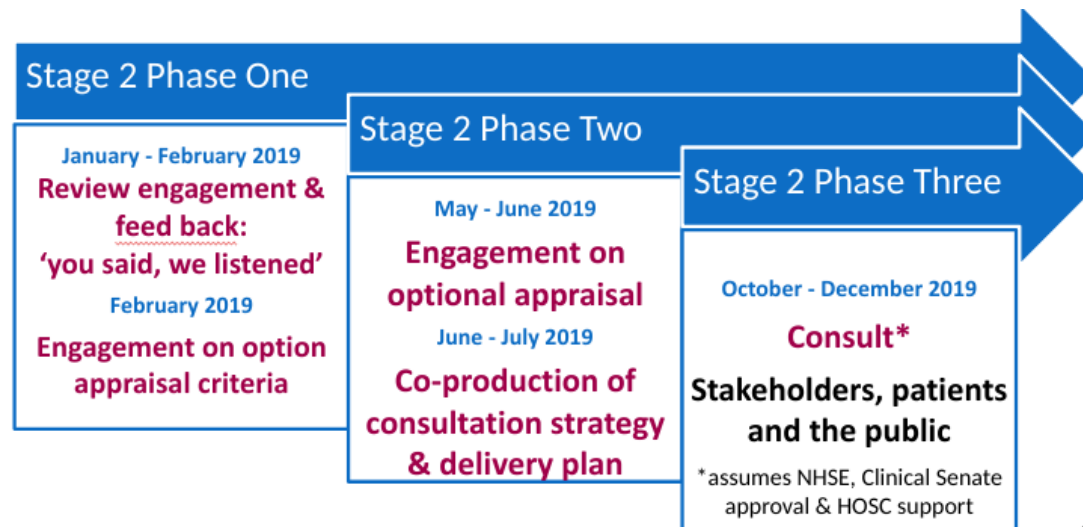
We will develop regular content for intranets, newsletters and bulletins and video to share consistent messaging on progress of the health and care strategy, the development of new models of care and reinforcing the case for change, alongside a programme of engagement events for primary care colleagues to share the case for change and understanding of the priority areas for transformation.

## 11. Timeline and plans for engagement

**Stage 1 Engage and Involve** - early engagement and involvement of staff, stakeholders, lay and experienced service users and the wider public in understanding the challenges we face, the case for change, and the emerging options which could provide solutions. We will do this in three phases.



**Stage 2 Option Appraisal and Co-design** - engagement and involvement of staff, strategic stakeholders and service users in open and transparent option appraisal process prior to any consultation that may be required once detailed business case and programme are approved.



**Detailed plans**

At each of the following stages we will develop plans to ensure staff across the CCG and primary care locations, Somerset County Council and the NHS Foundation Trusts are kept informed and engaged.

## **Stage 1 Engage and Inform**

From July to September we will:

- continue to ensure lay representatives' input into workstreams to provide a patient / service user voice as options are developed
- create and maintain an engagement calendar shared between all partners and staff and the wider public and interested parties via a new website
- develop a suite of materials including website, social media content, slide presentations and short film clips in readiness for the autumn engagement programme
- develop the use of social media to hear from wider voices
- put in place a core communications and engagement structure, including media handling and strategic stakeholder briefings
- create a FFMF communications and engagement toolkit to ensure meaningful engagement to a high standard, ie facilitator training, engagement log
- communicate the timetable and details for engagement and involvement and seek the support of the Somerset County Council HOSCs (adults services and health; and childrens and family) and neighbouring HOSCs (North Somerset; Bath and North East Somerset; Dorset) for plans to engage on the proposed case for change and early emerging proposals
- run a series of staff briefings / roadshows for staff and clinicians to ensure their early engagement and involvement
- work closely with Healthwatch, VCSE and engagement leads to identify and support key stakeholders in the design and content of emerging proposals for new models of care during their early formative stage, including patients and voluntary sector organisations

From September to December we will:

- establish a central communications and engagement hub for the health and care strategy, with a Consultation Response Unit which will be specifically responsible for collating all engagement activity and feedback
- develop and deliver an engagement and communications plan to support co-design of new models of care, including attendance at meetings, focus groups, roadshows and information stands in community settings across the county to engage with different demographic, geographical and diverse backgrounds and make it clear these are 'safe spaces' for discussion
- as we engage through the autumn, recruit a People's Panel to be a core patient and public advisory group throughout the Fit for my Future programme

- recruit a virtual People’s Pool, via supported social media platforms as we engage wider audiences and inline communities, including children and young people
- ensure the health and care strategy is on the agenda of team briefings/meetings for clinicians and staff to help them realise their connection to the health and care strategy and how they can drive the programme forward.
- establish a new Participation Action Network that brings together representatives from each of the protected characteristic groups so we can work together to address the health issues that matter to local communities
- work in partnership with the voluntary and community sector and existing involved citizens who can help us to reach wider communities
- provide briefings to MPs and local elected representatives, including managing any parliamentary briefings and MP letters through an agreed protocol
- keep Somerset and neighbouring HOSCs updated on progress of the engagement and any key issues which arise
- provide forums for regular briefings of district, town and parish councils as they may be affected by proposed changes; these will include support for local Health Forums (should they be reinstated), support for senior and clinical leads’ attendance at relevant meetings and briefing reports as required.

During and at the end of the engagement we will:

- ensure feedback from engagement is provided back to the public and other participants in a timely manner to demonstrate the value and impact of their input and manage their expectations
- keep a log of all our engagement activity and feedback

## **Stage 2 Option Appraisal and Consult**

### **Phase One**

From January to February we will:

- ensure all feedback from the autumn engagement has been reviewed and taken into consideration
- ‘You said, We listened’ - feed back to stakeholders, lay representatives, service users, patients and public the details of the engagement, what we propose to do with it, and the timetable going forward
- work together across CCG, Somerset County Council and providers to develop a narrative and communications plan for implementation of changes arising from the programme which don’t impact directly on the public and therefore don’t require public consultation

During February we will:

- develop and deliver engagement options to ensure public views are represented in the development of appraisal criteria for the option appraisal process from mid-May to the end of June.

## **Phase Two**

From mid May to the end of June we will:

- develop and deliver engagement options to ensure public views are represented in the appraisal of the options for future integrated health and care services

From June to July we will:

- work with Patient / Carer and Public representatives to identify a set of principles to guide our approach to public involvement.
- in line with Patient and Public Involvement Charters adopted in 2017 and national best practice guidance, work with stakeholders to identify best options for involvement activities to feed into the development of a detailed business case and programme of formal public and staff consultation events if this is required.
- consult Somerset and neighbouring HOSCs on our proposals

In preparation for the autumn, should formal public consultation be required, we will work from July to September to:

- develop a detailed programme of formal public involvement and staff consultation activity and methodologies which will be co-designed with patient and public representatives and Healthwatch in line with national best practice guidance
- prepare clear and easy to read documents explaining the proposals and impact of service transformation / service change - a draft version of any patient-facing documentation will be critiqued by focus groups taken from the People's Panel, virtual People's Pool and the Participation Network and shared widely for comment with other key stakeholders
- Identify existing relevant meetings, workshops, events etc as potential involvement locations - where gaps are identified, stakeholder events will be organised in line with accessibility requirements
- plan workshops, focus groups and community events/roadshows to capture the broadest possible communities based on their diversity, demography, geographical location and health and social care interest



- diary briefings with key stakeholders ie, MPs, VCSE, GPs, District Leaders, Councillors, Parish/Town councils, staff associations and professional bodies etc
- ensure staffing resources are in place for the consultation events
- create a mailing list for the distribution of printed and promotional material and potential locations for roadshows / drop-ins etc, including GP surgeries, town halls, libraries, charities, VCSE sector, Children's Centres, sports and leisure centres, Citizen Advice Bureaus, transport hubs, job centres, sheltered housing, local businesses, supermarkets, pubs, etc

### **Phase Three**

If formal public consultation is required:

From October to December, we will:

- seek feedback via a range of methods including the completion of an e-survey, a printed survey (with FREEPOST return address) and email responses
- hold roadshows, drop-in events, focus groups and meetings with key stakeholder groups; staff will be on-hand to provide introductory and background information and encourage participation in the consultation. Events will take place in and outside of working hours to provide opportunity for people with different working patterns to attend. If taking place in town centres, areas of high footfall will be selected.
- hold web forums/live web chats
- track, respond and monitor all enquiries via the Consultation Response Unit; most enquiries should be able to be answered with pre-prepared Q&A, but others will follow a PMO tracking process. Weekly reports will show number of enquiries and progress towards answering them.
- produce a weekly highlight report to show event attendance, enquiries and response rate, responses received broken down into demographics and geographical locations.

Tracking and analysing feedback:

- responses will be logged by the Consultation Response Unit using online questionnaire software. More detailed analysis of feedback, particularly in relation to the rich information within text fields, will also take place.
- responses to be analysed and a report published within four months of the end of any formal consultation.
- Report will give the public a clear explanation of how their views were considered and informed the decision making process
- Focus on next steps and decision making process

## 12. Evaluation

Wherever possible we will set KPIs at the outset, depending on the agreed activity and timeline. These could include:

- Communications and engagement objectives, criteria for achievement and outcomes
- Portrayal of key messages in agreed communications channels
- Engagement and reach on social media
- Website visits
- Engagement through co-production and other channels

<b>Audience reach</b>	<b>Audience engagement</b>	<b>Audience action</b>
<b>Measuring the outputs</b>	<b>Measuring the impact</b>	<b>Measuring the outcomes</b>
What did the audience see?	How did the audience get involved?	What did the audience change?
<ul style="list-style-type: none"> <li>• Number of audience reached through media</li> <li>• Portrayal of key messages</li> <li>• Favorability of coverage</li> <li>• Number of visits to website</li> <li>• Distribution of materials</li> </ul>	<ul style="list-style-type: none"> <li>• Website visits</li> <li>• Social media engagement</li> </ul>	

