

Communications and Engagement Strategy

Caring Together

June 2017



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Introduction

Caring Together is a new programme that builds on work that is already underway in Brighton and Hove to improve local health and social care for the entire population. It involves looking at the health and care needs of everyone in the city and sets out how we can improve and transform adult and children's services, physical and mental health, social care, public health, GPs, pharmacies, community, voluntary sector and hospital services.

It is led by NHS Brighton and Hove Clinical Commissioning Group (CCG) and Brighton & Hove City Council, alongside the local hospital, community and mental health Trusts, working in partnership with Brighton and Hove Healthwatch and representatives from the local community and voluntary sector.

Caring Together supports wider plans to transform health and care services across Sussex and will help us respond to the rising demand on services, whilst managing a restricted budget.

Some engagement with local people took place at the end of 2016 about the aims and objectives of Caring Together and a programme description was approved by the CCG's governing body in March. More detailed plans are now being developed and this needs to be done alongside engagement with the public, patients, the community sector, Healthwatch, GPs and other key stakeholders in the coming months.

This strategy sets out how this engagement will be carried out by both the CCG and local authority. It sets out five high-level communications and engagement objectives and the actions that will be taken throughout the rest of 2017 and early 2018. The strategy is presented in three sections:

Where we are now – reviewing the background and context of the current levels of public engagement and what we now need to do.

What we want to achieve – identifying our objectives, what success looks like and the audiences we want to engage with.

What we are going to do – identifying the actions that will be taken to achieve the objectives of this strategy.

This strategy will be updated and adapted regularly as a result of feedback and evaluation of the communications and engagement methods and channels being used.

Communication and engagement principles

All the communications and engagement actions described in this strategy will be underpinned by the following principles:

- We will identify and understand our public and stakeholders.
- We will be open and transparent in everything we do.
- We will provide clear, meaningful and timely communication.
- We will be clear about why we are engaging patients and the public.
- We will work in partnership with all our local stakeholders.
- We will promote a culture of equality across all work carried out in Caring Together.

1. Where we are now

The CCG and local authority held three joint public engagement events about Caring Together at the end of 2016. At the time, there was limited information about the programme and the events were focused on its aspirations and objectives. As a result, these events were not as effective as we would have wanted.

Since this time, there has been very little public engagement around Caring Together and it is clear that the current level of awareness of the programme among the public, stakeholders and staff is very limited.

The programme has now been developed to a point where there is more detailed information about what it wants to achieve and it is now the right time for a sustained period of engagement with the public and stakeholders to take place to help develop and deliver the plans.

Engagement challenges

Previous communications and engagement around Caring Together has been made difficult for the CCG and local authority by the programme's connection to the Sussex and East Surrey Sustainability and Transformation Partnership (STP).

Up until recently, the STP has not had stable or consistent communications and engagement direction or ownership. This has meant it has been unclear as to who should engage with the public, what they should be saying, when they should be saying it, and how this should be done. Individual organisations have been uncertain as to the extent they should be engaging, which has led to many not engaging at all. This lack of engagement has led to growing dissatisfaction and distrust among some sections of the public in the STP, particularly those within local campaign groups.

Caring Together is Brighton and Hove's contribution to the STP and, as such, it has meant that the CCG and local authority has been unable to communicate clearly to the public about the programme without referring to the STP. Due to the unpopularity of the STP, this has made it difficult to engage the public effectively in Caring Together.

Public meetings have been dominated by individual members of the public voicing concerns around the STP, which has been largely due to the lack of alternative channels in which these people can raise their concerns, ask questions and express how they feel about the future of health services.

In order to allay some of the fears among the public, the CCG and local authority have now decided to try to engage more effectively and openly about the STP where appropriate, alongside the engagement with Caring Together.

2. What we want to achieve

Aim of this strategy

The aim of this strategy is to set out how communications and engagement will be developed, delivered and maintained throughout 2017-18 so that, by April 2018, our public feel they have been engaged in, informed about and have influenced the work taking place within Caring Together.

Communications and engagement objectives

To achieve our aim, we have set ourselves five communications and engagement objectives:

1. To build and maintain public and external stakeholder awareness, knowledge and confidence in the vision, objectives and priorities of Caring Together and the STP.
2. To establish and publicise mechanisms by which the public can be engaged with Caring Together and the STP and feel assured that their views are being listened to and taken into account.
3. To obtain feedback, insight and patients' views and experiences about services and their health needs, and engaging patients in decision-making.
4. To ensure staff, CCG members and councillors are fully informed and engaged with Caring Together and the STP.
5. To ensure all information about the Caring Together programme and the STP is readily accessible to different population groups, including those with protected characteristics.

What success looks like

By April 2018:

- We want our public and stakeholders to feel they have been informed and engaged in the plans and work of Caring Together and the wider STP.
- We want our public and stakeholders to feel they have been given enough opportunities to provide feedback around the work of Caring Together.
- We want our public and stakeholders to feel their feedback has been listened to and they have played a part in influencing and shaping the work within Caring Together.
- We want to ensure that our public and stakeholders fully understand the reasons why any feedback has not been taken forward or incorporated within the work of Caring Together.
- We want our public and stakeholders to feel we have engaged in an open and transparent way and have confidence that the engagement that has taken place has been meaningful.

- We want to have developed an open and transparent relationship with our residents and local campaign groups, where they recognise we are working in the best interests of the public.

Who we want to engage with

“The public” - patients, carers, residents

The public are at the heart of everything we do and, as such, they are the primary focus for this campaign. We will use all of our ‘tried and tested’ methods to engage effectively with patients, carers and residents, as well as developing new methods which will focus on “going to where people are” as much as possible. We are aiming to reach individuals who we have not engaged with in the past and to go to communities that we have historically not had regular contact with.

We will give particular focus to ensuring our communications and engagement is inclusive, by using targeted channels that reach those individuals and communities who may be marginalised and/or those who experience health inequalities.

Our staff

Our staff are often our biggest champions and biggest critics and the messages they give out to external audiences can influence how others perceive the work and reputation of the organisation. Our staff are also responsible for driving forward much of the work within Caring Together and their continued commitment and productivity to the programme will be vital in ensuring it is delivered as effectively as possible. It is, therefore, essential that staff are informed, engaged, understand and advocate the aims and ambitions of Caring Together and the wider STP and see themselves as important cogs in the wheel of delivery. We will do this by running specific staff-focused engagement events under the banner “The Big Staff Conversation”.

CCG Membership

The membership will be at the heart of much of the clinical work within Caring Together and will need to drive forward and advocate the transformation of services. The success of much of the programme will largely depend on the level of engagement of GPs and their commitment to new models of care. This makes members one of the key audiences and we will ensure they are fully informed and understand every area of the programme. A bespoke communications and engagement strategy has been developed for the membership and this will support and feed into this strategy.

Campaign groups

The local campaign groups are made up of residents who are concerned about the future of health and social care. They have become increasingly frustrated with the lack of engagement around the STP. We will, therefore, give specific attention to these groups to ensure their concerns and issues are heard and addressed. We will offer them a number of opportunities for discussion in an open and transparent environment, with the aim of creating a better working relationship and understanding.

Media

As key opinion-makers, the media will be given particular focus within this strategy. Engagement activities will be proactively promoted in the local media and they will also be invited to attend engagement events. Regular interviews and briefings will be made available and will be done in an open and transparent way.

Provider staff

Staff working for the wide range of different providers will play an important role in helping to shape future service transformation. They also represent a large proportion of the “general public”. We will, therefore, give them specific attention to ensure their views are listened to and they are fully informed and engaged in work we are carrying out.

Councillors

Lead councillors can act as champions for programmes, providing effective spokespeople and advocates. All councillors benefit from updates and inclusion to shared key messages; one of the main topics of queries from local councillors are health-related issues.

Partners

The CCG and local authority works alongside a complex mix of partners, all of which will have different levels of influence over, and interest in, Caring Together. This group includes: Commissioning Support Unit; Brighton and Hove Healthwatch; clinical networks; local community and neighbourhood groups, condition specific groups and associations.

Key decision-makers

These include Health Overview and Scrutiny Committee; Health and Wellbeing Board, Brighton & Hove City Council, Lead committee members, councillors and officers.

Opinion-formers

The reputation of work carried out by the CCG and local authority within the city is influenced by the views of a number of local stakeholders and commentators. These include politicians, campaigners and community and voluntary sector leaders. We recognise these influencers may have a political role, with the responsibility of being answerable to constituents. It is important, therefore, that we make sure they are fully informed about our priorities and progress around every area of Caring Together so they are in a position to provide and reflect accurate information about us and our work to local residents. We will also ask for their help in ensuring wide ranging engagement with our work.

3. What we are going to do

The 'Big Health and Care Conversation'

Our communications and engagement approach and actions for the rest of 2017 will come under a campaign called the 'Big Health and Care Conversation'. The campaign represents a recognisable brand for engagement that is clearly identifiable with the public and will provide more opportunities for us to listen to our residents and stakeholders and act on their feedback.

It gives us an opportunity to discuss a broad range of issues under one engagement banner, which makes it easier for the public to recognise how their feedback is influencing the larger strategic plans. The feedback collected from the campaign will be collated as it progresses and this will be used to shape the development of the Caring Together programme.

Campaign logo

The logo involves two speech bubbles which reinforces the message that we want a two-way conversation with our public. It uses two distinct colours – aqua green and pink. The aqua green symbolises the sea that is associated with Brighton and Hove. Pink is proven to be associated with sensitivity, tenderness and softness and is, therefore, used to represent health and care services. The logo will be included on all communications and promotional material related to the campaign.



Communication and engagement approaches and channels

We will use a number of different communication and engagement approaches and channels within the campaign. These will include established approaches, and those that were already scheduled, as well as new methods specifically tailored for the campaign. The key theme that will be emphasised in all approaches will be openness and transparency and the public will be encouraged to be active participants, and not merely spectators.

1. Events/groups

We will hold two large public engagement events, one to launch the campaign on 4 July 2017 and another three months after.

2. Group discussions

We will hold public group discussions on strategic issues, with open access, bi-monthly in a range of localities and at different times of the day.

3. Open forums

At least four question and answer forums will be held which will be open to all to attend. The public will be encouraged to ask any questions they wish and they will be fielded by relevant members of CCG staff. At least one of these forums will involve the members of the Governing Body. Some of these forums will be dedicated to discussing the STP.

4. "Big health and care survey"

We will carry out the "Big health and care survey" to ask the public and stakeholders to outline their health priorities, gauge their level of understanding of current and future challenges, and to gain their feedback and ideas on how they think services should be shaped. This will be done throughout August 2017, both electronically and through hard copies that will be distributed at engagement events.

5. Roadshows - “Go to where people are”

We will go to different locations across the city to speak to local residents and gain their views and feedback. This will be in the form of “pop up chats” and will include the use of props to signify the conversation element, such as blow up sofas, folding chairs and tables. These will be done at, for example, Tesco in Hove, Asda Marina, Churchill Square shopping centre, Gala Bingo, Fitness First gym and at identified street open air locations.

6. Social Media

We will run a number of social media initiatives throughout the campaign that encourages the public to comment on key issues and to give feedback. This will include live Tweeting from engagement events and holding Q&A sessions on Facebook live.

7. Targeted engagement – subject

We will carry out targeted work where we want to hear about a key patient experience or clinical area. This will comprise bespoke focus groups and online discussions/feedback. For example “our hospital discharge conversation”, “your GP practice conversation”.

8. Targeted engagement - people

Where we know we want to talk to particular groups, we will carry out targeted work in certain locations. This will include reaching staff working for providers and may be in conjunction with key partners such as the Community and Voluntary Sector. CCG commissioners will be supported to take part. For example, visiting baby groups to talk to mothers, visiting the deaf café in Queens Park, visiting the Macmillan Horizon centre to speak with patients living with cancer.

9. Attending existing meetings and forums

We will attend existing meetings, forums and groups to discuss our plans or key areas, and gather feedback from those present. These will include, for example, the Hangleton and Knoll forum and PPG Network.

10. Existing initiatives

Engagement work that is carried out as part of a work programme or specific commission will feed into the campaign. For example, Maternity Services Liaison Committee, engagement with seldom heard groups through the CVS.

Digital Communications

The campaign will have a presence on both the CCG and local authority websites to ensure it has a constant platform to host up-to-date information and to gain feedback. A bespoke webpage will be created, as well as feedback forms and an email address that can be used specifically for people to make contact with any concerns, issues or feedback they have. The webpage will be referred to in all communications and engagement around the campaign.

Use of community researchers

We have a number of groups of trained community researchers in the city, which include older people, BME people, young men and cancer survivors, and we will offer the opportunity to these individuals, and any other local people who would like to support this work, to help us with our conversations. It is suggested that the co-ordination of this work could be commissioned locally (e.g. Trust for Developing Communities, who have experience in this area) with support from the CCG Engagement Team.

Timeframe

The campaign will be launched at an engagement event on 4 July 2017 and will run for six months throughout the rest of the calendar year. We will carry out at least two engagement activities per month, along with ongoing digital/virtual communication and engagement throughout the period.

At the end of the campaign, a series of engagement events will be held in the first three months of 2018 to demonstrate how the feedback from the campaign has influenced and shaped our future plans. These will include a 'marquee' event, as well as smaller focused discussions.

4. Feedback and Evaluation

Feedback

We will collect and collate both formal and informal feedback from all the engagement activity carried out during the Big Health and Care Conversation campaign, which will be clearly recorded in one place. This will help to inform and influence the Caring Together programme during the campaign and after its completion.

At the end of the campaign, the feedback will be analysed and published in a public document that clearly articulates how the feedback has helped to shape service transformation and, where this has not happened, the reasons will be explained in an open and transparent way. Likewise, any common feedback themes which have not been taken forward will be described and justified with clear reasoning.

The feedback will be collected through a number of mechanisms, including verbal face-to-face, paper and digital surveys, through social media, emails and web feedback forms.

An engagement event will be held in January 2018 that clearly demonstrates how the feedback collected as part of the Big Health and Care Conversation has influenced the work within Caring Together.

Evaluation

The campaign will be assessed and evaluated on a monthly basis. This will be done by looking at inputs, outputs, outcomes and resource of each engagement activity to gauge the level of success. A monthly evaluation report will be produced and reported to the appropriate committees and senior management meetings for reference and comment. Where engagement activity has been regarded a particular success or failure, key learning will be identified and taken forward and any repeat of similar activity will be amended and adapted.