

Communications and Engagement Strategy 2016-2021

Introduction

This document sets the strategic intent and direction for how NHS Wirral Clinical Commissioning Group will communicate and engage with the Wirral community for the period 2016-2021.

The strategy is not intended to be a standalone work stream, rather communications and engagement is and should be integral all CCG commissioning activity.

The CCG has a statutory role to consult and engage, however this strategy will not be restricted to statutory duties but will consider a broad scope to understand and engage with the Wirral population as a whole. In doing this, one of the main principles underpinning this strategy will be that the CCG cannot do this alone and it must consider communications and engagement in a wider context to include other NHS organisations and also make clear the synergies with Wirral Borough Council.

Context

The development of this strategy is set within the context of a rapidly changing NHS where the financial challenge both nationally and locally is necessitating the need to quickly progress plans to ensure that NHS services are transformed to achieve sustainability.

Sustainability and Transformation (STP) plans have been in development in the first half of 2016, and the underlying Local Delivery Service Plan (LDSP) for Wirral will provide the framework for how the local health economy will transform over the next 5 years.

Therefore this strategy is designed to provide a high level view of the direction of how we will communicate and engage as a health economy, recognising the CCG as the lead commissioner. This strategy will not provide a detailed action plan as many work streams such as the LDSP are still developing and the broad principle that informs this strategy is that communication and engagement is part of everyone's role and function.

Current position

Since its formation in 2012, the CCG has lacked a strategic approach to communications and engagement and this has resulted in activity that in many cases has been reactive and not linked to a wider vision for the local health economy. Programmes such as Vision 2018 and subsequently Healthy Wirral have had the necessary ambition but have lacked focus in terms of the narrative that the local population need to understand to facilitate and trigger behaviour change in the use of NHS services locally. The legacy of this is that for those members of the public/organisations involved in these programmes there is a

degree of disengagement and scepticism that the NHS locally ‘skips’ from one programme to the other and lacks a clear direction on what needs to change. Future strategic programmes such as the STP/LDSP must have a comprehensive communications and engagement framework to support their delivery.

The NHS brand is recognised nationally and internationally and should be celebrated and fully utilised by local NHS organisations when communicating and engaging with the public. In common with most localities, public awareness of CCG’s is limited to those who are actively involved in strategic development, service change or have some individual reason to interact with the CCG. It is more probable that to the general public, what the NHS means to them personally is limited to their general practitioner and their local hospital trust and this creates a challenge for CCG’s who have a statutory role to engage and consult.

Within the context of the Wirral, Wirral University Teaching Hospital NHS Foundation Trust and Wirral Community NHS Foundation Trust have developed strong brand identities and have taken a meaningful and proactive approach to how they communicate and engage in the last two years. The CCG has for the reasons cited earlier not had a comprehensive framework for communication and engagement, although its GP member practices do have active and engaged Patient Participation Groups (PPG’s) and in 2015, the CCG has formed the Patient Voice Group which acts as a forum for PPG members to meet and share views with the CCG. This is a positive step which will continue to mature. The CCG also has the chair of the local Healthwatch organisation as a member in attendance at its Governing Body and again this is a positive demonstration of the CCG’s commitment although the relationship with Healthwatch is undeveloped and engagement with Healthwatch across the local health economy is fragmented and lacks coordination.

The following table demonstrates the level of engagement traditionally across the NHS locally:

Engagement Level	Methods	Level of development
Level 1 Patients as service users	Patient surveys Patient stories Patient specific groups (mainly driven by clinical condition)	Developed
Level 2 Patients as service users Former patients Carers and family members Interested members of	Focus Groups Membership of PPG’s Members of 3 rd sector groups Participation in NHS	Developed (Lacks coordination across health economy)

the public Members of special interest groups (Healthwatch etc) Members of 3 rd Sector	programmes (Vision 2018/Healthy Wirral)	
Level 3 Members of the public (Wirral population)	Direct engagement activity (limited) Formal consultation activity (limited) Newspaper articles and stories (tend to be reactive although NHS providers provide some positive commentary)	Undeveloped (No comprehensive methodology with which to talk to the Wirral population)

This reflects that at Level 3, little work has been done from a health economy perspective to engage with the local population as a whole.

Therefore, the local picture in relation to communications and engagement is varied, with some areas of positive best practice although the current overall position needs to be developed significantly if the NHS locally wishes to engage with the Wirral population as a whole.

Developing a new narrative with our community

The Healthy Wirral Programme was formed in 2015 following the awarding of central Vanguard funding to fast track new models of care under a Primary and Acute Care model. As part of the programme delivery, a communications and engagement function was established which commenced a major engagement exercise in January 2016 called ‘*What matters to Wirral?*’. A number of methods were used to gather views including public engagement events, on line questionnaires and utilising the voluntary and community sector to gather views. The engagement outcome resulted in feedback being gathered from around 1800 people and organisations and whilst it can be argued that the engagement question was in its nature broad, it did yield a strong narrative that can now be used to evidence the imperative to develop a new conversation with our community. Some of the comments made by people were as follows:

‘We know things need to change but we need to understand what?’

‘Need more honest and transparent information’

‘We want to change but we don’t know how to!’

‘We need support to navigate the system’

This narrative needs to be set within the context of the challenges facing the NHS and in particular how we will seek to understand and influence peoples behaviours in relation to their own health and wellbeing.

Future Vision

Given the lack of a coordinated strategy for communication and engagement, it is proposed that within the context of local NHS services there is one overall brand or ‘strap line’ that will be used consistently across all NHS services locally. This brand would be **‘Your NHS in Wirral’**. The rationale for this is that people have told us the NHS brand is trusted and recognisable but there is a risk that current organisational boundaries can blur the messages being sent to the local population. The use of this brand would not mean that others that are specific to other NHS organisations are not relevant. It does mean however that there would be two tiers of communication and engagement activity as follows:

<p>Tier 1 – Health Economy wide communications and engagement</p>	<p>This would be under the ‘Your NHS in Wirral’ brand and include the following:</p> <ul style="list-style-type: none"> • LDSP Healthy Wirral transformation • System wide coordinated messages (eg: Urgent Care) • CCG formal consultation activity • Leadership messages from any NHS organisation to the public
<p>Tier 2 - Organisation specific communications and engagement</p>	<p>Tier 2 would comprise those communications and engagement activities that are specific to an NHS organisation including the following:</p> <ul style="list-style-type: none"> • Proactive engagement in relation to organisational specific activity • Reactive press statements that are organisation specific • Proactive media that is organisation specific <p><i>There will be an expectation that whilst organisation specific activity and branding will be used, this will be supplemented by use of the ‘Your NHS in Wirral’ brand.</i></p>

The **Healthy Wirral** brand would primarily be used as part of the LDSP and directly linked with transformation activity, coupled with the **‘Your NHS in Wirral’** branding. The rationale for this is that the Healthy Wirral brand is still relatively limited in terms of its public exposure and will still be associated with Vanguard,

this can be developed over time but there is a risk of not utilising the NHS brand to communicate as one voice. Public awareness of the Healthy Wirral brand will be incremental and linked to specific campaigns to support the delivery of the LDSP.

The **‘Your NHS in Wirral’** brand would be underpinned by a number of principles linked to the need for transformation and the desire of the public to know more about what it means for them.

1. The NHS delivers consistent high quality care but we need to work together more in a coordinated way to sustain this and this will lead to changes in how some services are delivered.
2. Explaining the rationale for change in a way that people can understand and put in context.
3. Change needs to be timely if we are to continue to deliver high quality care.
4. Explaining what it means to individuals (e.g. use of services, behaviour change, staying healthy and self-care)

This would further be supported by a clear commitment to be open, honest and transparent with our local population. This will require a culture shift for NHS leaders as the NHS has historically been considered to be paternalistic in its approach to planning and delivering services, in other words *‘we think we know best’*. This presents a risk as the challenges ahead will require a more collaborative approach with an emphasis on the local population being required to think about the NHS in the future and their role in ensuring it is sustained.

Local Delivery Service Plan (LDSP)

The Local Delivery Service Plan (LDSP) provides a timely and effective framework to engage the Wirral population over the next five years. The LDSP has been developed across three ‘triple aims’ – Better Health – Better Care and Better Value. The LDSP recognises that peoples health and well being is determined by multiple factors including education, employment, housing and economic growth and as such the LDSP is aligned to the Wirral Borough Council 2020 plan, especially in relation to Better Health. This supports the direction detailed in this strategy with an emphasis on the local population understanding their role in sustaining NHS services with the appropriate shift in behaviours to improve people’s health and wellbeing. The supporting strategies for each aim of the LDSP are in development and each will have content in relation to communications and engagement, incorporating the principles contained within this strategy. As detailed earlier, the Healthy Wirral brand will be used to support the delivery of the LDSP as it develops. It will be critical that those involved in previous transformation programmes are fully engaged and have confidence in the ability of those delivering the aims of the plan.

Alignment across the Health Economy and the Local Authority

Having recognised that there is a need for the NHS locally to communicate and engage as one brand, it is equally important that there is an equal alignment between the communications and engagement functions between the NHS and Wirral Borough Council. The rationale for this being that the local authority is progressing strategic plans to improve people's lives locally, especially in relation to Public Health. With this in mind, a new strategic communications and engagement group has been established to coordinate this activity moving forward. This will provide synergies moving forward and allow both the NHS and Local Authority to contribute to each others campaigns.

The role of leadership

Executives across the local health and social care economy have traditionally been the public face of the NHS, especially when engaging with the public. Whilst this is appropriate it can be that the public sees this visibility in terms of *'holding the NHS to account'* and this can in turn increase scepticism when executives are talking about transformational change. The role of clinical leaders in engaging with the public is less developed and coordinated, which presents a significant opportunity when communicating and engaging under the **'Your NHS in Wirral'** brand and principles as well as supporting the LDSP **Healthy Wirral** programme. Therefore, an expanded pool of leaders will be used in the future to communicate and engage across the health and social care economy as public confidence in clinical leaders across the NHS as a whole is high and this can be utilised effectively.

Within the context of this strategy, leadership should be viewed as a 'golden thread' with NHS leaders, both executive and clinical communicating and engaging with the following principles:

- Talking as one voice
- Engaging as one entity (Tier 1)
- Accountable as one NHS system

Developing insight – *'What do the public really think?'*

Insight and market research methodologies are not well developed in the NHS and they can be used to effectively to understand peoples motivations and perceptions. They can also be used to 'test' assumptions and hypothesis that can inform transformational change. In many ways, the NHS is guilty of making assumptions about what people understand and want, especially when accessing local health services. For example, 'Urgent Care' is a key priority for the CCG and the health economy as a whole with daily pressure being felt at the Emergency Department at Arrowe Park Hospital. However, do we really know what the public understand about Urgent Care and what it means? The provision of Urgent Care in the Wirral includes the following:

- Emergency Department (Arrowe Park Hospital), although in common parlance the public will refer to it as ‘A & E’
- All Day Health Centre (Arrowe Park Hospital)
- Minor injuries centres – all of which have varied opening hours and different levels of clinical care available
- NHS 111

Using this example, the interchangeable use in terminology as well as variance in provision is likely to lead to confusion with the public. Even with the best methods of communication it is understandable why people defer to ‘A & E’. In this case, insight and market research could help create a way in which we can get into the mind-set of those using these services and transform urgent care provision. This could include innovate ways in facilitating patients to navigate across organisational boundaries, aiding them to select the most appropriate service provision.

CCG Engagement and Consultation

Whilst the proposed strategic direction is one of collaboration, and in main speaking to the local population with ‘one voice’ as one NHS, it is important to recognise that the CCG as the primary commissioner of health services on the Wirral does have a statutory role to fulfil, especially in relation to consultation. Until recently, the CCG had lacked an appropriate framework to undertake its statutory role to consult and this presented a significant risk. New consultation guidelines were introduced in April 2016 which will ensure that the statutory duty is met in the future.

Consultation

The guidelines are designed to ensure that commissioning managers meet the statutory requirements to consult and one of the main dependencies of this is that they understand who the principle stakeholders are for the CCG as well as for their own portfolio. This will ensure that informal stakeholder engagement can be undertaken as proposals are in the development stage which will ensure that an early engagement model is adopted. The requirement to formally consult will be further supported by the use of the ‘*Your NHS in Wirral*’ brand and the delivery of the LDSP as part of the **Heathy Wirral** transformation programme. The rationale being that as we start to communicate and engage on the challenges faced by the NHS and what needs to change, the public will have a foundation level of knowledge so when formal consultation is undertaken there is already a narrative within the public consciousness.

The levels of consultation that the CCG will undertake will be based on the following:

Level 1	Minor changes – no further consultation is required	None
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Level 2	Medium changes that are broadly supported by stakeholders through prior engagement	Up to 6 weeks (min 4 weeks) + limited proactive engagement during consultation
Level 3	Significant changes that are broadly supported by stakeholders through prior engagement	Up to 10 weeks (min 6 weeks) + proactive engagement during consultation
Level 4	Significant change with some contentious issues	12 weeks + proactive engagement during consultation
Level 5	Highly contentious/High volume impact on a number of stakeholders/High levels of dissent/Significant financial implications/High level of media interest or political profile	12 weeks + extensive pre and during consultation engagement

The revised guidance also ensures that the CCG is meeting its obligations in relation to the Public Sector Equality Duty. However, the need to understand and engage with those with protected characteristics goes beyond meeting statutory requirements and the development of the **'Your NHS in Wirral'** brand will be an inclusive process and involve individuals and representative groups from all communities.

GP member engagement

As a membership organisation, the CCG recognises its GP members as a principle stakeholder and as such has established mechanisms in place which include regular weekly communication bulletins, GP member meetings and protected learning time sessions. The most recent 360° stakeholder survey reflected a challenging position for the CCG in relation to its GP members, with many stating that they felt that communication and engagement could be improved and that they need to be more involved in commissioning decisions. In response to this the CCG acknowledged the feedback and since May 2016 has been working on a revised methodology for communicating and engaging with GP members. The actions include the following:

- Redesigned website for GP member practices.
- CCG leadership team on line forum for GP members.
- Revised weekly bulletins.
- Transfer of resource from primary care commissioning to the communications and engagement function.
- Use of webinars/podcasts to communicate key messages from CCG leadership team and to aid involvement in commissioning intentions.

- Progressing actions to ensure commissioning managers are visible and engaging with GP member practices.
- Undertaking practice visits by CCG leadership team to explain the current context of the NHS locally and the challenges ahead and the sight of key strategic priorities.

Healthwatch

Healthwatch both locally and nationally acts as the consumer champion for health and social care and is a statutory organisation as part of the Health and Social Care Act 2012. As mentioned in this paper, the chair of Healthwatch is a member in attendance at the CCG Governing Body and there is evidence that Healthwatch is engaged in some areas of work. However, the current engagement is often viewed as being tokenistic and often Healthwatch are asked to participate in work streams at a late stage which is reactive to events or requests by external bodies to the CCG such as NHS England who see Healthwatch as a key stakeholder nationally and therefore have a reasonable expectation that Healthwatch will be actively and proactively engaged on an ongoing basis.

Moving forward, the relationship with Healthwatch will be developed considerably to recognise not only their statutory role but also to work in partnership with them when the CCG or health economy is seeking an informal view(s) on proposals in development. This will be particularly important as the LDSP **Healthy Wirral** transformation programme develops and Healthwatch will be seen and utilised as a key partner in developing the local populations understanding of the challenges ahead as we transform and sustain health services on Wirral.

Communications and media

As this paper has discussed, the methods by which the NHS locally communicates with the Wirral population is varied and uncoordinated. In addition, media management is mainly organisation specific and with the exception of some very good proactive media by local NHS providers is reactive to events or negative stories.

From a CCG perspective, proactive media is difficult as a commissioning organisation does not have the necessary ‘hook’ for press to engage with. This is why a collaborative approach is required under the **‘Your NHS in Wirral’** brand so the CCG can communicate as part of the local health system.

Current position:

Websites	Each NHS organisation has their own website with varying degrees of maturity: CCG – Basic website that lacks functionality and does not support requirements as a principle means of communication
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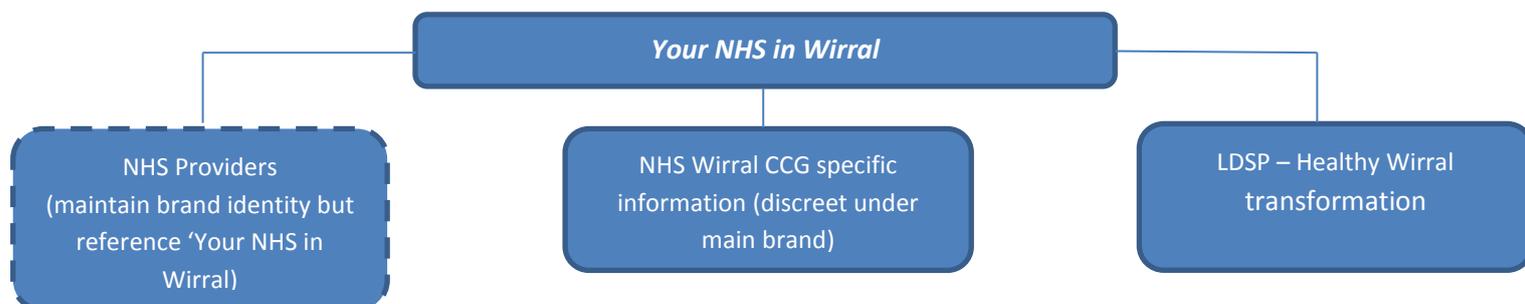
	<p>WUTH – Well developed Wirral Community NHS Trust – Well developed <i>Note: All NHS websites locally require development to make them fully accessible</i></p>
Media relations	<p>CCG – Mainly reactive media activity, difficulty in getting proactive media taken up due to commissioning function WUTH – Well developed media relations with local press with good proactive stories that provide a balance to reactive stories. WUTH is proactive in attracting national media activity. Wirral Community NHS Trust – Well developed with the CEO having a weekly column in Wirral Globe newspaper</p>
Social Media	<p>CCG – Use of Twitter limited to press releases and ‘retweeting’ other providers messages WUTH – Good use of Twitter and Facebook Wirral Community Trust - Good use of Twitter and Facebook</p>

Note: Discussions will take place with Cheshire and Wirral Partnership NHS in relation to their role in this strategy.

Whilst there is some degree of success across the local health economies communication methods, these are mainly individual to organisations and the lack of a ‘system’ wide approach does not provide the necessary platform to communicate and engage as a health economy.

As part of developing the ‘**Your NHS in Wirral**’ brand this strategy proposes that communication methods and media engagement will be under one ‘umbrella’ for the purposes of health economy wide (Tier 1) communications. The CCG will be a discreet brand under this and the other NHS providers whilst maintaining their own identity will align with the “**Your NHS in Wirral**’ branding.

This can be demonstrated as follows:



The development of one definitive brand provides an opportunity for the local NHS organisations to fundamentally rethink what methods we use to

communicate with the Wirral community. Media channels are limited locally, and these are restricted to local press and radio stations with an extension to a Merseyside footprint in some circumstances. Wirral Borough Council are in the process of developing a monthly publication that will be delivered to all households on Wirral and this provides a consistent way in which NHS specific content can be communicated. As part of our new collaborative relationship, the Local Authority have agreed that health related content will be integral to the publication.

However, new and revised methods will need to be explored including the following:

- A 'Your NHS in Wirral' app for smartphones which can help with navigation, information and most importantly to push notifications to users on the status of the health system locally (eg: A & E pressures)
- Developing digital media broadcasts for cascade via social media
- Attracting national and regional media on Wirral to support the 'Your NHS in Wirral' brand and the progression of the LDSP Healthy Wirral Programme
- Utilising local media channels in a coordinated way to include scoping e.g. 'Bay TV'
- Scoping opportunities to communicate in areas where the population masses for leisure and social activity such as shopping centres and cinemas

Staff communications and engagement

The ways in which the CCG engages with its own staff are limited and undeveloped. The introduction of the Organisational Development Strategy has provided the evidence for and the need for staff to understand their role in the CCG, and in turn how they contribute to the wider health economy.

At present, there is a weekly face to face briefing, and this is followed by a short summary of what was discussed, which is distributed to staff. This is supplemented by ad hoc communications which have a tendency to be reactive to events or circumstances and not linked to any wider strategic vision. Periodic away days are conducted and one of these held in 2015 developed the vision and values for the CCG. However, having done this positive work, nothing has been done to embed these with staff. The OD strategy provides a framework to develop the organisation and staff; this will be supported by internal communications which will include the following:

- Redesigned staff intranet site.
- Visuals to support the CCG organisational identity as well as the Vision and Values, including making the 5th floor at Old Market House visibly the 'home' of the CCG.

- Development of a 'blog' for the Accountable Officer.
- Introduction of an online forum for staff to raise views for response.
- Weekly staff bulletin to support face to face briefings.
- Developing communications to support team identity, sharing of successes and best practice.

These steps will ensure that CCG staff feel part of a definitive organisation and are well informed about CCG activity, challenges and transformation. However, there is another consideration in line with the wider scope of this strategy and that is how we involve all staff across the NHS to act as enablers in how we communicate and engage with the Wirral population given that the vast majority of staff live locally. Therefore the development of the '**Your NHS in Wirral**' brand as well as the LDSP **Healthy Wirral** transformation programme will recognise the role of our own NHS staff in how we move forward.

Next Steps

The principle action arising from this strategy is the development of the '**Your NHS in Wirral**' brand which will require agreement across the local NHS organisations. Agreement in principle has been reached with the communications leads and this will require executive approval for each organisation.

The resources required to deliver '**Your NHS in Wirral**' as well as the LDSP **Healthy Wirral** programme will be developed and submitted to the CCG Operational Group in due course.

The Wirral CCG Governing Body is asked to approve the strategic approach detailed in this strategy and it is recommended that a further update on the strategy is submitted to the Governing Body before the end of 2016.