

## **Communications and Engagement Strategy**

June-September 2014

### **Background**

The six south west London CCGs and NHS England are working together in a strategic commissioning partnership – South West London Collaborative Commissioning - to address the challenges faced by the local NHS. A five-year strategy for local health has been published. This strategy forms the CCGs' joint response to the *Call to Action* and sets out their approach to tackling the challenges we face in south west London.

Patient representation is embedded throughout the South West London Collaborative Commissioning programme and the Patient and Public Engagement Steering Group has expressed a desire to ensure that the case for change and the strategy are widely communicated. The CCGs have expressed a commitment to working with provider Trusts, local authorities, Health and Wellbeing Boards, Healthwatch organisations, the voluntary sector and all others with an interest. The development of the strategy is supported by seven clinical design groups, made up of clinicians from the local NHS and covering children's services, urgent and emergency care, planned care, transforming primary care, integrated care, mental health and maternity.

The five-year strategy does not include proposals for specific sites or provider trusts. The CCGs will need to engage with local stakeholders, including providers, local authorities and the public, on the five-year strategy and how it will be implemented in practice, including what it will mean in practice for each provider. Now that the strategy has been published, an ongoing programme of communications and engagement will support it. These will be delivered mainly at CCG level with some central support from the SWLCC team. Key activities and approaches are summarised below.

## 1. Aims and principles

The aims of this strategy are to:

- Ensure that the five-year strategy is appropriately publicised and that key stakeholders are engaged and involved in discussing its implementation
- Promote widespread understanding of the clinical and financial case for change and the standards we are commissioning to.

The key principles of this strategy are:

- Best practice communications and engagement based on transparency, inclusivity and partnership with our stakeholders.
- Communications and engagement will generally be locally led and centrally coordinated, with key functions such as media relations, preparing briefing materials and social media carried out by the central team.

## 2. Communications and engagement with key stakeholders

Our communications and engagement approach will follow best practice principles. We will be advised by the Patient and Public Engagement Steering Group (PPESG), drawn from local CCG lay representatives, Healthwatch bodies and voluntary sector organisations. We also have access to independent best practice advice from the Consultation Institute.

The PPESG has already identified the need for a public information campaign focused on access and quality and explaining the case for change, what the London Quality Standards are and why they matter and where to get help when. This campaign will run alongside the 'implementation' phase of the five-year strategy.

### **Key suggested initiatives in the next phase of communications and engagement will be:**

- **A public information campaign** across SWL, overseen through PPESG, supported locally by the CCGs and if agreed, the voluntary sector. The SWLCC communications team will develop materials and provide day-to-day support. The campaign will focus on the **case for change and demystifying commissioning standards**. This is an engagement campaign, using NHS, Healthwatch and voluntary sector networks to begin to 'warm up' to a more wide-ranging campaign after implementation options are developed, and the intention is for it to take shape gradually in the next three months, being ramped up once we have made progress towards implementation.

- Each CCG to launch an **integrated care** communications programme linked to the above, promoting out of hospital initiatives across SWL to show **how the NHS is changing** - with support of SWLCC programme team as required.
- **The 5-year strategy to be widely distributed for comment** to local groups and stakeholders during the implementation design phase and their comments to be fed into the relevant clinical design groups and clinical advisory group. Distribution to include 'expert' groups in each clinical area.
- **Each CCG to hold a briefing session for its local authorities** in July, inviting councillors and officers to discuss the strategy and the case for change
- **Each CCG to brief health spokespeople and OSC leads** in their local authority over the summer and to hold bi-monthly meetings for key council officers (Chief Executives, Leaders, Directors of Adult & Children's Services, etc)
- **CCGs to consider a refresh of the Not Always A&E (Yellow Men) campaign** to support the communications initiatives outlined above. The "Choose Well" campaign was superseded in south London by the Not Always A&E ("Yellow Men") campaign that ran over the winter 2013-14 period. The evaluation of the winter campaign showed a positive response from the public, with 40% spontaneous recall, 98% thinking the main campaign message was clear, 86% agreeing with the message, and 70% likely to think differently about use of non-A&E services in the future. NHS South London Commissioning Support Unit is offering south west London CCGs a summer refresh of the campaign, helping to strengthen the impact of the previous winter campaign and focusing specifically on summer ailments and behaviours, and the appropriate NHS services to use. The CSU is also working with south east London CCGs to offer a similar campaign. The campaign could be specifically aligned with the key public messages in SWLCC's communications and engagement strategy. This would also provide an opportunity to test how the winter 2014/15 campaign can best support the strategy.
- **Consider a SWL-wide primary care event, based on the previous stakeholder event, probably post-September.** Purpose to brief GPs and other primary care professionals on the strategy in detail – to supplement local work by CCGs through existing mechanisms. It may be that this initiative will need to be delayed until **after September**, when the next steps for the programme are confirmed.

- **Patient reps on clinical design groups** to work with the programme team, CCGs and PPESG; training provided to support the patient reps and involve them in developing implementation plan
- **Briefing provider staff:** face to face meetings in trusts with CCG leads if requested; use of SWL Communications Network to update providers on process
- **CCGs to brief key stakeholders** such as providers, MPs, local authorities and local GPs/practices on an ongoing basis.
- **CCG leads to attend meetings** with OSCs and provider trust staff. SWLCC programme team to support as required.
- **Close work with Healthwatch organisations and the voluntary sector** to disseminate information about the programme and the local NHS.
- **A new strategy to be developed once site-specific proposals are developed**, including dedicated meetings to be set up to discuss the issues raised with local stakeholders – likely to be post-September.

The detail of how we should approach each stakeholder group is set out below.

## 2.1 Patients and the public

The **Patient and Public Engagement Steering Group (PPESG)**, drawn from the CCG public and patient lay reps, Healthwatch bodies and the voluntary sector in each borough, will play a key part in assuring good public and patient engagement. The PPESG has expressed a desire to **promote and explain the London Quality Standards and the case for change across SWL** and we will run a public information campaign, as briefly described above, which will start to take shape in the next three months. A separate plan for this campaign will be agreed with the PPESG. Delivery will rest primarily with the SWLCC communications team, supported by the CSU communications staff and local clinicians.

We will contact all of those with whom we have previously engaged on local NHS initiatives and update them on the programme. **CCG leads may be asked to attend meetings** with local groups – where attendance is not possible, written briefings should be provided.

**Clinical Design Groups** will be supported by patient representatives, who will be offered training in effective patient involvement by the Centre for Patient Leadership. (We have successfully secured funding from Health Education South London to run this training.)

**Social media** is a key tool in reaching and engaging with people and Twitter will be central to our ongoing engagement with those with an interest who use it. We will maintain our Twitter and Facebook accounts. We will also respond to queries as appropriate and monitor comments about the programme on social media.

Our **website** [www.swlccgs.nhs.uk](http://www.swlccgs.nhs.uk) will remain the key hub for all information about the strategy and programme, including minutes of meetings, updates on key developments, the case for change, programme governance and so on. In the interests of transparency, it is recommended that minutes of Strategic Commissioning Board, Clinical Advisory Group and SWL Forum meetings are published. In addition, the Maternity and the Paediatric networks have obtained dedicated external funding to develop their own websites. These are under development and their content and approach will be coordinated with the SWL Collaborative Commissioning site.

A summary version of the case for change, presentation slides, media Q&A and other communications collateral will be produced centrally by the programme team to support effective public communications by CCGs and the public information campaign.

## **2.2 Provider trusts**

Provider trusts will be key to the successful delivery of the five-year strategy. The programme's preferred approach is to agree with our providers how the strategy can be implemented in practice. A series of high level discussions is taking place with provider Trust chief executives and boards.

In addition, we will work with the provider communications teams to brief their staff and the CCG chief officers and chairs may be asked to attend briefings with provider trust staff. Provider trusts will receive our weekly update and we will prepare a monthly digest of key information which they can share with their staff via their intranets and other internal communications mechanisms.

**Trades unions** representing staff should be briefed at an early stage on the content and process of the programme – either centrally at SWLCC level or by individual CCGs in partnership with their providers. Quarterly meetings between CCGs, providers and trade unions are recommended.

## **2.3 GPs and practice staff**

Local GPs and primary care professionals will be briefed by their CCGs and kept informed and involved. Existing membership engagement mechanisms within each CCG will be used to achieve this, with the SWL Collaborative Commissioning

communications and engagement team working closely with local CCG Chairs, Chief Officers and communications leads. CCG locality meetings, practice manager forums and other existing meetings should have the opportunity to discuss the five-year strategy.

It is important that GPs and practice staff have a full understanding of the five-year strategy and regular updates for practices can only support this. The SWLCC communications and engagement team will support any local initiatives that CCGs want to undertake to brief their practices, including providing briefing materials.

In addition, a SWL-wide primary care event would give GPs and practice staff a good opportunity to be briefed on and discuss the strategy during the implementation phase, though this may be best delayed until later in the year, when more progress has been made towards options for implementation.

## **2.4 Health and Wellbeing Boards**

Health and Wellbeing Boards (HWBs) should be a key driver of our five-year strategy and progress against the strategy should be a standing item on all HWB agendas. In addition, it is recommended that CCG leads meet regularly with HWB Chairs and officers at local level. Our aim will be to secure the support of all six HWBs and their input to the implementation plan.

## **2.5 Local authorities**

Alongside the HWBs, CCGs will need to continue to brief local authority leaders, chief executives, councillors, OSC Chairs and other key officers on an ongoing basis, including regular update meetings between the CCGs and their local authority partners. A minimum of **bi-monthly meetings** with key officers is recommended during the phase up to the end of 2014.

To start this process off, a **detailed briefing meeting between each CCG and their local authority/s should be offered, inviting officers and councillors in each borough.**

In addition, CCGs should meet on a 1:1 **basis with OSC Chairs/Health spokespeople** in each borough, together with their officers, with support from the SWLCC programme team as required.

A **written information briefing** for local councillors will also be prepared, including the public-facing version of the case for change.

CCG leads should be available to attend meetings to brief local authority partners, especially OSC meetings if councils or councillors request this.

Each CCG should have a detailed plan for ongoing partnership work with their local authorities on the five-year strategy.

## **2.6 MPs**

Local MPs will continue to be briefed at all key stages and provided with briefing materials in advance. Regular meetings with CCGs will be maintained, A unified approach to briefing MPs across south west London will remain critical in the months ahead. As we approach the General Election, both MPs and Parliamentary Candidates are likely to be increasingly vocal and to request briefings and information.

Briefing materials for MPs will need to be prepared centrally so that there is consistency of messaging. The briefing for councillors will be adapted for MPs.

## **2.7 Healthwatch and the voluntary sector**

We see local Healthwatch organisations as key partners and hope to work closely with Healthwatch teams throughout the implementation period. Healthwatch bodies meet on a regular basis and their meetings are open to the public. If invited to discuss our proposals, CCGs should make these meetings a priority.

Each CCG will also need to work closely with the voluntary sector in each borough, both to identify where they can support the NHS and to ensure that their clients and service users have access to information about the local NHS and are able to input any concerns or queries to the programme. This approach will be supported through representation of Healthwatch and the voluntary sector on the PPESG.

# **3. Key messages**

The following are suggested generic messages about the programme, for all CCGs and the programme team to use. Messaging will be refined as implementation plans are developed.

## **2.1 Generic key messages about the programme**

- **Standards matter.** The standards that we are asking of our providers are all about improving care and outcomes for patients – for example, ensuring consultant presence on hospital wards, which has been shown to improve patient and outcomes and to save lives in emergencies.
- **We need to change the way we deliver health services** to meet the changing needs of an ageing population in which many more people live with long term conditions. This means we need to spend more money on services based in the community, keeping people out of hospital unless they really

need to be there. Nationally, £3.8 billion (locally around £85 million) is being moved from hospital budgets to focus on better integration between health and social care.

- **The NHS is changing.** All our CCGs have already made huge progress on improving care outside hospital and we want to deliver better integrated care outside hospital in south west London, meaning less care delivered in hospitals and more in the community.
- **We need to improve hospital based services and this is likely to mean that some services will change.** We expect hospitals to meet the London Quality Standards, which are minimum standards for hospitals based on consultants being present on wards seven days a week. These are non-negotiable priorities for the NHS in London. None of our acute Trusts currently meets all of the London Quality Standards and there is substantial variation in the quality of care provided across local health services and not enough consultants to deliver the London Quality Standards across four hospitals. This is why we believe change is needed, but we would like to talk to local hospital trusts about the best way of making the changes.
- **Better information for patients** about where to access health services is critical to our success and that is why we need to do more to help patients to choose the right service.
- **The NHS budget is not expected to increase, but the costs are rising** much faster than the rate of inflation. **It is important that any changes we make are planned**, rather than happening due to services running into financial difficulty.
- **The five-year strategy sets out the direction of travel for the local NHS and the standards of care that we want for our patients. How we get there is the next step.** We will now work with provider Trusts, Health and Wellbeing Boards and patient representative groups on the detail of how we get there and what it means for each Trust.
- **We need to reshape mental health services** so that they achieve the highest possible standards and are focused primarily in the community, working in an integrated way with physical health services, local authorities and the voluntary sector.
- **We need to transform primary care**, with networks of practices working together to coordinate patient care.

- We will ensure **community-based services meet the highest possible standards.**
- **Working together is critical to our success:** our services are inter-dependent and the challenges we face cross borough boundaries. We do not believe it would be possible to achieve the scale of change that is needed by working independently at borough level.
- Should the outcome of our discussions with providers and Health and Wellbeing Boards mean **major service change** at any of our Trusts, then proposals would of course be subject to **public consultation.**

## 2.2 Key messages by workstream

### Children's services

Children and their families can expect:

- More resilient community services and closer work between the NHS and local authorities to develop integrated services that keep children well, happy and out of hospital
- Specialist hospital care when needed from senior doctors and specialist nurses, seven days a week, meeting the LQS at all hospitals that keep children in overnight
- SWL-wide review of children's services to assess the differential health indicators of children across SWL and how well existing services support them, to include an analysis of population change and impact
- Establish Children's Network to develop shared clinical guidelines and pathways across SWL
- Networked services across SWL, bringing together local expertise and service leads to advise CCGs on commissioning priorities and working together to improve children's health services.

### Integrated care

Patients can expect:

- Implementation of the Better Care Fund plans and monitoring of their outcomes; best practice to be shared and collective experience used to design local solutions

- Promotion of self-management and prevention
- Support for people who live with long term conditions and 'whole person' care
- Improved care of frail elderly patients and maintenance of their independence
- Stronger multi-disciplinary team working between community, primary care, social care and community-based specialists
- Enhanced community-based rapid response and urgent care
- Better hospital discharge planning, post-discharge support, reablement and rehabilitation
- Better end of life care
- Reduced complexity of the system.

## **Maternity**

Women and their families can expect:

- Easier access to high quality obstetric care for women with complex needs and midwife-led care for low risk women; a more holistic approach to caring for both mother and baby
- Improved quality of referrals to maternity services, so women with chronic medical conditions can be assessed by 10 weeks and seen by the appropriate specialist team early in their pregnancy
- 24/7 obstetric care led by senior consultants in line with LQS, to reduce adverse outcomes in hospital births
- SWL Maternity Network and CCGs to work with women to better understand their experience of maternity services and use feedback to drive improvements
- More continuity in midwife-led care and better services outside hospital to support antenatal and postnatal care and improve the access, consistency and range of these services

## **Mental health**

People who use mental health services can expect:

- 'Joined-up' services across physical healthcare, social care and the voluntary sector to enable a 'whole person' care plan
- Better quality of and access to mental health services in the community, helping people to stay well and out of hospital where possible
- Access to appropriate and timely support for people heading towards a mental health crisis with an plan in place ahead of any crisis developing
- Systems put in place to measure the quality of life for people with mental health problems to make sure that the most effective services achieving the best outcomes for people are protected and funded
- Increased patient choice and personalisation of services.

## **Planned care**

Patients can expect:

- All planned surgery in south west London to be ring-fenced within five years and providers and commissioners to work together to deliver this through the development of centres of excellence in surgical specialties
- Urology services identified as a potential 'pilot' as there is strong clinical support for change
- Separating planned and emergency surgery would mean patients could expect better outcomes, fewer cancellations, better experience of planned operations and a more efficient system.

## **Transforming primary care**

Patients can expect:

- Practice networks that take a collective responsibility for the health of their population
- Better cooperation between primary care, community, social care and specialist services, to provide coordinated care for patients with long term conditions or complex needs

- A review of primary care estates to ensure that primary care is delivered in appropriate settings and co-located with other services where appropriate
- Increased use of technology-enabled services to create more capacity and support preferences of patients who do not need face-to-face care
- Primary care teams to become part of delivering care in their communities, taking a more proactive approach to wellbeing, public health and self-management.

### **Urgent and emergency care**

Patients can expect:

- Clear information about services and how to access them
- Hospital and community services to adjust their service levels in response to changes in demand
- A&E departments to follow best practice for handling patients with major illnesses or injuries, including early review by a senior clinician
- Hospitals and local authority social services and housing departments to be well coordinated to avoid delayed discharges and reduce length of hospital stay where appropriate

## **3 Media relations**

- We will **engage proactively** with the local media on our strategy, as they are a key means of reaching local people. We will also work with national media including the HSJ and BBC London, to promote our strategy and approach.
- Alongside the usual challenge of rebutting falsehoods, we will look to maintain a profile for the good work being done, particularly around **out of hospital care**. This work will be delivered jointly by the CCG communications leads and the SWL Collaborative Commissioning team. We will focus on **how the NHS is changing** by showcasing key out of hospital initiatives across SWL.
- We will increasingly look to **publish key data** supporting the strategy and the case for change in the interests of transparency. Our default position will be to publish the data we are using e.g. Maternity network data.

- We will also use editor's **letters pages** and, if possible, **placed articles** to highlight our strategy and the challenges it seeks to address.

#### **4 Evaluation of this strategy**

This strategy and the activity related to it will be monitored on an ongoing basis by the Patient and Public Steering Group and the Workstream/Clinical Design Group Leads.

In December 2014, a final evaluation of the work carried out will be prepared and a new strategy for 2015 will be developed, which takes account of any learning points from this document.