

The new health and social care landscape – A communications and engagement strategy for the public sector changes in Herefordshire for 2012-2013.

Updated May 2012.

1.0 Introduction

- 1.1 This strategy is intended to ensure a smooth transition through the period of change to the health and social care system initiated by the Health and Social Care Act 2012. By providing clear and consistent communication to all identified stakeholders during this time and through the instigation of communications and engagement activities required to support the initial Herefordshire Health and Wellbeing strategy this plan will support the principle of continuity during a period of significant change within the public sector.
- 1.2 In order to ensure that this strategy can work to best effect, it is recommended that it is owned equally by Herefordshire Council Herefordshire Clinical Commissioning Group, Herefordshire Health and Wellbeing board and key partner organisations. It has been informed through the strategic objectives previously set out by the Herefordshire Public Services transition board, Herefordshire Clinical Commissioning Group and the Herefordshire Public Services Leadership Team.
- 1.3 As it is anticipated that the Health and Wellbeing Board will be the primary vehicle through which local health and wellbeing outcomes will be addressed, the local Health and Wellbeing strategy will increasingly become a focal point for communications and engagement activity within the county.
- 1.4 Therefore, the work emerging from the Health and Wellbeing Board will provide significant opportunities to impress upon service users, carers and all local communities the need for people to take personal responsibility for lifestyles (of which health is one aspect) and also to improve the way we use feedback from stakeholders and the public. There are also opportunities to develop an on-going dialogue between health and social care commissioners and their stakeholders through innovative engagement work, which can inform future social marketing campaigns, as well as the development of services.
- 1.5 As the local health and social care landscape is developing rapidly, this strategy is designed to run in 90 day cycles so that it can provide flexibility and evolve to meet changing requirements and milestones during the transition.
- 1.6 Key documents informing the strategy going forward should include the HPS Joint Corporate Plan, the Herefordshire Health and Wellbeing Strategy, the HPS Transition Plan, the Joint Strategic Needs Assessment, the PCT Annual Plan, the QIPP;

West Mercia, Wales and Gloucestershire Cluster transition plans, NHS listening exercise results and the HPS Public Engagement Strategy and Plan.

- 1.7 There are three main strands to the strategy: stakeholder communication, internal communication and public and staff engagement.

2.0 Objectives

- 2.1 This strategy has a number of key objectives, which are intended to inform stakeholders from the partner organisations, the community, regionally and nationally about the changes happening to public services within Herefordshire and which are nationally recognised as innovative. These are:

- To support, inform and supplement 'business as usual' communications for Herefordshire Council, NHS Herefordshire and Herefordshire Clinical Commissioning Group.
- To reaffirm the message that communications and responsibility of ensuring a smooth transition to the new NHS commissioning arrangements is a responsibility shared across the public sector. Everyone within Herefordshire Public Services and beyond has a personal responsibility to advocate for and participate constructively in the changes.
- To support a seamless transition from NHS Herefordshire to Herefordshire Clinical Commissioning Group.
- To support a seamless transition of local public health services to Herefordshire Council.

- To ensure that consistent messages are produced on behalf of all organisations throughout the transition period indicating clearly that good services, based on local need and quality patient care are at the heart of what we do.
- To raise the profile of health and wellbeing with Herefordshire residents, community groups, parish councils, local businesses and increase engagement in, and ownership of, this agenda.
- With colleagues across the wider Herefordshire public sector partnership, to embed a broader culture of personal responsibility, which is wider than the health and social care agenda.
- To create a culture where people take responsibility for their own health and care as much as possible.
- To establish the Health and Wellbeing Board as the central mechanism locally for delivering health and wellbeing outcomes by partners from across the public sector.
- To establish an effective stakeholder engagement programme to inform the work streams identified by the Health and Wellbeing Board and maximise opportunities for local people, staff and targeted stakeholders to get involved.

Specifically:

- a) **children under 5 years old:** For every child in Herefordshire to have an equal chance of a healthy childhood and developing a healthy lifestyle for adulthood.*
- b) **alcohol harm reduction:** A reduction in alcohol related harm in Herefordshire.*
- c) **older people:** Working with people in Herefordshire to live independently and to be safe and well. We will do this by encouraging people and their communities to help themselves and where necessary, ensuring access to advice, care and support which is financially sustainable; of high quality; timely; accessible and*

innovative.

- To develop a programme of internal communication to keep staff appraised of developments and changes during the transition period and to support the HR processes.
- To support the development of Healthwatch Herefordshire and enable it to promote its work as a local 'health and social care consumer champion'.
- To respond to requirements arising through the wider NHS and social care changes in West Mercia, Wales and Gloucestershire.

3.0 Risks and Issues

3.1 There are a variety of risks and issues which can impact both the direction and speed of travel of the changes and these are set out below.

RISK	IMPACT	LIKELIHOOD	RATING	MANAGEMENT
Continued uncertainty about the future for staff	<ul style="list-style-type: none">• Uncertainty can lead to disengagement and low productivity• NHHSH and HCCG lose out because staff move on to other jobs, taking their knowledge with them• May impact JCP objective to retain	4	3	Development of internal communications plan to keep staff informed of what is happening. Utilise internal briefing systems

	high quality workforce			
Less third sector funding and this impacts provision of services and support, and their ability to support service redesign	<ul style="list-style-type: none"> • Impact on local services • Inability to deliver against some health targets • Disengagement of third sector at a time we want to deliver a message of 'everyone having healthcare responsibility' 	3	4	Risk analysis required to inform future planning and development
Savings required through QIPP impact frontline services	<ul style="list-style-type: none"> • £11m savings required – could impact services. Risk not being able to win and retain public/customer support for new health and social care landscape 	3	4	Foster a culture of proper use of services Communications plans should be in place to support process
Lack of customer/stakeholder understanding about who is responsible for services	<ul style="list-style-type: none"> • Not knowing who to call or contact for help or advice – impact on reputation of ALL organisations 	3	4	Single point of contact, branding exercise and direct communication with residents so that they know who to contact
Perceived lack of accountability in how	<ul style="list-style-type: none"> • As highlighted through the previous NHS Listening Exercise 	4	4	Apply any mitigation as directed by government and communicate

services are commissioned				wish to be open and accountable locally
Challenge to make everyone take responsibility for their own health and wellbeing	<ul style="list-style-type: none"> Unless communicated positively and effectively, could be seen as council/GPs taking money out of local services in climate where people expect everything to be available to them “we pay for it and expect you to do it for us” 	3	3	Stakeholder and public engagement projects to help understand barriers to good health and create sense of responsibility Communicating the choice and control/personalisation agenda to help people stay independent and living in their own homes
Projected health and social care funding gap of £29m by 2014	<ul style="list-style-type: none"> Greater demand upon services, unable to meet local need 	2	5	Need for current services to be streamlined so that money can be reinvested to meet the growth in demand
That NHS reforms continue to be politically charged and become so at a local level	<ul style="list-style-type: none"> Negative messages about health and social care services being shared through media, locally 	2	3	Need to create climate of ownership – elected members can play a vital role in delivering and receiving information that can be used to develop effective services

4.0 Opportunities

- a) Establishment of new Health and Wellbeing Board Herefordshire early implementer: Opportunity to work with stakeholders to inform Health and Wellbeing Board themes and to begin move to increase people's responsibilities for their own health and overall lifestyles.
- b) New role for public health within local authority rather than NHS Herefordshire, role for Herefordshire Council to be championing health and personal responsibility for lifestyles.
- c) Establishment of Healthwatch Herefordshire.
- d) Herefordshire has existing, close working relationships on integrated NHS, public health and social care services which mean the changes are an evolution in some key areas.
- e) The establishment of 9 locality areas allow the develop of precise messages, tailored to the individual needs of each area and delivered through local GPs, elected members, local delivery teams, parish councils and voluntary sector groups.
- f) The Herefordshire bespoke segmentation model provides a detailed view of Herefordshire citizens, their propensity to need certain services and to use certain communication channels.
- g) A new approach to health and wellbeing, encouraging residents to change their behaviour and take personal responsibility for their own and their family's health. This could be supported through a social marketing campaign, backed by the wider Herefordshire partnership, rather than one organisation.
- h) Ability to demonstrate Herefordshire's determination to be locally accountable and transparent from the outset of this new way of working.
- i) The Root and Branch review process currently underway within Herefordshire Council will provide an opportunity to review services, re-design and improve in twelve key areas:

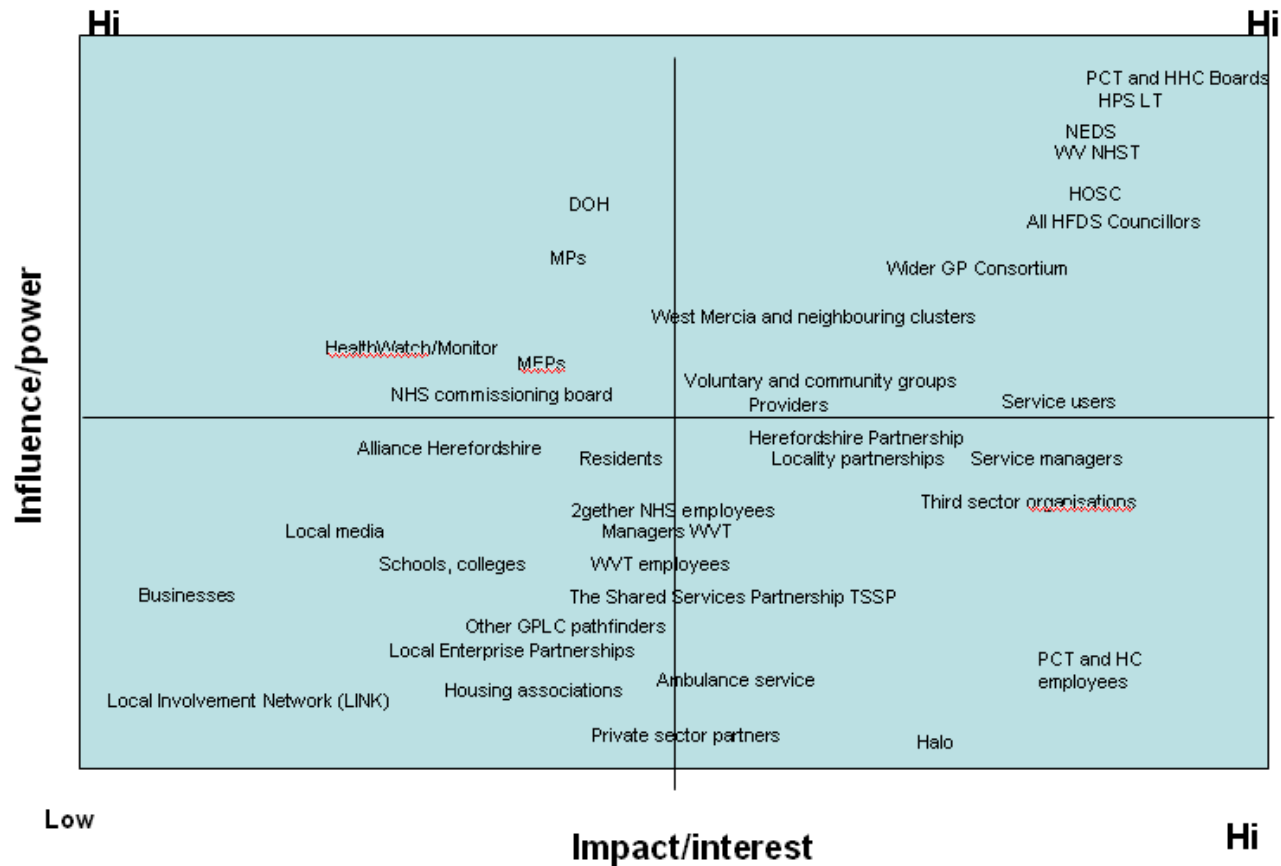
1. Housing, Economy and Regulation
2. Older People in Herefordshire
3. Customer Services
4. Herefordshire Streetscene
5. Supporting Vulnerable People in Herefordshire
6. Transport and Travel in Herefordshire
7. Children & Young People in Herefordshire
8. Safer and Stronger Herefordshire
9. Herefordshire's Environment
10. Learning and Skills in Herefordshire
11. Living & Wellbeing in Herefordshire
12. Herefordshire 2020

j) The reviews will also address 6 underpinning themes: *Localities – Sustainability – Inequalities – Partnerships - Prevention - Support Services*.

5.0 Stakeholders

The matrix below identifies the stakeholders impacted by these changes

Stakeholder map



6.0 Target Audiences

- 6.1 A number of audiences have been identified as the initial communications and engagement targets of this strategy and have been grouped together to allow development of appropriate messages and communications.
- 6.2 As we move through the life of the strategy, these can be updated and refocused as required.
- Residents, customers, patients and service users in Herefordshire – specifically described through the Herefordshire segmentation model:

Group	6	Retired people living in detached housing in well-established suburbs with an active role in the local community 7,797 households, 9.6% of households in Herefordshire	Group	7	Comfortably off old people living in bungalows with some health needs 7,382 households, 9.1% of households in Herefordshire
Group	5	Comfortably off empty nesters owning their own homes in the suburbs of medium-sized towns 3,278 households, 4.0% of households in Herefordshire	Group	8	Elderly people living in social housing or care homes in need of support 3,948 households, 4.9% of households in Herefordshire
Group	4	Older middle-aged residents of established communities in small towns 8,662 households, 10.7% of households in Herefordshire	Group	9	Young couples or families on moderate incomes living in privately rented terraces or flats 9,053 households, 11.1% of households in Herefordshire
Group	3	Older middle-aged farmers living close to small villages 4,179 households, 5.1% of households in Herefordshire	Group	10	Young families in successful careers living in modern owner-occupied housing 3,546 households, 4.4% of households in Herefordshire
Group	2	Self-employed residents of isolated farming communities approaching retirement 11,207 households, 13.8% of households in Herefordshire	Group	11	Young, single, transient communities with some benefit needs living in town centre flats 2,232 households, 2.7% of households in Herefordshire
Group	1	Wealthy older couples and families living in large detached houses in semi-rural locations 10,209 households, 12.6% of households in Herefordshire	Group	12	Families living on low rise council estates experiencing serious social problems 9,786 households, 12.0% of households in Herefordshire

- *Plus the additionally, more recently developed 'vulnerable person' segment*
- Our employees and colleagues across NHS Herefordshire, Wye Valley NHS Trust, 2Gether and the council
- Employees within our numerous contractor and provider organisations, and trade union representatives
- Elected county, town and parish councillors, scrutiny members and appointed non-executive directors, and MPs and MEPs
- Young people – through schools and colleges, after school and special interest clubs and groups
- Third sector providers and partners
- Businesses, trade associations and the private sector

7.0 Key messages

- 7.1 Key messages will be used in all our communication to ensure consistency and support the transition, clearly demonstrating commitment to continuity within those services during and after the transition, backed by the council, primary care trust and HCCG. General messages should join up across the HCCG strategy, Joint Corporate Plan and the PCT Annual Plan (see 7.2 below). More work should be done to develop these messages, with input and agreement from the Boards to ensure that communications work is owned and steered by their vision alongside tangible targets.
- 7.2 Added to this, in some cases, key messages will need to be developed to target specific audiences, depending on what it is we wish to ask them, or tell them about the transition period. In some instances, stakeholder and public engagement will also inform key messages to be used in social marketing campaigns around health and social care.

General messages

- That we are committed to continuing to create sustainable health and social care services of the highest quality in Herefordshire and that the partnership of public services within the county will continue to work together to achieve this aim.
- We want to create effective health care services for Herefordshire, influenced and designed by local people and healthcare experts, which meet the needs of our patients.
- Everybody has/we all have a responsibility for their/our own health and wellbeing.
- Herefordshire is leading the national health and social care agenda, thanks to its robust approach to providing health and social care, closer to where people live.
- Patients, service users and carers are at the heart of what we do and they will have a greater voice and more choice in how services are managed and delivered for them by local organisations in their local area

7.2 Key message to staff and colleagues

- ***That we are committed to continuing to create sustainable health and social care services of the highest quality in Herefordshire and that the partnership of public services (which includes HC, NESH, WVNHS and HCCG) within the county will continue to work together to achieve this aim.***

And more specifically:

- Herefordshire is at the forefront of NHS/ public sector reforms and pathfinders for clinical commissioning consortium and HWBB
- Ensuring a smooth and sustainable transition from PCT to GP-led commissioning is our most important commitment to our customers and patients
- Your experience and knowledge is invaluable during this time of transition
- These new ways of working are an opportunity to make our health and social care services leaders in the field
- We all have a responsibility for our own health and wellbeing and should be advocates for this in the wider community

7.3 Key messages to other stakeholder groups

7.3.1 As the strategy develops, key messages may be developed and tailored to the needs of stakeholder groups identified as key communications targets, depending upon the behaviour you wish to change or influence or whether messages are to inform people about the transition, with no action needed.

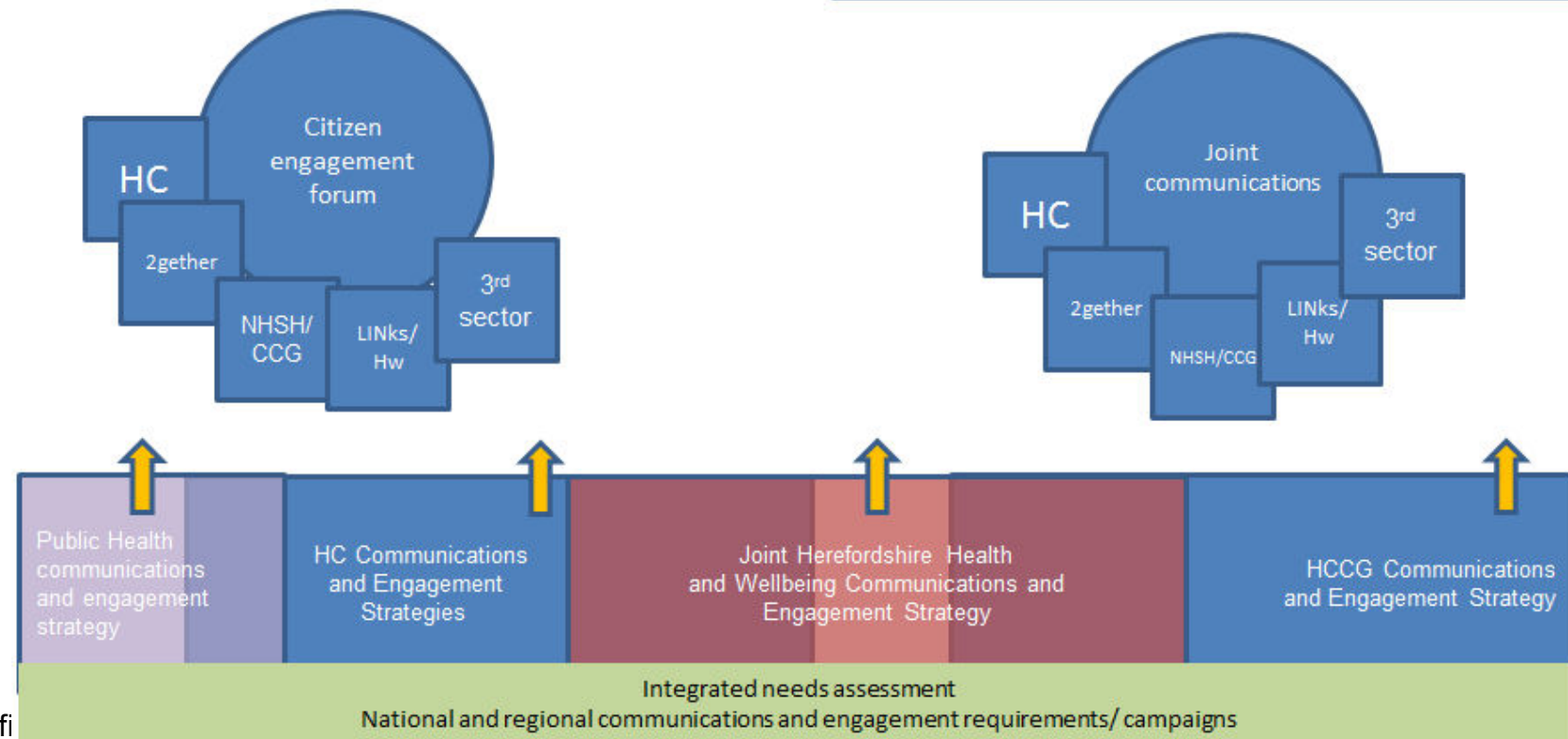
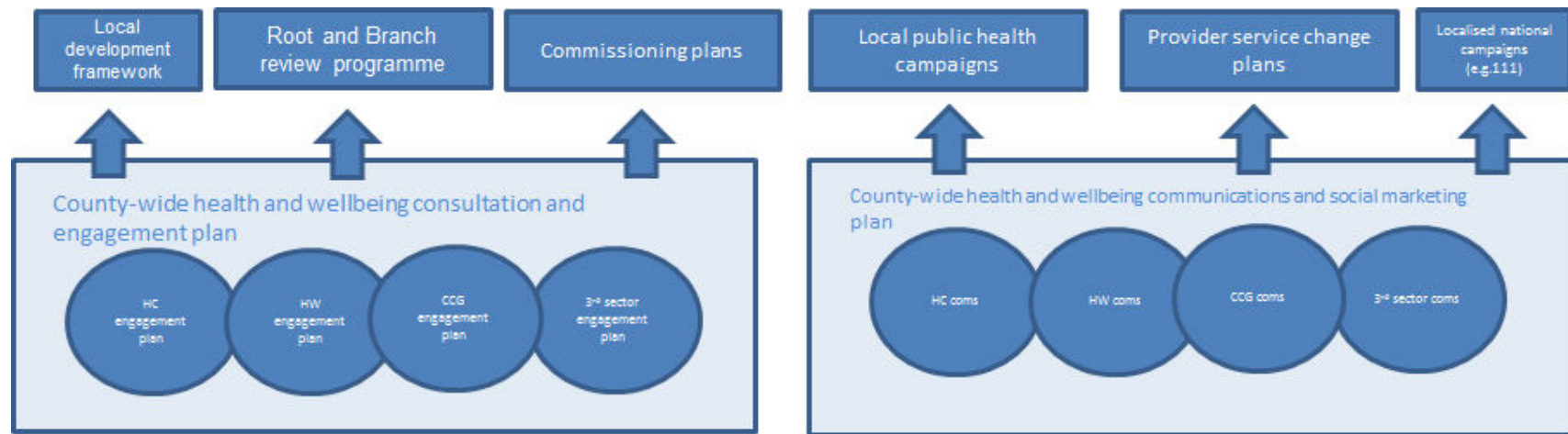
8.0 Key corporate strategic communications activities

8.1 This strategy should be led by milestones emerging from the Joint Corporate Plan, the establishment of the HWBB, the HHCC work plan so that all communications work can be aligned to what is actually happening at key stages.

Board members will be responsible for highlighting these key milestones to the communications team.

8.2 There should be a monthly health story, highlighting a success in healthcare, in order for a repeated drip feed of success, demonstration of continuity of services and on-going commitment to creating high quality and sustainable health and care services.

8.3 The management of these key transitional engagement and communication activities should be coordinated through more integrated teams and through partnership working arrangements, summarised by the diagram below:



- 8.4 The citizen engagement forum currently exists and it brings together key stakeholders and organisational representatives in order to better coordinate and prioritise engagement activities within the county. This is in order to minimise duplication and maximise the limited resources which are available to undertake engagement locally.
- 8.5 A similar requirement is therefore necessary for communications and social marketing campaigning reasons.

9.0 Strategic Communications action plan (updated May 2012)

Denotes
completed

What	Audience	Action	Additional notes	Timelines	Responsible
PCT/WVT APM	Public and identified stakeholders	Opportunity to communicate key themes and priorities across all organisations		July 2011	PCT board to deliver messages Complete
Stakeholder workshops	As identified through stakeholder map		Beginning of the conversation with key stakeholders	July 2011	Dean Taylor
Develop timed action plan to support public health staff during transfer to council	<ul style="list-style-type: none"> Is national guidance available? Timeframes for transfer Develop robust communications to support HR 	Communications channels could include face-to-face, Team Talk, manager briefings, CEO road shows, First Press, intranet, change champions		On-going	Communications team with HR
Agree target engagement groups for	Relevant engagement groups as identified		To be signed up to by HWBB,	Autumn 2011	Public engagement team

health change	through work themes		HHCC, HPSLT		
A/E campaign	Herefordshire Citizens	Use range of communications channels to reduce A/E attendances/ admissions	Example of joined up working	Autumn-Winter 2011	HCCG
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Agree a shared health vision	All local people	HHCC, PCT and HC to agree a shared vision and it to be communicated as part of the strategy	Could this be informed by the workshops?	August Complete (see HWBB Development Framework)	HPS LT/ GPCC/HWBB
Healthwatch early implementer	Wider community and stakeholders	Need to communicate the establishment of the HW, its intentions and role in the health and social care landscape going forward	Dependent upon receiving implementer status	August - complete	RBP/communication s team
Develop more detailed key messages for each key strategic theme/ outcome	Each stakeholder group	Identify primary and secondary messages from each strategy	To be signed up to by HWBB, HHCC, HPSLT	Autumn 2012	Developed by boards supported by communications team
Series of strong health story for media/	All Herefordshire residents and businesses	Identify forthcoming good health stories which identify commitment to		Once work plans agreed – September 2012	Project/care leaders to highlight to communications

Digital channels		continuity and best practice			team
Develop stakeholder engagement programme	Businesses Third sector Parish councils Older people	Develop an engagement programme based on HWBB work streams, JPC work streams and HHCC work streams	This work has started but is dependent upon the relevant forums providing clear areas of work and priorities	Autumn 2012	Public experience team
Root and Branch review engagement process	<ul style="list-style-type: none"> • Quality of life survey • Your community, your say engagement events • Specific review are consultation events 	To support the root and branch review process – covering the 12 service areas being reviewed. Aligned to health and wellbeing agenda, wherever appropriate	Work to continue through the summer and autumn of 2012 and will fulfil key strategic engagement requirements	Summer-Autumn 2012	RBP/public experience team/ external support team
Develop specific key engagement	<ul style="list-style-type: none"> • To fit in with the root and branch review process, 	As above	As above	As above	RBP/ task and finish group/ public experience team.

and communication plans to support the 3 key strategic aims of the current Health and Wellbeing strategy	where necessary and feasible.				
Drip feed messages and change to all staff	<ul style="list-style-type: none"> • Agree key priority messages • Put together action plan • Communicate through channels as outlined above 	Should be a more general campaign based around changes in organisation and messages arising through HWBB		August/September 2011	Led by boards with communications support
Healthwatch early implementer	Local community public sector leaders	On-going communication regarding the development and implementation of the Healthwatch early implementer		October 2011-June 2012	Communications team/ RBP
Healthwatch implementation	Local community Key partner organisations Local communities Partner	<ul style="list-style-type: none"> • Engagement to support the development of options for the new service 		April 2012-July 2012 September 2012-April	Public experience team/ communications team

	organisations	<ul style="list-style-type: none"> Communications to support the implementation of Healthwatch and to signpost local people to the new service 		2013	
Key public health stakeholder workshops	As identified through stakeholder map	Establish workshop programme	Beginning of the conversation with key stakeholders	July 2012	PH transition board
Develop timed action plan to support and public health staff during transfer to council	<ul style="list-style-type: none"> Employees Timeframes for transfer Develop robust communications to support HR 	Communications channels could include face-to-face, , core brief, enCore, manager briefings, CEO road shows, , intranet, change champions		April 2012-October 2012	Communications team/ HR
Strong public health stories for media	All Herefordshire residents and businesses	Identify forthcoming good public health stories which identify commitment to continuity and best practice and raise consciousness of public health function within local government		September 2012	HPS communications team
Stakeholder workshops -	Local communities in 9 locality areas	<ul style="list-style-type: none"> Clarify purpose and scope of these events 	Facilitated by public	September 2012– March 2013	SMT/ councillors

localities		<ul style="list-style-type: none"> • Build upon Reaching the Hearts • Separate stakeholder maps to be drawn up 	experience team		
Specific communications and engagement to those directly affected by the changes	<ul style="list-style-type: none"> • Agree key messages • HR –specific messages • Targeted communications 	To support the HR elements of the transfer		April 2012-March 2013	PH transition board/ HCCG/ West Mercia Cluster/ HPS communications team/ HR
Local councillor workshops	<ul style="list-style-type: none"> • To explain what their role in the new system will specifically be 	To widen knowledge and engagement with a key stakeholder group		September 2012	PH transition board/ HPS communications team/ member services