

Communications and Engagement Plan
DRAFT 1.2

“ Nothing about me, without me ”
- the patient voice must be at the heart of all provision

1. INTRODUCTION

Hillingdon CCG wants to create a health and social care system that is truly seamless so that people receive the right care and support at the right time, in the right place. Creating a more efficient and seamless system built around the individual will improve the outcomes and experience of care for people who use these services.

By better integrating care, patients and carers will:

- Understand and know how to access services available to them
- Be involved in developing and managing their own care plans
- Have a single care plan that can be used by them and the professionals who look after them.

Integrating care is about helping patients have control over the care they receive, and ensuring service providers work together to provide it.

The main outcomes of the **Integrated Care in Hillingdon** is to:

- Deliver better health and social care outcomes
- Improve the experience of service users and carers
- Develop pathways for patients to enable them to receive the right care at the right time in the right place
- Increase the number of people who are able to self-manage their health in relation to long-term conditions and minor illnesses
- Reduce health and social care costs

The scope of the Programme is as follows:

- A focus on change at the system level (encompassing health, social care and community resources)
- Older people (defined as anyone aged 75 or over who has one or more long-term conditions)
- Stratification of the population to target older people that will benefit from different interventions (from self-care and community support through to intensive treatment)
- Although the aim is to improve outcomes and experience for all older people within Hillingdon, changes are initially being implemented in two of Hillingdon’s GP networks (Metrohealth and Care4You).

Given this context this outline communications plan has been developed to support the implementation programme. This identifies key audiences, what the objective is (i.e. to inform, engage, listen or call to action), how this will be achieved and who within the **Integrated Care in Hillingdon** partnership will lead this work by when.

2. BACKGROUND

In November 2013 NHS England announced that North West London, along with 13 other areas across England, would become an early adopter or pioneer for developing integrated care services.

This means North West London receives additional support from NHS England to design, develop and deliver integrated services for our patients. It enables us to build on the work we have done so far and accelerate the provision of care so that it is more anticipatory and focuses on a holistic, outcome based model delivered via a capitated budget, multi-year contracts and our provider networks.

Hillingdon Clinical Commissioning Group (Hillingdon CCG) is made up of all 48 GP practices in Hillingdon, and serves a population of 274,000 people, managing an annual budget of nearly £300m. Hillingdon CCG works closely with The Hillingdon Hospitals Foundation Trust (THH), Central North West London Community Foundation Trust (CNWL), London Borough of Hillingdon (LBH), Hillingdon4All and many other community and voluntary organisations. Hillingdon CCG works collaboratively with its neighbouring CCGs.

It enables us to expand the budget envelope to include wider acute and voluntary care spend and services to enable a genuine shift in the settings of care, removing system barriers to integrated working between relevant providers by introducing capitated budgets, longer term contracts and the opportunity for new provider configurations such as joint ventures, prime provider models and alliance models.

Integrated care will be delivered through GPs, with acute clinicians providing support and care in the community alongside primary and community care colleagues. Redefining and educating the medical, nursing, Health Care Assistant and domiciliary workforce are key components of the proposals.

Recent legislation and the flexibility offered as a pilot allow us to consider, explore and test the potential of a range of options, for example our Foundation Trust partners' ability to provide social care services, particularly for those with a lower level of need.

3. OBJECTIVES

This communication plan seeks to support the **Integrated Care in Hillingdon** programme by identifying and prioritising key messages, target audiences and timings.

In general terms, the plan aims to ensure that:

- 1) people are provided with appropriate information about what integrated care means for them
- 2) there is an understanding as to why these changes are coming into effect
- 3) audiences understand that they are able to feed into the design of the services they want.

The specific objectives of the plan are to:

- a. ensure the partnership has robust mechanisms in place to inform and involve key stakeholders throughout the transition, double running and shadow periods
- b. publicise opportunities and channels for engagement and involvement
- c. provide information for the key audiences in a format best suited to their needs
- d. identify key messages, milestones and outcomes and how they will be publicised
- e. ensure key stakeholders are aware of the objectives of integration and their roles, if any, in achieving them
- f. reassure all stakeholders of continuity of care and improved quality of service
- g. support patient, carer and staff engagement

The communications plan focuses on

- key audiences
- methods of communication
- messages
- timing
- resources required to implement the plan

The plan supports the key principles of effective communication:

- planned
- consistent
- fit for purpose
- targeted
- two-way
- accessible

The success of the plan depends on it being adopted, supported and championed not only by the partnership's communications workstream, but also by a range of stakeholders within each organisation and in the wider community. The levels of commitment required to support the plan are set out in section 4.

New ways of communicating

In combination with existing communication and engagement techniques, Integrated Care in Hillingdon programme will embrace modern technologies that offer new ways of reaching all of our audiences. The growing popularity and mainstreaming of 'e' communication, through social networking, podcasts, blogs etc, presents new ways for patients, staff and partners to access information, form opinion and for us to gauge and influence them. For many sections of the community 'e' communication is the communications medium of choice, and with the convergence on mobile phones. However we must ensure that the way in which we communicate matches the needs of our various audiences.

Evaluation

All communications methods will be evaluated continually to ensure they meet the needs of the target audiences. Improvements as part of this process will be incorporated into subsequent versions of the plan.

4. GENERIC KEY MESSAGES

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

Generic key messages about the programme

- **We need to change the way we deliver services** to meet the changing needs of the local 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. Locally around £XX million is being invested to focus on better integration between care services.
- **The NHS is changing.** Local health services have already made huge progress on improving care outside hospital and we want to deliver better integrated care outside hospital in Hillingdon, meaning less care delivered in hospitals and more in the community.
- **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.
- **Working together** is critical to our success: our services are inter-dependent and the challenges we face cross organisational boundaries. We do not believe it would be possible to achieve the scale of change that is needed by working independently at borough level.

Through the implementation of Whole System Integrated Care patients can expect:

- Best practice to be shared and collective experience used to design improved local solutions
- Promotion of self-management and prevention
- Improved care and support for people aged 75 and over who live with long-term conditions
- Enhanced community-based rapid response and urgent care
- Better hospital discharge planning, post-discharge support and reablement
- Reduced complexity of the system
- Better cooperation between primary care, community, voluntary, social care and specialist services

5. KEY AUDIENCES AND LEVEL OF COMMITMENT

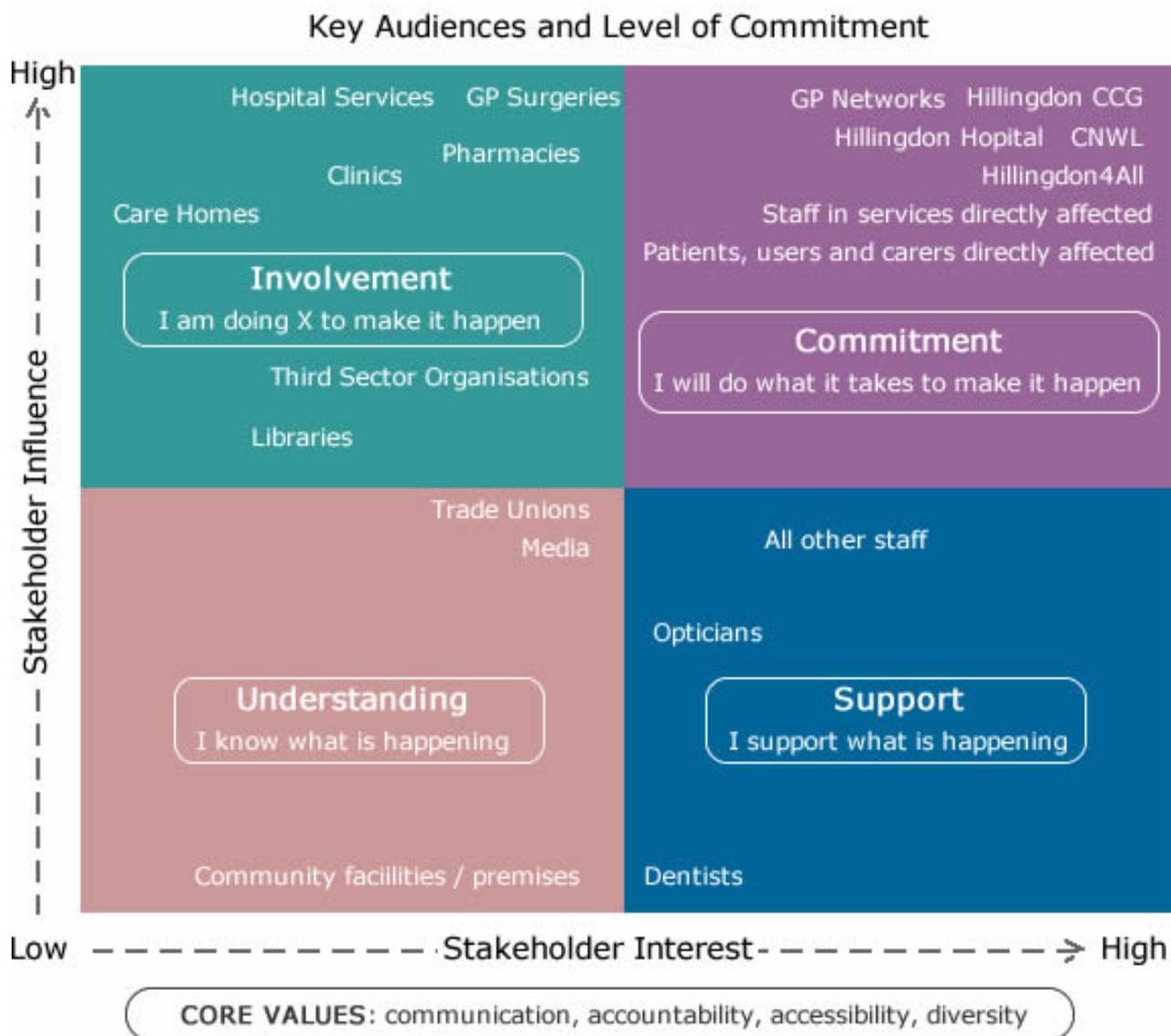
Broadly speaking, key audiences include the following:

- Employees
- Decision making groups
- People who use services
- Members of the public
- Stakeholders/influencers

Specifically these can be identified as follows:

<p>HEALTH PARTNERS</p> <ul style="list-style-type: none"> • Hillingdon GP networks: Metrohealth and Care4You • Wider Primary Care Community - GPs, Pharmacists • Staff in services directly affected (nursing, medical, Allied Health Professions, support services) • The Hillingdon Hospitals FT • CNWL (Community and Mental Health arms) • Trade unions/professional organisations • Hillingdon 4 All (Consortium of third sector partners) 	<p>SOCIAL CARE *</p> <ul style="list-style-type: none"> • Social workers • Contractors • Frontline staff • Unions <p>* LBH have approved the BCF program for older people and we are in continued dialogue with LBH in relation to Integrated Care in Hillingdon.</p>
<p>EXTERNAL GROUPS</p> <ul style="list-style-type: none"> • Other third sector organisations • Care homes 	<p>LOCAL COMMUNITY</p> <ul style="list-style-type: none"> • Older people • MSPs/MPs • Community centres • Councillors

Each of these groups will have varying degrees of involvement with the care sector and each will require a series of tailored messages.



The following organisations in Hillingdon are signed up to work together with patients to develop better integrated services:

- Hillingdon GP networks
- The Hillingdon Hospitals FT
- Central North West London FT (Community and Mental Health arms)
- Hillingdon 4 All (Consortium of third sector partners)
- LBH have approved the BCF program for older people and we are in continued dialogue with LBH in relation to Integrated Care in Hillingdon.

5. JOINT RESPONSIBILITIES – MEDIA HANDLING

Communications teams within Hillingdon CCG, NHS North West London, CNWL, THH, Hillingdon4All and LBH will:

- Liaise routinely on matters likely to attract media attention in- and out-of-hours through established on-call contact procedures.
- Agree lines and share reactive and holding reactive statements.
- Work in partnership to identify good news stories and other publicity opportunities.

NB. A media protocol has been developed to support this and is in the process of being agreed by all partner organisations.

6. WORKPLAN

This plan has been sub-divided into three phases which will facilitate the delivery of different key messages as the programme evolves and moves towards full system integration. Consideration to be given to resources required to co-ordinate partnership communications and engagement activities (phases one to three).

Phase 1 (Sept – Dec 14)

- The establishment and membership of the Partnership's Communications Working Group (see section 7).
- Other health, local authority and voluntary services are identified, where links to the programme still need to be developed.
- Stakeholder Engagement List developed and regularly updated.
- Key messages to support workforce development and concentrate on how integration will help teams focus on prevention, anticipation and supported self-management, with the person at the centre of all decisions.
- Joint media handling protocol drafted and agreed.
- A brand to be agreed/created and applied across the Integrated Care in Hillingdon programme with the aim to provide an accessible identity. It will be aimed at promoting engagement with as wide a group of population as possible.
- Extranet and website pages to be created and regularly updated
- Monthly E-Newsletter developed and cascaded to interested parties
- Equality impact assessments (EIA & CIA) completed by 31 November 2014.
- Agreed Integrated Care in Hillingdon communications strategy to front line workers across all agencies
- Develop Social Media activity to further enable interaction with service users, stakeholders and communities, with the first step including uploading illustrated videos to YouTube.
- Engagement with all GP Networks (with an early focus on the North and South localities)

Phase 2: (Jan – Mar 15)

- Briefing toolkits will be provided to all staff and stakeholder groups to promote the widest communication and engagement.
- Case studies of how integrated teams will support people to get back into their home or community environment safely.
- Integrated Care in Hillingdon patient stories to show new ways of working
- Service directory/contact information/marketing collateral.
- A short film to be produced aimed at supporting staff and public briefings
- Interactive themed master class events for front-line staff to be held across all organisations. These will involve presentations on the case for change and each of the work streams; a panel question and answer session and table work on the work stream proposals.
- Events for special interest and seldom heard groups, including carer groups will be delivered in partnership with third sector partners.
- Integrated Care in Hillingdon questionnaire completed by 100 integrated care patients

Key messages:

- Opportunities to get involved and share information.
- How staff will be supported through change.
- How to get more information.
- Reassurance to service users of continuity of care and improved quality of service.

Phase 3: (April 2015 onwards)

- Integration in action – evidence of success.
- Case studies demonstrating how integrated teams are supporting people to get back into their home or community environment safely.
- The media will be engaged with clinicians fronting the interviews about the Integrated Care in Hillingdon programme
- The communications and engagement activity schedule and outputs will be reviewed for scope and appropriateness

Key messages:

- Opportunities to get involved and share information.
- How staff will be supported through change.
- How to get more information.
- Reassurance to service users of continuity of care and improved quality of service.

An outline Communication Activity Schedule is attached as appendix 1 and will be further developed and refined for each phase.

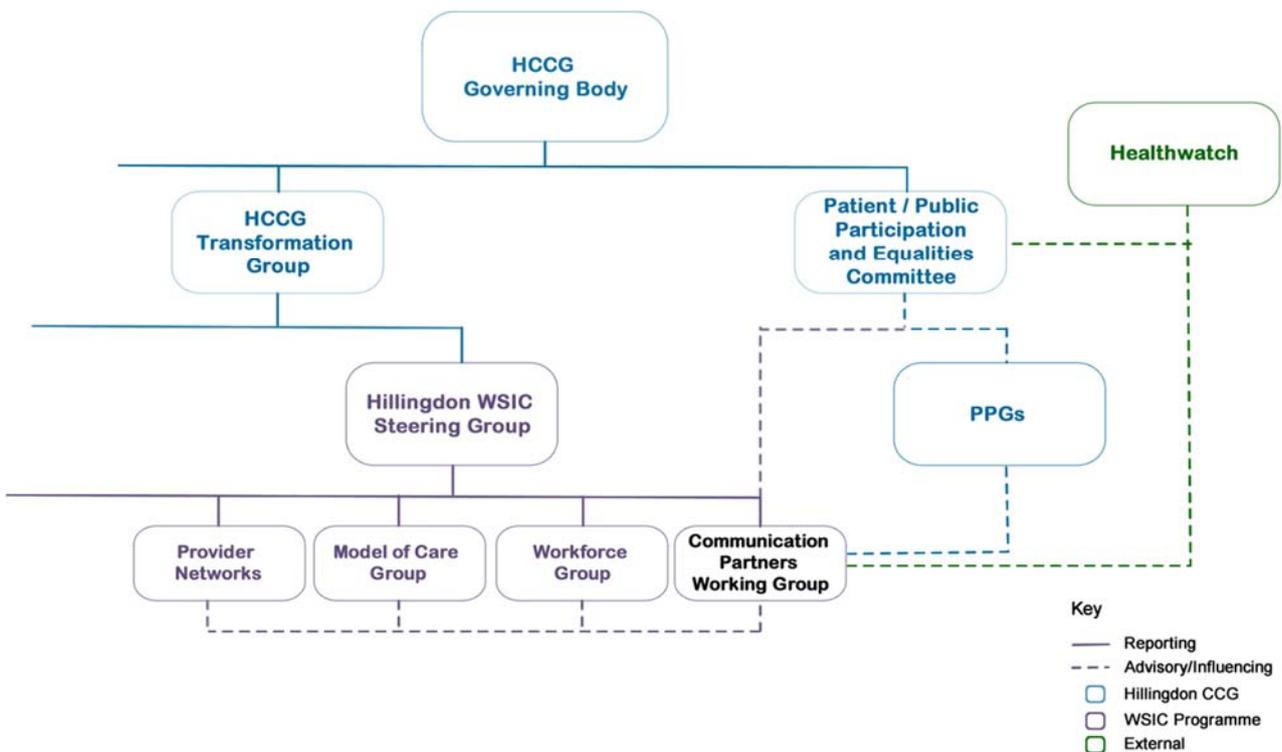
7. RESOURCE IMPLICATIONS

A range of communication, engagement and marketing activity needs to be developed to support ongoing and meaningful dialogue with the media and all stakeholders, including staff, partners, patients and citizens.

The design and co-ordination of the communications and engagement materials and activity will be supported by a vibrant working group which includes members from partner organisations including Healthwatch and London borough of Hillingdon, Hillingdon 4 All, CNWL and THH.

Communications Working Group

- Ensure the communication, engagement and marketing activities align with the strategic direction of Integrated Care in Hillingdon
- Develop communication, engagement and marketing arrangements within the partnership and in collaboration with other stakeholder organisations.
- Undertakes equalities impact assessment work
- Be of sufficient seniority to deliver their part of the agreed delivery plan
- Ensure patient engagement and co-production in service developments
- Share with their own organisations the decisions of the Group relating to Integrated Care in Hillingdon



Communications Activity Schedule (2015 dates unless stated otherwise)

Audience	Objective	Action	Lead	Date / Frequency
Clinical Professionals from primary care	1. Engage them in Integrated Care in Hillingdon to promote ownership 2. Inform them about progress 3. Call to action on specific areas of practice such as the implementation of new care pathways	GP Newsletter to have regular updates on progress and changes to be implemented	DH	
		Working together for better care e-newsletter	SC	Monthly
		Internet / extranet pages with up to date content	SC	Monthly (minimum)
		Identify CCG Clinical Partners to lead on specific clinical topics	JA	
		Subject specific workshops to design new elements of services and inform participants about changes	JA	
Clinical Professionals from secondary care settings (THH)	1. Engage them in Integrated Care in Hillingdon to promote ownership 2. Inform them about progress 3. Call to action on specific areas of practice such as the implementation of new care pathways	Bulletin of 5 key points to be issued in staff e-bulletin by Dr Louise McCusker, Consultant Geriatrician	TM	Monthly
		Develop illustrated video to share key clinical information about changes to practice	SC	01/12
		Subject specific workshops to design new elements of services and inform participants about changes	TM/SC	TBC
		The Pulse publication for Trust members, public and staff	TM	Quarterly
		Monthly Trust Board Meetings	TM	28/1, 25/2, 25/3, 29/4, 27/5, 24/6, 29/7, 26/8, 30/9
		FT Members meetings - People in Partnership (PIP)	TM	6 weekly – 12/2, 27/4, 2/7
		Council of Governors meetings	TM	Quarterly 2/2, 5/5, 27/7, 3/11

Clinical Professionals from community settings (CNWL)	<ol style="list-style-type: none"> Engage them in Integrated Care in Hillingdon to promote ownership Inform them about progress Call to action on specific areas of practice such as the implementation of new care pathways 	Bulletin of 5 key points to be issued in staff e-bulletin by TBC	MW	Monthly
		Develop illustrated video to share key clinical information about changes to practice	SC	01/12
		Subject specific workshops to design new elements of services and inform participants about changes	MW/SC	
		Bi-monthly Trust Board Meetings	MW	Bi-monthly – 12/11/14
		Connect publication for Trust members, public and staff	MW	Quarterly
		Council of Governors meetings	MW	Quarterly – 4/12/14
Patients and Carers involved in the pilot project	<ol style="list-style-type: none"> Listen to their needs and experiences Inform them about changes to the services they receive Engage them in decision making Call to action in terms of promoting self-care 	Website – develop content to <ul style="list-style-type: none"> Collect views and opinions Share news about service changes Advise about self-care programmes Signpost to all health services 	SC	Monthly (minimum)
		Working together for better care e-newsletter to: <ul style="list-style-type: none"> Collect views and opinions Share news about service changes Advise about self-care programmes Signpost to all health services 	SC	Monthly
		Locality PPG groups to be attended regularly to: <ul style="list-style-type: none"> Collect views and opinions Share news about service changes 	DG/SC	TBC
		Working together for better care e-newsletter	SC	Monthly
		Develop illustrated video to support patients and their carers in understanding the new models of care	SC	12/12
		Pan Hillingdon PPG group to be attended regularly to: <ul style="list-style-type: none"> Collect views and opinions Share news about service changes 	DG/SC	TBC

Patients, Carers and the wider public	1. Inform them about changes to the services they receive	Programme bulletin of five key points to be shared with all Practice PPGs via Practice Managers	DG/SC	TBC
	2. Call to action in terms of promoting self-care	Proactive news releases to highlight the implementation of new services and changes to existing services	SC/SH	TBD
Professional Organisations (LMC, LPC, Unison etc)	1. Inform them on progress	Involve in specific decisions that may affect the particular constituency an organisation represents	TBD	As requested
	2. Engage them in decision making	Face to face and written communications on specific actions required of members	TBD	As requested
Local Authority as strategic partner (HWB, Public Health and OSC)	1. Inform them on progress	Programme bulleting of five key points to be shared with all key contacts for onward cascade	SC/SH	TBD
	2. Engage them in decision making	Working together for better care e-newsletter	SC	Monthly
		Present updates to HWB and OSC as requested	TBD	As requested
Healthwatch	1. Listen to their needs and experiences	Programme bulleting of five key points to be shared with all key contacts for onward cascade	SC/SH	TBD
	2. Inform them about changes to the services they receive	Working together for better care e-newsletter	SC	Monthly
		Present at meetings as requested	TBD	As requested
Voluntary and Community Groups	1. Inform them on progress	Present at meetings as requested	TBD	As requested
	2. Call to action to implement required service changes	Working together for better care e-newsletter	SC	Monthly

Key (Lead)

Angela Wegener, Chief Officer, DASH, representing Hillingdon4All	Diana Garanito, Head of Patient Engagement and Communications (HCCG)
Mike Waddington, Director of Communications (CNWL)	Sean Haran, Communications Officer (NHS NWL)
Toni McConville, Assistant Director Communications (THH)	Stephen Craker, Interim Communications Lead, Integrated Care in Hillingdon (HCCG)