

# **The Development of Accountable Care in Swindon**

## **Communications and Engagement Strategy April 2017 – April 2019**

DRAFT

# NHS Swindon Clinical Commissioning Group (CCG) and Great Western Hospitals NHS Foundation Trust

<b>Strategy</b>	Accountable Care System – Communications and Engagement Strategy
<b>Strategy Reference</b>	tbc
<b>Strategy Statement</b>	This document sets out a proposed Communications and Engagement Strategy for the development of an Accountable Care System (ACS) in Swindon and Shrivenham.
<b>Version Number</b>	0.2
<b>Version Date</b>	20.04.2017
<b>Review Date</b>	31.03.2018
<b>Author</b>	Ruth Atkins, Head of Corporate Communications and Engagement, Swindon CCG  (With support from Chris Trow, Associate Director of Strategy, GWH NHS FT)
<b>Responsible Owner</b>	Nicki Millin, Accountable Officer, Swindon CCG  Kevin McNamara, Director of Strategy, GWH NHS FT
<b>Approving Body</b>	Swindon Accountable Care Partnership Board

## Document Control Reviewers & Approvals

This document requires the following reviews and approvals

Name	Position	Version Approved	Date Approved

## Revision History

Version	Revision Date	Details of Changes	Author
0.1	12/4/2017		Gill May
0.1	12/4/2017		Caroline Gregory
0.1	18/4/2017		Chris Trow
0.1	19/4/2017		Nicki Millin

0.1	20/4/2017		Denise McLennan

## Acknowledgement of External Sources

List any documents from external institutions that have been used to inform the writing of this strategy.

Title/Author	Institution	Comment / Link

## Links or overlaps with other key documents & strategies

Document Title	Version and Issue Date	Link/Document

## Distribution & Consultation

This document has been distributed to the following people

Name	Date of Issue	Version
SCCG Governing Body	27/4/2017	0.2

## Document Version Numbering

Document versions numbered “0.1, 0.2, 2.4”, are draft status and therefore can be changed without formal change control. Once a document has been formally approved and issued it is version numbered “Issue 1.0” and subsequent releases will be consecutively numbered 2.0, 3.0, etc., following formal change control.

## Freedom of Information

If requested, this document may be made available to the public and persons outside the healthcare community as part of NHS Swindon Clinical Commissioning Group’s commitment to transparency and compliance with the Freedom of Information Act.

## Accessibility

This document is available in other styles, formats, sizes, languages and media in order to enable anyone who is interested in its content to have the opportunity to read and understand it.

These alternatives include but are not limited to:

- Alternative languages and dialects
- Larger and smaller print options (font 8 to 18)
- Simplified versions including summaries and translation into symbols
- Audio or read versions
- Web based versions that can be zoomed into or shrunk on screen
- Braille

## Contents

	<b>Page</b>
Introduction	5
Background and national context	5
Local context	5
Guiding principles	6
Communications and Engagement objectives	6
Audiences/stakeholders	6
Communication and Engagement methods	8
Narrative and key messages	8
Resources	9
Risks	9
Equality and Diversity	9
Engagement and Consultation	9
Timeline and action plan	10
Monitoring, evaluating, reviewing and reporting our work	11
Review	11
Implementation	11
Appendix 1: Communication and Engagement Principles	12
Appendix 2: High Level Communications and Engagement Action Plan	13
Appendix 3: Communications and engagement workstream overview	15

1.0	<p><b>Introduction</b></p> <p>This document sets out a proposed Communications and Engagement Strategy for the development of an Accountable Care System (ACS) in Swindon and Shrivenham.</p> <p>This strategy links to the Bath and North East Somerset, Wiltshire and Swindon Clinical Commissioning Groups Sustainability and Transformation Partnership.</p>
2.0	<p><b>Background and national context</b></p> <p>Accountable Care Partnerships or Organisations or Systems emerged as a key part of NHS policy for the next five years to 2020/21. They feature in the Five Year Forward View (FYFV), published in October 2014 by NHS England as part of essential actions to manage quality and financial sustainability for the NHS.</p> <p>NHS England has recently published its 'Next Steps' document, taking stock of progress against the FYFV and charting the way forward and this further identified the development of accountable Care Partnerships or Organisations or Systems.</p>
3.0	<p><b>Local context</b></p> <p>3.1 The Five Year Forward View highlighted that the NHS cannot continue to provide services using traditional models, we are seeing duplication in the system and significant challenges in relation to available capacity. Within Swindon we are seeing:</p> <ul style="list-style-type: none"> <li>• Rising demand for same day / urgent care services</li> <li>• Demand for inpatient care exceeding supply</li> <li>• Care Homes feeling unsupported- it is easier to dial 999/ request admission</li> <li>• Social care demand exceeding budgets</li> <li>• Difficulty in recruiting GPs which is impacting on the sustainability and resilience of practices</li> <li>• Limited clinical linkages between primary and secondary care</li> <li>• Population and demand rising faster than resources</li> <li>• Significant areas of new housing developments within the town and the New Eastern Villages which increase demand on existing services beyond available capacity.</li> </ul> <p>3.2 A Board to Board event was held on 27 February 2017 between Swindon CCG (SCCG) and Great Western Hospitals NHS Foundation Trust (GWH NHS FT) to enable members to consider system wide risks and benefits to the development of an Accountable Care System (ACS) and to identify what would be the values and principles for a system to be effective. A representative of Swindon Borough Council (SBC) attended the meeting and SBC are supportive in principle to an ACS.</p> <p>3.3 A presentation has been made to the private meeting of the Health and Wellbeing Chairs Advisory Group.</p>
3.3	<p><u>What do we mean when we talk about Accountable Care?</u></p> <p>With lots of different parts of the NHS system, from GP practices to hospitals and urgent care centres, we are aiming for everyone to work together to provide high-quality care for patients. This makes the system less complicated, less fragmented, and reduces hospital delays. Getting referred when we need to should be more straightforward, as everyone who needs to work together on a patient are part of the same team, using the same</p>

	<p>system.</p> <p>This means each organisation providing care to the local community is pooling resources to support the joint commissioning and delivery of health and social care for everyone.</p> <p>The organisations involved with the development of an Accountable Care System are:</p> <ul style="list-style-type: none"> <li>• Swindon CCG</li> <li>• GWH NHS FT (acute and community)</li> <li>• AWP</li> <li>• SBC</li> <li>• Primary care</li> </ul> <p>*This list will expand as we move through the process.</p>
<b>4.0</b>	<p><b>Guiding Principles</b></p> <p>The communications and engagement activity will be guided by a number of key principles which are listed in Appendix 1.</p>
<b>5.0</b>	<p><b>Communications and Engagement Objectives</b></p> <p>Good communication and engagement will be at the heart of the development of the Accountable Care System (ACS).</p> <p>5.1 The Communications and Engagement Objectives are to:</p> <ul style="list-style-type: none"> <li>• Explain why the local NHS needs to change;</li> <li>• Ensure that staff and all stakeholders understand the broad concept of what an ACS for Swindon and Shrivenham is (and is not);</li> <li>• Explain how the ACS fits with the existing Bath and North East Somerset, Swindon and Wiltshire and Swindon Sustainability and Transformation Partnership;</li> <li>• Explain to patients/public what this will mean for them: faster access to services, being seen by different clinical staff, being treated in different places, use of technology);</li> <li>• Explain what the benefits are to patients and the public of moving to an ACS;</li> <li>• Reassure all audiences that this is a piece of work which will make a positive impact on local people's lives and the quality of care they receive;</li> <li>• Explain and share with staff the benefits to them of working in an ACS;</li> <li>• Proactively support the programme through timely, interactive internal and external communications that creates an understanding of and commitment to the change programme;</li> <li>• Provide key information to stakeholders relating to the future provision of local NHS and Social Care services;</li> <li>• Ensure the public has a voice in this process;</li> <li>• Develop programmes for emotional/mindset changes;</li> <li>• Ensure staff and stakeholders can have their views heard; and</li> <li>• Ensure consistency in all communications from all organisations involved.</li> </ul>
<b>6.0</b>	<p><b>Audiences / Stakeholders</b></p> <p>6.1 <b>Patients and the public</b></p> <ul style="list-style-type: none"> <li>• Service users</li> <li>• Service user's families and carers</li> </ul>

	<ul style="list-style-type: none"> <li>• Patient/public engagement forums</li> <li>• Public</li> </ul>
6.2	<b>Community, voluntary and service user groups</b> <ul style="list-style-type: none"> <li>• Health and social care organisations such as Age UK</li> <li>• Local community and voluntary groups</li> <li>• Care Homes</li> <li>• Domiciliary Care providers</li> </ul>
6.3	<b>Clinicians, staff, service providers</b> <ul style="list-style-type: none"> <li>• Local GPs</li> <li>• LMC</li> <li>• CCG Governing Body</li> <li>• GWH NHS FT Board</li> <li>• AWP Board</li> <li>• GWH NHS FT clinical directors</li> <li>• All clinicians across all care</li> <li>• NHS England</li> <li>• Other providers e.g. BMI, SWAST</li> <li>• STP organisations</li> <li>• PALS</li> </ul>
6.4	<b>Local authority – Swindon Borough Council</b> <ul style="list-style-type: none"> <li>• Councillors</li> <li>• Health, Adult and Children Services Overview and Scrutiny Committee</li> <li>• Health and Wellbeing Board</li> <li>• Council chief executives and directors</li> <li>• Social care staff</li> </ul>
6.5	<b>Representatives</b> <ul style="list-style-type: none"> <li>• Healthwatch</li> <li>• Trade unions</li> <li>• Professional bodies</li> <li>• Local representative committees – LDC, LPC, LOC</li> </ul>
6.6	<b>Influencers</b> <ul style="list-style-type: none"> <li>• MPs</li> <li>• NHS Improvement</li> <li>• Health Education England</li> <li>• NHS England</li> <li>• Department of Health</li> <li>• NHS Employers</li> </ul>
6.7	<b>Media and campaign groups</b> <ul style="list-style-type: none"> <li>• Local media</li> <li>• Trade media (e.g. HSJ)</li> <li>• Campaign Groups (e.g. Keep our NHS Public, Save our NHS)</li> </ul>

## 7.0 Communication and Engagement Methods

The information to be communicated should be tailored to meet the audience's needs at the right time. The methods will depend on:

- The importance of the information being communicated;
- The level of engagement required;
- The interest of the audience in the message;
- How the target audience prefers to receive information and whether it involves relaying information it requires two-way communication.

### 7.1 Internal channels

The main methods for communicating with staff across the organisations are:

SCCG	Monthly Staff Briefing, monthly e-newsletter, emails, staff intranet and team meetings
GWH NHS FT	tbc
SBC	tbc
AWP	tbc
GP member practices	Fortnightly GP e-newsletter, emails, locality meetings and practice meetings.

(A separate list and channels, frequency, delivery and audience will be produced for each of the above).

### 7.2 External channels

All main external channels will be used including:

- **Digital:** websites, e-bulletins, video
- **Social media:** Twitter and Facebook
- **Print media:** local and trade
- **Broadcast media:** local radio and TV
- **Face-to-face:** public and existing meetings, focus groups and workshops
- **Printed materials:** posters, leaflets

- 7.3 We will develop a single voice toolkit which organisations can use to meet their communication and engagement needs.

## 8.0 Narrative and Key Messages

- 8.1 It is crucial that partner organisations involved in delivering the transformation needed can clearly articulate why change is needed, what this will mean for local people and how they can contribute. A central narrative will help to achieve this. A first draft will be produced and further refined with input from stakeholders.

### 8.2 Messages

The messages will be developed and refined as we develop them with the work streams which will support the Accountable Care Partnership Board.

- In the way of developing an ACS we will be taking about Team Swindon – organisations working together.
- We need to think differently about how we deliver services in Swindon and



	<p>Shrivenham to meet the changing needs of our population;</p> <ul style="list-style-type: none"> <li>• In order to take advantage of new opportunities and create a better future for patients, we must adapt the way we do things. This does not mean doing less for patients.</li> <li>• Doing things better and more efficiently usually means a better experience and outcomes for patients;</li> <li>• We know we need to use our limited resources wisely (the Swindon £), to meet the demands on our system and stay within our allocated budgets. By working together, we can plan our services to deliver the maximum benefit for patients;</li> <li>• We want input from patients, residents and communities to make sure the Accountable Care System is truly representative of local people and responsive to local need;</li> <li>• Patients will be healthier, need to visit their GP or hospital less often, when patients get sick they will recover more quickly and be treated in better surroundings – often their own home. Services will be easy to access and services will be safer and more efficient. Our staff will be better trained and more able to do their job;</li> <li>• Organisations working together across Swindon and Shrivenham makes sense to do so;</li> <li>• It is too early to say what changes are needed, however as initial ideas become more detailed we are committed to engaging with patients / public as appropriate.</li> </ul>
<b>9.0</b>	<b>Resources</b>
9.1	It is anticipated that partner organisations will absorb the costs of any local communication and engagement activity.
9.2	The Head of Communications and Engagement for Swindon CCG will lead on the development and implementation of this strategy with support from the Communications Teams at the CCG and GWH NHS FT.
<b>10.0</b>	<b>Risks</b>
	A risk register will be developed as part of the overall ACS programme. Specific communication and engagement risks include the risk to public and clinical perception of decisions being made without their involvement.
<b>11.0</b>	<b>Equality and Diversity</b>
	An Equality and Impact Assessment will be undertaken as part of the development of this strategy.
<b>12.0</b>	<b>Engagement and Consultation</b>
12.1	An initial clinical workshop took place on 30 March, and will be followed up with a series of opportunities for clinicians to engage with the development of pathways.
12.2	Conversations with our public will be key to ensuring that they are influencing the development of services in Swindon and are able to drive the development of outcome measures for any new model of care. We will be working with our colleagues in Healthwatch to draw up a timetable of events throughout the coming year to ensure continued involvement in the evolution and refinement of the service models. These events will be jointly hosted across health and social care organisations.

12.3	We will also want to engage regularly with our wider stakeholders such as the voluntary sector providers.
12.4	{The NHS has a legal duty to involve patients, the public and local organisations when developing and considering proposals for substantial variations in the provision of services. NHS England has produced explicit and informative guidance documents to support commissioners and providers to ensure they are adequately informed on the best practice models for service change.}
<b>13.0</b>	<b>Time line and Action Plan</b>
13.1	<b>Activities completed during March/April 2017</b> <ul style="list-style-type: none"> <li>• Governance arrangements drafted with shared Board papers</li> <li>• Engagement with wider provider base including care home sector</li> <li>• High level draft programme plan developed</li> <li>• Programme structure developed and workstream leads identified</li> <li>• Programme mobilised</li> <li>• Clinical workshops held to begin development of new models</li> </ul>
13.2	<b>Strategic Alignment to be completed: April/May 2017</b> <p>During April/May, the Swindon system should carry out a number of strategic alignment activities.</p> <ul style="list-style-type: none"> <li>• Exploration of contracting models</li> <li>• Refinement of clinical models</li> <li>• Develop commissioning model options appraisal</li> <li>• Commence Public 'conversations'</li> <li>• Analysis of system spend and potential interventions and other activities</li> <li>• Populate the core components of a high level operating model.</li> <li>• A set of quick wins and high level outcomes should be agreed.</li> </ul>
13.3	<b>Develop Operating Model and Outline Business Case: May/June 2017</b> <p>During May/June, the Swindon system will develop the Operating Model and an Outline Business Case</p> <ul style="list-style-type: none"> <li>• Board level review and authorisation</li> <li>• Engagement with regulators</li> <li>• Ongoing Public 'conversations'</li> <li>• A set of quick wins and high level outcomes should be agreed.</li> <li>• Ongoing engagement with clinical teams</li> </ul> <p>A Communications and Engagement action plan to advance the objectives contained in this strategy are attached (see Appendix 2 and Appendix 3).</p> <p>Any Communication and engagement activities will take account of Purdah).</p>

14.0	<b>Monitoring, evaluating, reviewing and reporting our work</b>  Communications and engagement activity will be evaluated, reviewed and monitored on an on-going basis. This will provide flexibility to adapt and adjust to staff and stakeholders' communication and engagement needs and deliver the best information.
15.0	<b>Review</b>  This strategy will be reviewed in Six months (September 2017).
16.0	<b>Implementation</b>  The Head of Corporate Communications and Engagement, Swindon CCG is responsible for making sure the strategy is enacted.  The Governance of how the strategy will be delivered will be through the Accountable Care Steering Group.

## Appendix 1: Communication and Engagement Principles

The communications and engagement activity will be guided by a number of key principles:

- **Respectful:** showing respect for our local population, avoiding unfair stereotypes, acknowledging the different needs of individuals and populations
- **Developed in partnership:** our work will be shared openly to ensure we get the widest possible feedback and create the strongest possible plans
- **Clear and professional:** demonstrating pride and authority in what we do
- **Modern:** portraying Swindon ACS and the NHS in a way that is up-to-date and current
- **Proactive:** we recognise the ACS partners need to be proactive in its approach and wherever possible will attend existing meetings and go to where people are
- **Accessible:** understood by the target audience, easily obtainable and available in other languages, symbols or formats, and abbreviations will always be explained
- **Honest:** avoiding misleading information or false promises, being honest even where the message is difficult
- **Cost-effective:** showing that budgets have been used wisely
- **Alignment:** communications will be aligned to the organisation's vision and values, and the principles and aims of the NHS as a whole
- **Listening:** mechanisms for feedback, review and evaluation; and communication and engagement will evolve to reflect that feedback
- **Open to change:** we will apologise and change if we get something wrong
- **Responsive:** ensuring that we react quickly and fully to partner, GP practice, patient and public queries and questions.

## Appendix 2: High Level Communications and Engagement Action Plan

May - June 2017	July - September 2017	October	November
<ul style="list-style-type: none"> <li>• Agree strategic approach for communications and engagement (presented to SCCG Governing Body in April and GWH Board in May)</li> <li>• Establishment of a Communications and Engagement work stream with terms of reference</li> <li>• Production of a first draft of the ACS narrative (look at narrative from Denise – have asked her for this)</li> <li>• Full list of stakeholders (gathered from stakeholder lists each organisation holds)</li> <li>• Stakeholder mapping exercise</li> <li>• Key partners and representative organisations engaged around the broad principles and some specifics of an ACS</li> <li>• List of initial organisations to engage with identified – attending groups and meetings that are already in place</li> <li>• Staff information prepared – core messages</li> <li>• Public information prepared – core messages</li> <li>• Presentation material prepared</li> <li>• Specific area identified on SCCG website (and GWH)</li> <li>• Briefing material produced</li> <li>• Develop and start to implement a communication plan for primary care.</li> <li>• Briefing for</li> </ul>	<ul style="list-style-type: none"> <li>• Refresh of staff and public information as needed</li> <li>• Refresh of presentation material as needed</li> <li>• Refresh of briefing material as needed</li> <li>• Dashboard in place for monitoring communication and engagement activity</li> <li>• Spokespeople/advocates identified and offered support</li> </ul>	<ul style="list-style-type: none"> <li>• Report produced on communication and engagement activity to-date</li> </ul>	<ul style="list-style-type: none"> <li>• Further briefing for MPs. OSC, Health and Wellbeing Board</li> </ul>

<p>Healthwatch and Health and Wellbeing Board</p> <ul style="list-style-type: none"> <li>• Engagement meetings</li> <li>• Issue a press release /briefing for the media?</li> <li>• Develop a six-month calendar of opportunities to communicate / engage with the public, staff and other stakeholders</li> </ul>			
--	--	--	--

DRAFT

### Appendix 3 – Communications and engagement workstream overview

Area	Action	April 2017	May	June	July
<b>Communications &amp; Engagement Work stream</b>	Establish the workstream and produce terms of reference				
<b>Primary Care engagement</b>	Production of communications & engagement plan specifically for primary care				
<b>Patient / public/staff / Stakeholder engagement</b>	Scope and record activity to date in Swindon & Shrivenham				
	Completed stakeholder analysis				
	Representation at OSC				
	Representation at H&WB Board				
	MP engagement				
	Engage with staff side unions at GWH and staff side at SCCG				
	Engage with voluntary groups				
<b>Media / PR</b>	Develop and implement a media handling plan				
	Media training if needed				
<b>Materials</b>	Develop FAQs				
	Develop briefing materials for the different audiences				
	Develop presentation material				
	Develop website material				
	Develop social media plan				
	Develop ACS newsletter				
	Develop patients / people's stories				