



*your care, your way*  
**communications and engagement strategy**

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**Bath & North East  
Somerset Council**

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**NHS**  
*Bath and North East Somerset  
Clinical Commissioning Group*

## 1. Background

This strategy sets out how NHS Bath and North East Somerset Clinical Commissioning Group (CCG) and Bath & North East Somerset Council will work together to engage with our stakeholders about planning the future of their community services.

Community services can be defined as those general health and care services that are delivered at a person's home or in nearby local care settings. In Bath and North East Somerset (BaNES), where there are over 400 services provided by some 70 providers, the Council and CCG are beginning a two year joint review of health and care services with the aim of having new contracts in place by April 2017.

***your care, your way*** presents the opportunity to engage with all our stakeholders, think differently and design service models that better meet the needs of our aging and growing population and enable them to continue living independently in their own homes. In this way ***your care, your way*** is aligned to NHS England's Five Year Forward View with its aim of breaking down boundaries between GPs and hospitals, between physical and mental health and between health and social care and empowering patients to take more control over their own care and treatment. ***your care, your way*** also supports health and social care outcomes outlined by the local Health and Wellbeing Board.

The CCG and the Council have a duty to involve patients, carers and the public in the development of commissioning plans to change and develop local health and social care services. Indeed, the right of patients to be involved in the planning and development of health services is set out in the NHS constitution. Given the diversity and extremely varied health and social care needs of our local population, we cannot rely on a 'one size fits all' approach to involvement in this engagement process. Involvement and communication needs to be targeted and responsive to, and informed by, the diversity of individuals, groups and communities in BaNES.

This document will be updated as the project progresses to reflect any changes to key messaging and communication action plans.

## 2. Objectives

Our vision is to provide excellent health and care services in the community and enable people to live happier and healthier lives. Our services will provide timely intervention to stem ill health, prevent social isolation and tackle inequalities. By placing the user at the heart of services, they will receive the right support at the right time to meet their needs and conditions.

We will design and plan these services by engaging and listening to patients, carers, the public and other stakeholders. To ensure we reach as many people as possible, our approach will be inclusive, accessible and innovative in order to reach as many people as possible, particularly those believed to be experiencing the greatest health inequalities. Where it is possible, we will seek to work in co-production with our communities to deliver the following objectives:

- Inform all our stakeholders about the way that health and social care services are currently run and inspire them to think about and debate new ways to achieve the outcomes that are important to them
- Understand how our stakeholders feel about the current provision of health and social care services in Bath and North East Somerset
- Enter into two-way dialogue and collect useful and insightful feedback and ideas from our stakeholders about the way health and social care services should be organised in the future
- Collaborate with our stakeholders to develop a new model for community services that respects and takes into account their unique perspectives
- Communicate with current and potential providers in line with the terms of engagement that will be set out by the Procurement and Contracting workstream
- Ensure that everyone has an opportunity to contribute to the project regardless of age, disability, race, religion, gender or social background
- Aim to generate over 5,000 unique individual responses throughout the engagement process that are representative of the demographics of the BaNES population. However it is recognised that it is difficult to set a target for engagement as we do not have a similar exercise to benchmark against.

### 3. Strategy

The CCG and the Council recognise that engaging effectively with such a wide range of stakeholders requires a large amount of financial and human resource that is not available to the communications work stream. As a result, the overall engagement strategy is to identify and work with partners who can help to spread the key messages about the engagement process, on our behalf, and then feedback the information they collect from their audiences. To this end, we will provide a toolkit to enable partners and stakeholders to disseminate information about **your care, your way** to their network of members, patients and service users etc. Commissioners have also committed to presenting **your care, your way** at local events and meetings on request throughout the two-year consultation period.

Healthwatch, the local consumer champion for health and social care, is a member of the **your care, your way** communications work stream. Its role is to bring its expertise and insight to local experiences of care to inform, advise and monitor on the approach to engagement.

Our engagement throughout the project will focus around nine fictitious case studies which represent a wide range of demographics and are each associated to one of the nine community services functions.

We will be asking our stakeholders to think about how care should be provided for these people rather than asking them to think about structures and abstract commissioning terms. They will act as reminders throughout the process that people must be at the heart of any future model for community services.

### 4. Timescales

The engagement and consultation process will be split into four distinct sections as follows:

#### **Late Jan – April 2015**

Phase 1 – Development and sign off of the communications and engagement plan. Period for initial fact-finding engagement with stakeholders to inform design.

#### **September – November 2015**

Phase 2 – Seeking feedback from stakeholders on a range of options for future service provision.

#### **November 2015 – July 2016**

Phase 3 – Formal consultation with stakeholders on the preferred option.

#### **August 2016 – March 2017**

Phase 4 – Ongoing engagement with stakeholders to monitor service implementation and delivery.

NB. There will be limited engagement activity in the run up to the general and local elections from 1 April to 7 May which will provide the CCG and the Council with time to consider the information collected during the first phase of the consultation and identify the options to be presented in Phase 2.

***your care, your way*** will be officially launched on **Thursday 29<sup>th</sup> January** with a coordinated launch event between the Council and the CCG at the Assembly Rooms in Bath.

## 5. Stakeholders

The delivery of community services affects a wide range of stakeholders and the programme of engagement will need to reach them all to ensure that their unique perspectives are included in the process. All stakeholders that have been identified so far are listed in Appendix 1 of this document but this list will continue to evolve as our engagement progresses and we become aware of new ways to reach our key audiences.

Each stakeholder has been classified into one of four categories depending on their level of interest in the project and their level of impact related to the project. This could be the impact they have over the successful delivery of the project or the impact that the project will have upon their daily lives.

By classifying the stakeholders in this way, we can begin to prioritise which stakeholders require proactive engagement and which ones simply need to be kept informed.

All communications and engagement activity will be conducted with due respect for and adherence to equality and diversity legislation. The public sector equality duties outline how BaNES CCG and Bath & North East Somerset Council as public bodies must, in the exercise of their functions, have due regard for the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

## 6. Messages

### Headline Messages

- ***your care, your way*** is a two year project being run jointly by the Council and CCG to review, design and deliver integrated community services in consultation with local people.
- Bath & North East Somerset Council and NHS Bath and North East Somerset Clinical Commissioning Group (CCG) are committed to providing excellent health and social care services that enable people to live happier and healthier lives.

- The Council and CCG already have a successful track record of joining up NHS-funded health services and Council-funded social care services. By continuing to work together, we want to make this model of partnership and integration even more successful so that people don't have to navigate through complex systems and repeat their story to the different professionals involved in providing their care.
- The Council and CCG work together to commission over 400 'cradle to grave' community health and care services (such as health visitors for new mothers, speech and language therapists for young children, specialist nurses for long-term conditions like diabetes or heart failure and palliative care at the end of life) that are delivered by over 70 provider organisations.
- Community services can be categorised into nine functions that include facilitated and supported discharge, scheduled ongoing care and support and specialist input (see ***your care, your way*** Overview for complete list). People should be able to access all of these nine service areas through clearly defined points of access that are fully integrated with the wider system.
- Whether people receive community services as a one-off, for a short time period or for all of their lives, these services have a critical role in helping people live healthier lives.

**Public, patient and carer specific messages:**

- We think that everyone in Bath and North East Somerset has a unique set of health and care needs. Tell us your story so we can create a new model for community health and care services in Bath and North East Somerset that puts you at the centre of your care.
- Patients and carers have a vital role to help shape future models for community services.
- Let's plan community services together to enable you and your family to receive the right care you need, at the right time outside of hospital whenever possible.
- We will keep you informed and updated about *your care, your way* and seek your views and feedback as the plans develop throughout the next two years.
- We want to take away unnecessary bureaucracy and complication from the way that health and care services are provided so that people don't have to repeat their story over and over again to the different health and care professionals involved in supporting them.

### **Messages specific to provider organisations:**

- Be reassured that during this period of review that our priority is maintaining and building on effective, high quality services, not change for change's sake. Please get involved and share your expertise and insight with us.
- We will share comprehensive information about how the review is progressing and potential new service models, as well as how they might work and how we will work together on the transition and implementation to ensure a smooth transfer to new service delivery (if appropriate).

### **Messages for GPs:**

- Delivering improvement will require new ways of working across health and social care. General Practice sits at the interface between health and social care and can play a vital role in working with patients and social and health care professionals to help join up services and improve outcomes.
- GPs are managing increasing workloads and responsibilities with limited funding so collaborative working across the health and care system is essential to maximise the available resources and ensure the best interests of patients.
- New service models include health and care services that can 'wrap around' individual member practices or around clusters of practices.
- We need your input to ***your care, your way*** including reviewing the existing service model, making recommendations based on patient experience on how future community services should be commissioned and considering how primary care needs to change to make these services more successful.
- We will share comprehensive information about how the review is progressing and potential new service models, as well as how they might work and how we will work together on the transition and implementation to ensure a smooth transfer to new service delivery (if appropriate).
- We want to explore with you the potential to introduce 'navigators' or 'care teams' that assist your patients, particularly those with complex conditions to access pathways of care and support.

## 7. Methods and channels of communication

We will use a range of methods and channels to engage our stakeholders. The approach and timing will be tailored according to the needs of each audience group and will include:

### Events

***your care, your way*** will be launched on the 29<sup>th</sup> January 2015 in Bath at an afternoon event open to all to find out about the review and how they can get involved.

Thereafter ***your care, your way*** will be discussed at local events across BaNES according to the consultation schedule outlined in Appendix 2. Engagement events are planned at three Area Forum meetings and at the BaNES GP Forum. The Council and CCG will disseminate information about ***your care, your way*** to all stakeholders and be available to present and share updates to groups at local face-to-face meetings or at public displays (e.g. in libraries, GP practices etc.) on request. An events planner has been created to capture all requests for presentations and map out meeting attendance for Phase 1.

### Public and Media Relations

The Council and the CCG are committed to building and nurturing good working relationships with the local and national media and will proactively engage with all key media throughout the consultation process. We will identify key spokespeople across both organisations to talk about ***your care, your way*** and respond to media interviews. We will prepare press releases and FAQs for media use.

We will seek to promote ***your care, your way*** through suitable staff and public facing newsletters (off and online). There will be a two page spread in Council Connect Magazine which is sent out to every resident in BaNES in March 2015 and then at regular intervals throughout the two years. We will provide tailored briefings for different stakeholder groups and seek to hold face to face meetings where appropriate..

### Digital channels

We will develop a dedicated microsite **[yourcareyourway.org](http://yourcareyourway.org)** to act as an information hub for the community services review. The site will include functionality to enable users to feedback their opinions and ideas and a link to an online survey for Phase 2 of the engagement.

As part of an integrated communications strategy, we will use social media to raise awareness about ***your care, your way*** and to enable people to interact with us about the review. Initially there will be a ***your care, your way*** Facebook page and we will use the hashtag ***#ycywbanes*** to create a community of followers on Twitter. We will post and tweet regularly about ***your care, your way*** and at key milestones during the engagement process. We will put up spokespeople to lead tweet chats to build conversation around the project and we will tweet and post live from consultation events.



We will develop appealing online content throughout the two year engagement process including infographics and video content which will be shared via a dedicated YouTube account on the microsite.

## **Advertising**

Press and radio advertising may be used to ensure mass promotion of ***your care, your way***. This is a costly channel so will be used sparingly. Other types of advertising e.g. bus, outdoor, pharmacy bag may also be considered.

## **8 Your Care, Your Way toolkit**

To enable CCG and Council colleagues, as well as providers, the voluntary sector and other organisations to undertake their own engagement activity, we will provide:

- Leaflets, posters and hard copy surveys
- Template press releases
- Template powerpoint presentation
- Banner stands
- A calendar of material for social media use
- Imagery, artwork and electronic assets such as web banners
- Your Care, Your Way visual identity guidelines and logos
- Video and written content for sharing
- Materials in accessible formats
- 'You Said, We Did' reports
- Appropriate speakers to give presentations at existing events

## 9 Human Resources

The Communications work stream team will be responsible for implementing the actions set out in the Engagement Strategy and the accompanying Engagement Plan. The membership comprises representatives from BaNES CCG, Bath & North East Council and Healthwatch.

Additional communications support to be provided by the Central, Southern and West Commissioning Support Unit and Avril Baker Consultancy as required.

This strategy is authored by BaNES CCG Communications leads; Barry Grimes, Communications Manager (barry.grimes@nhs.net) and Tamsin May, Head of Communications (tamsin.may@nhs.net) with contributions from and sign off by members of the communications work stream.

## 10 Evaluation

The communications work stream team will meet every two weeks to look at the progress we have made against our objectives and to review the success of the different engagement methods being utilised. Where engagement with a particular stakeholder has been successful we will identify ways that this success can be replicated in our engagement with other stakeholders. Where engagement has been poor or unsuccessful we will review why this was the case and identify alternative methods. Our engagement with all identified stakeholders will be measured through the feedback collected through the following channels:

- online survey
- feedback on social media via Facebook and Twitter
- responses by email, letter or phone call
- records of verbal comments made at meetings and events

We will also evaluate how successful we have been at promoting this activity using a range of metrics including media coverage, tone of voice, sentiment and reach of social media, traffic to micro site.

The online survey in particular will provide real time data on the demographics of responders so that we can be aware of any particular social groups that require more targeted engagement work.

We will also identify an appropriate external organisation from outside the BaNES area to conduct an independent audit of our stakeholder engagement so that we can identify any weak areas in our approach and provide reassurance to commissioners and the public that the engagement process has been carried out in line with best practice and has engaged effectively with all sections of the BaNES population.

An engagement report will be published at the end of each phase of consultation to summarise all feedback received and how this is being used to inform the **your care, your way** community services review.

## Appendix 1: Stakeholder mapping

### KEY DECISION MAKERS

- CCG Board
- GPs
- Health and Wellbeing Board
- Wellbeing PD&S Panel
- NHS England

### OTHER STAKEHOLDERS

- CCG staff
- GP Clusters
- Patient Participation Groups
- Practice Managers
- Practice Nurses and other staff
- Your Health, Your Voice Patient Involvement Group
- Community Area Forums/Parish Councils
- Council Staff
- Councillors
- MPs (and candidates)
- Public Health
- Media
- Colleges/Universities
- Healthwatch
- Major employers
- Neighbouring CCGs and Local Authorities
- Pre-schools and nurseries
- Schools and academies
- AWP
- B&NES Care Services Provider Forum
- Domiciliary care strategic partners
- Dorothy House Hospice
- Housing Associations
- Other NHS providers
- Oxford Health (CAMHS)
- Pharmacists
- RNHRD (The Min)
- RUH
- Sirona
- VCSE providers
- BME groups
- Carers (inc. hidden carers and young carers)
- Children and young people
- Drug and Alcohol Services
- Faith Groups
- Gypsies/travellers/boat-dwellers
- Homeless
- Learning disabilities and autism
- LGBT Groups



- Mental Health Network
- Obese/unhealthy lifestyles
- Over 65s/frail elderly
- Parents/working age adults
- Patients with long-term conditions
- Physical and Sensory Impairments
- Strategic End of Life Group
- Young mums