Fit for the Future
Working together to keep people well

Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP)

Guide to Effective Communication & Involvement in STP Implementation

Final Version 19.07.17

Content

1. What is this Guide?

A set of useful resources, best practice and example documentation to support effective communication & involvement in *Fit for the Future* Improvement projects.

·

2. Who is this Guide for?

This guide is for anyone who is involved in implementing an Improvement Project within the Cambridgeshire & Peterborough *Fit for the Future* (STP) Programme. Colleagues who will find this guide of use are:

• Project Leads
• Clinical Leads
• Senior Responsible Officers (SRO)
• Accountable Officers (AO)
• Patient/Public representatives
• Human Resource Leads.

The Guide will also help communication and engagement specialists from across the STP partner organisations as it pulls together, in one place, the templates, tools and guidance used in the day-to-day operational delivery of effective communications and engagement.

3. What do we mean by involvement?

Involvement is about enabling people to voice their views, needs and wishes, and to contribute to plans, proposals and

decisions about services, as well as how changes are delivered. Our use of the term 'patients and the public' includes everyone who uses services or may do so in the future, including carers and families.

The term 'involvement' is used interchangeably with 'engagement', 'participation', 'consultation' and 'patient or public voice' and there are many different ways to involve patients and the public, as illustrated below and as set out in the Supporting Resources at the end of this section.
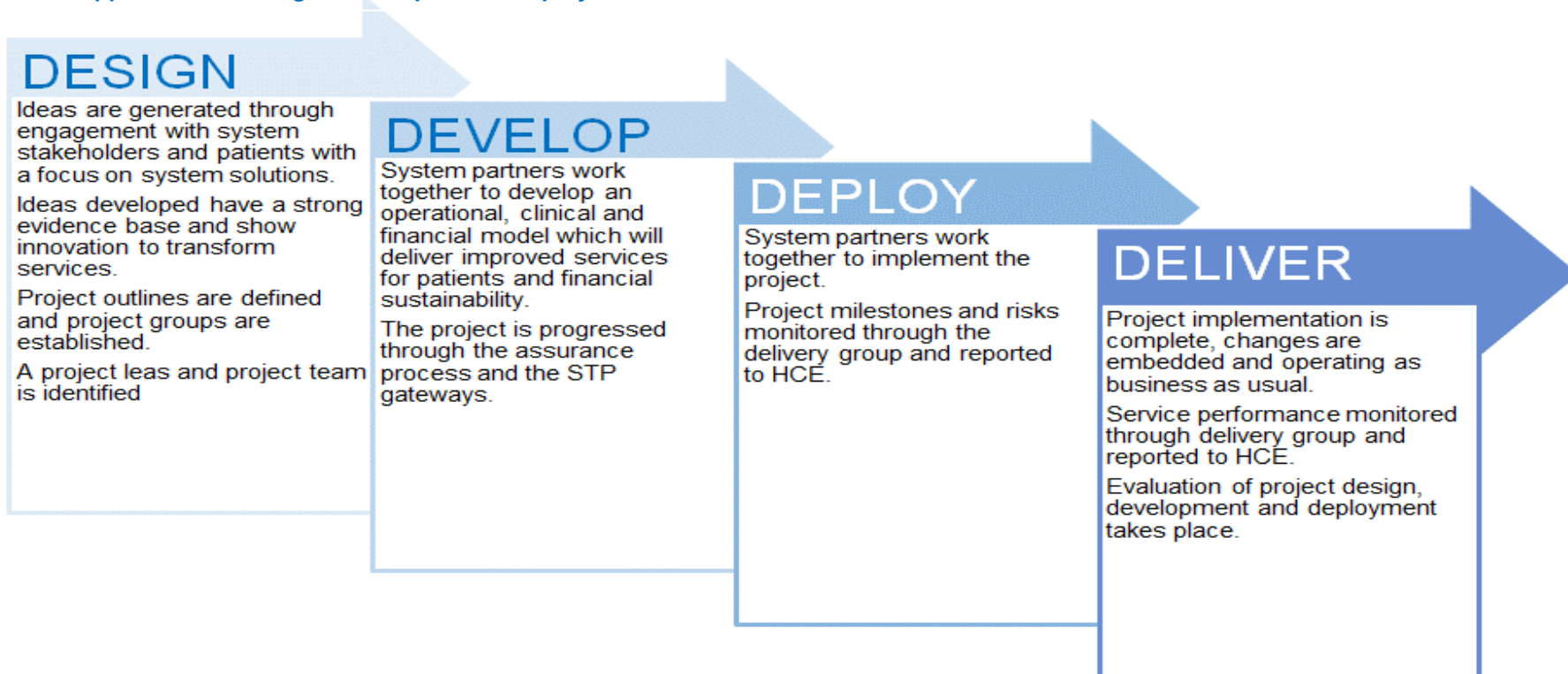

Different approaches will be appropriate, depending on the nature of the activity and the needs of different groups of people.

4. From Planning to Implementation

As the STP moves from planning into implementation and delivery, it became apparent that we needed a clear and consistent structure to frame the various processes across the STP to reduce confusion and ensure appropriate accountability across the 'lifecycle' of the STP improvement projects.

We have identified 4 stages in an improvement project's life - Design, Develop, Deploy and Deliver – and the diagrams below describe in more detail what happens at each stage.

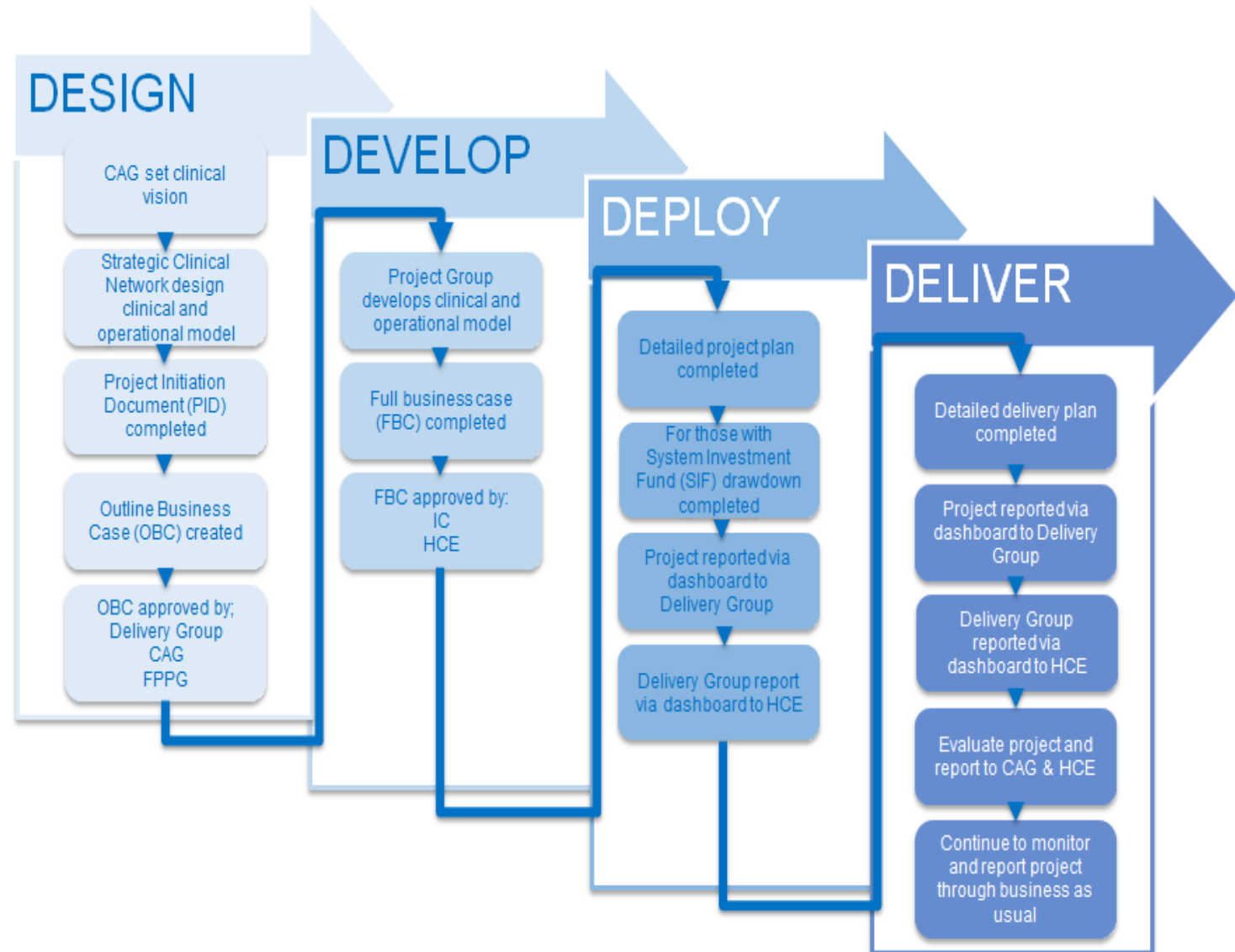**What happens at each stage in an improvement project's life**

DESIGN

Ideas are generated through engagement with system stakeholders and patients with a focus on system solutions.

Ideas developed have a strong evidence base and show innovation to transform services.

Project outlines are defined and project groups are established.

A project leas and project team is identified

DEVELOP

System partners work together to develop an operational, clinical and financial model which will deliver improved services for patients and financial sustainability.

The project is progressed through the assurance process and the STP gateways.

DEPLOY

System partners work together to implement the project.

Project milestones and risks monitored through the delivery group and reported to HCE.

DELIVER

Project implementation is complete, changes are embedded and operating as business as usual.

Service performance monitored through delivery group and reported to HCE.

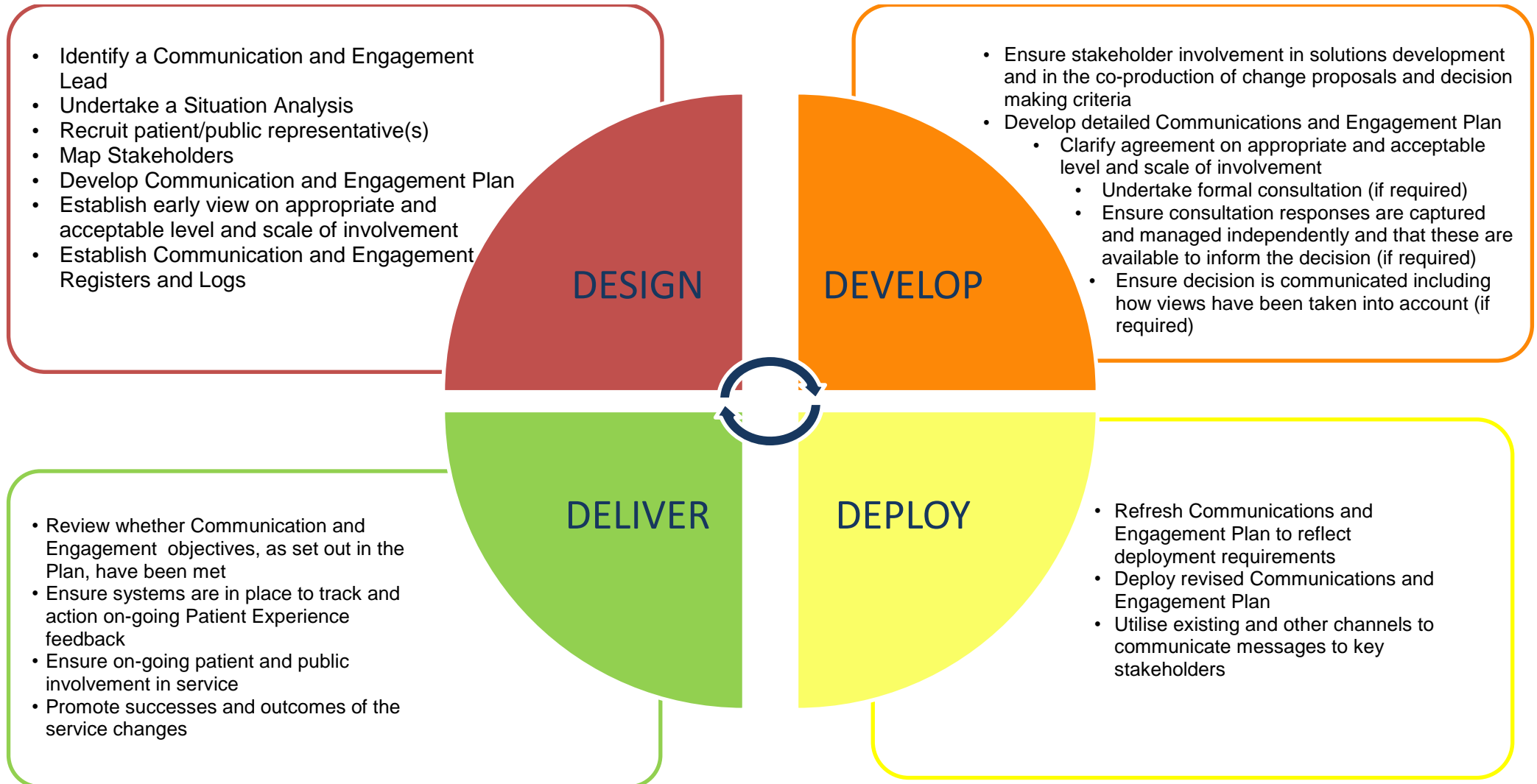Evaluation of project design, development and deployment takes place.

The System Delivery Unit (SDU) has developed a suite of guidance documents and tools to support understanding of what is required at each stage in terms of:

1. The respective roles and responsibilities;

2. The reporting requirements;

3. The governance requirements;

4. *The communication and involvement requirements.*

This Guide addresses the latter requirement and provides practical advice, guidance and tools to effectively communicate with and involve stakeholders in STP Improvement projects

Fit for the Future
Working together to keep people well

How a project moves through each stage

DESIGN

- CAG set clinical vision
- Strategic Clinical Network design clinical and operational model
- Project Initiation Document (PID) completed
- Outline Business Case (OBC) created
- OBC approved by; Delivery Group CAG FPPG

DEVELOP

- Project Group develops clinical and operational model
- Full business case (FBC) completed
- FBC approved by: IC HCE

DEPLOY

- Detailed project plan completed
- For those with System Investment Fund (SIF) drawdown completed
- Project reported via dashboard to Delivery Group
- Delivery Group report via dashboard to HCE

DELIVER

- Detailed delivery plan completed
- Project reported via dashboard to Delivery Group
- Delivery Group reported via dashboard to HCE
- Evaluate project and report to CAG & HCE
- Continue to monitor and report project through business as usual

The diagram below sets out the communication and involvement inputs to be considered at each of the 4 stages and Section 7 of this Guide provides more detail on the key inputs.

DESIGN

- Identify a Communication and Engagement Lead
- Undertake a Situation Analysis
- Recruit patient/public representative(s)
- Map Stakeholders
- Develop Communication and Engagement Plan
- Establish early view on appropriate and acceptable level and scale of involvement
- Establish Communication and Engagement Registers and Logs

DEVELOP

- Ensure stakeholder involvement in solutions development and in the co-production of change proposals and decision making criteria
- Develop detailed Communications and Engagement Plan
  - Clarify agreement on appropriate and acceptable level and scale of involvement
  - Undertake formal consultation (if required)
  - Ensure consultation responses are captured and managed independently and that these are available to inform the decision (if required)
  - Ensure decision is communicated including how views have been taken into account (if required)

DELIVER

- Review whether Communication and Engagement objectives, as set out in the Plan, have been met
- Ensure systems are in place to track and action on-going Patient Experience feedback
- Ensure on-going patient and public involvement in service
- Promote successes and outcomes of the service changes

DEPLOY

- Refresh Communications and Engagement Plan to reflect deployment requirements
- Deploy revised Communications and Engagement Plan
- Utilise existing and other channels to communicate messages to key stakeholders

Communication and Involvement inputs at each Improvement Project stage

5. Why is involving people, communities and stakeholders important?

Involving people, communities and stakeholders in STP Improvement Projects is the right thing to do to ensure that planning, decision making and delivery is robust and meets the needs of people and communities. Our aim must be to work in co-production with the knowledge, skills and experience of people in their communities.

Involving people, communities and stakeholders meaningfully is essential to effective service improvement and system transformation, from collectively identifying problems and designing solutions to influencing delivery and review. Effective communication and involvement throughout the process will help to build ownership and support for proposals to transform health and care and will also help identify potential areas of concern.

In addition, NHS partners with responsibility for the STP have a number of legal duties including to involve the public in the exercise of their statutory functions. Not doing so effectively runs the risk of legal challenge and lengthy delay. A well thought through and documented engagement approach, that involves local stakeholders on an ongoing basis and identifies those experiencing the greatest health inequalities, will lead to:

• the development and delivery of better quality solutions;

• Project solutions that draw on a range of insight and expertise, including from patients and the public; and

• reduced risk of legal challenge.

Healthwatch Cambridgeshire & Peterborough have produced a useful summary guide to standards and methodology for involvement and consultation in Fit for the Future implementation and the Guide can be found in the Supporting Resources at the end of this section.

6. Legal duty to involve Patients and the Public

The key relevant statutory duty that will need to be adhered to in STP delivery is set out in:

• Section 14Z2 of the Health and Social Care Act 2012 for CCGs and NHS England; and

• Section 242 of the NHS Act 2006 for other NHS bodies.

Section 14Z2 of the Health and Social Care Act 2012

This places a requirement on CCGs to ensure public involvement and consultation in commissioning processes and decisions including involvement of the public, patients and carers in:

- planning of commissioning arrangements, which might include consideration of allocation of resources, needs assessment and service specification; and

- proposed changes to services which may impact on patients.

Section 242 of the NHS Act 2006

This places a duty of care on those providing health services to make arrangements to involve users of services.

The relevant clauses in the Acts are as follows:

… must make arrangements to secure that individuals to whom the services are being or may be provided are *involved (whether by being consulted or provided with information or in other ways)* –

a) in the *planning* of the commissioning arrangements by the group;

b) in the *development and consideration or proposals* by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

c) in *decisions* of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

It is important to note here that the *legal duty is to involve* and that involvement can be undertaken effectively in a variety of ways, as set out in the Supporting Resources at the end of this section.

There is not a legal duty to consult, although formal consultation may be necessary, as agreed with the relevant Overview & Scrutiny Committee(s). More guidance is set out in the Supporting Resources at the end of this section.

Supporting Resources:

- Resource 1 - Healthwatch Cambridgeshire & Peterborough Guide

- Resource 2 - The Participation Toolkit

- Resource 3 - Legal Duties for NHS Bodies for Involvement

7. Communication & Engagement Guidance and Resources

This section provides more detailed guidance on those key inputs needed to successfully communicate with and involve stakeholders in your Improvement Project, as well as supporting resources, tools and templates.

- Identifying a Communication and Engagement Lead

- Undertaking a Situation Analysis

- Recruiting patient/public representative(s)

- Stakeholder Mapping

- Communication and Engagement Plan

- Communication and Engagement – Key Supporting Documentation

- When and how to communicate and involve

DESIGN DEVELOP

DELIVER DEPLOY

7.1: Identifying a Communication and Engagement Lead

DESIGN | DEVELOP

DELIVER | DEPLOY
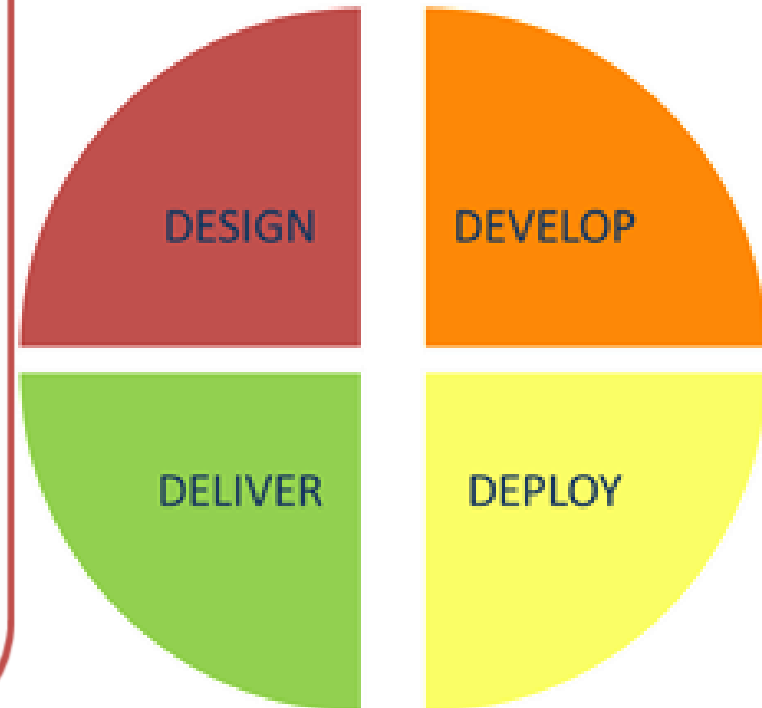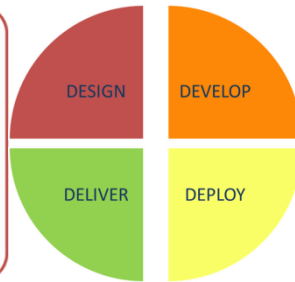
KEY POINTS

1. The Delivery Group Communication and Engagement Lead:

- is matched to their CEO / Accountable Officer (AO) (See table below);

- has a key relationship with their AO/Senior Responsible Officer (SRO);

- will have a communications and engagement oversight of the whole Delivery Group, working with the AO/SRO;

- is a member of the Delivery Group and should attend Delivery Group meetings; and

- is responsible for ensuring that each 'live' Improvement Project/Scheme within the Delivery Group has a Communication and Engagement Lead.

2. Each 'live' Improvement Project/Scheme within a Delivery Group will also be allocated a Communication and

Engagement Lead – to be matched by their skills and knowledge. This may be a different lead to the Delivery Group Communication and Engagement Lead and may be from a different system partner organisation.

3. The Delivery Group Communication and Engagement Lead is responsible for the overall communications and engagement for the Delivery Group – so will need to work with any other supporting Communication and Engagement Leads allocated to their Improvement Project/Schemes.

4. Each 'live' Improvement/Project Scheme should have a Communication & Engagement Plan to be written by the Improvement Project/Scheme Communication and Engagement Lead.

5. Improvement Project/Scheme Communication and Engagement Leads will collate project timelines – of key stages/dates – for the Delivery Group Communication and Engagement Lead and to be reviewed and managed by the Communications Cell.

Delivery Group Communication & Engagement Leads

Lead	Urgent & Emergency Care (UEC)	Primary Care & Neighbourhood Teams (PCIN)	Planned Care	Children, Young People & Maternity	Shared Services
AO	Roland Sinker	Aidan Thomas	Tracy Dowling	Matthew Winn	Stephen Graves
Communication & Engagement	Dail Maudsley-Noble	Andrea Grosbois	Sue Last	Karen Mason	Aidan Fallon

Enabling Group Communication & Engagement Leads

Lead	Digital	Local Workforce Advisory Board (LWAB)
AO	Stephen Posey	Matthew Winn
Communication & Engagement	Kate Waters	Karen Mason

OTHER ROLES & RESPONSIBILITIES

1. It is the responsibility of the Delivery Group SRO to ensure that resources are identified for communication, involvement, marketing and other associated activities. The Implementation Project Business Case should identify resources needed for HCE approval.

2. Events will be managed within the Implementation Project teams – with advice and support from their communication & Engagement Lead

3. Media will be managed by the Communication Cell (review media protocol)

4. The Fit for the Future website web master is the STP Communications Manager working in the System Delivery Unit (SDU).

5. The STP Head of Communication & Engagement will be responsible for the Communication Cell, supported by the STP Communications Manager

6. Fit for the Future templates will be provided, where appropriate

7. Activity and messages will be branded *Fit for the Future*

8. Messages will be approved by Delivery Groups, CAG or HCE

9. Existing channels will continue to be used for external and internal communications

Supporting Resources:

- Resource 4 - Delivery Group and Improvement Project Communication & Engagement Leads

Fit for the Future
Working together to keep people well

7.2: Undertaking a Situation Analysis
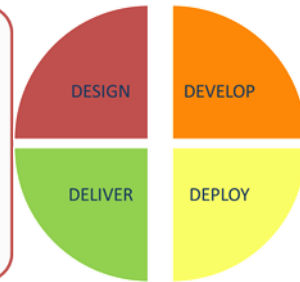
KEY POINTS

1. A situation analysis involves checking out what has already happened and/or what is already in place in respect of Communication and involvement. The beginning of an Implementation Project doesn't necessarily mark the beginning of the involvement of stakeholders.

2. Consider the following:

- **Has a 'Case for Change' already been made?** The Cambridgeshire and Peterborough STP published an **Evidence for Change** document in March 2016 See Supporting Resources at the end of this section) and which had extensive stakeholder involvement. Although this document is STP system-wide, it may contain elements of the case for change for your specific Improvement Project.

- **What individuals and Groups are already involved?** Disease or condition specific groups, patient groups, staff members, clinicians, and other stakeholders may already be actively engaged with the work and can be recruited as

champions. Stakeholder Mapping will help you identify those who may already be involved.

- **What involvement activities have already taken place?** What, if any, stakeholder meetings, focus group work, surveys, patient stories, etc. have already happened? The documented outcomes of such activities can inform the change process and means you don't need to cover the same ground again. Also, stakeholders won't appreciate being asked for their views on the same issues multiple times.

- **What communication channels already exist?** Don't create new channels of communication unless these are necessary. Communication colleagues will have regular channels for both external and internal communication that you can use. Many voluntary sector and community groups have their own communication mechanisms that can be used to inform and engage with stakeholders. Remember that Healthwatch will also be happy to let you use their communication channels and networks.

> **Supporting Resources:**
>
> - Resource 5 - Cambridgeshire & Peterborough STP Evidence for Change

## 7.3: Recruiting patient/public representative(s)
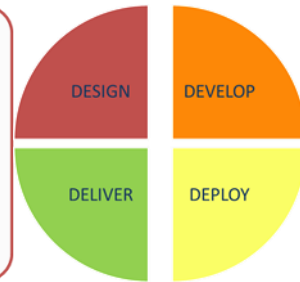
KEY POINTS

1. All Delivery Groups and 'live' Improvement Project/Schemes within a Delivery Group should have, wherever possible, at least one patient/public representative.

2. It is the responsibility of the Delivery Group Communication and Engagement Lead, working with the STP Head of Communications and Engagement to ensure patient/public representation within the Delivery Group programme of work. Other key partners in ensuring this are the Improvement Project/Scheme Project Lead and Communication and Engagement Lead.

3. We have developed a Process for Recruiting Patient/Public Representative(s) including advice on groups and organisations that can support you and/or provide representatives and this can be found in the Supporting Resources at the end of this section.

4. All patient/public representatives should:

   a. have a role description (see supporting resources);
   b. be provided with an induction to the Group and be given a Support Pack;
   c. have a named link person for support;
   d. be reimbursed for any costs they may incur as part of their involvement.

5. The central role of the patient/public representative is to provide their own views and opinions to inform the work of the Group and is not to ensure wider engagement with patients and the public.

6. Although an essential contributor, the patient/public representative cannot provide all requirements for patient and public involvement in a project. Stakeholder Mapping will identify all those individuals, groups and organisations with an interest and who's involvement needs to be sought at different stages.

7. The Delivery Group and/or Improvement Project/Scheme Communication and Engagement Lead will support identifying and involving wider stakeholders.

Supporting Resources:

- Resource 6 - Process for Recruiting Patient/Public Representative(s) [Not currently available]

- Resource 7 - Patient/Public Representative Role Description

- Resource 8 - Patient/Public Representative Support Pack [Not currently available]

- Resource 9 - Reimbursement of Expenses Policy

- Resource 10 - FftF Patient & Public Reimbursement of Expenses Claim Form

7.4: Stakeholder Mapping
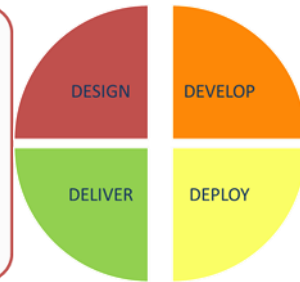
KEY POINTS

1. Stakeholders are those individuals or groups who depend on the NHS to fulfil their own goals and on whom, in turn, the NHS depends. Stakeholders can be patients, the public, local communities, councillors, NHS England, clinicians, staff, unions, etc.

2. It is important to understand stakeholder expectations and the extent to which they are likely to seek influence over the changes that you are seeking to make.

3. Stakeholder expectations will differ and stakeholders are rarely of equal importance. It is normal for conflict to exist between stakeholders regarding the importance or desirability of many aspects of service changes and this is a critical aspect of service change to understand and plan for – compromise between stakeholders may need to be facilitated.

4. We have provided a useful guide to stakeholder mapping (see Supporting Resources at the end of this section).

5. We have also provided a list of stakeholders with whom we engaged in developing the Cambridgeshire and Peterborough STP (see Supporting Resources at the end of this section). Although it is highly likely that some of these stakeholders are relevant to individual Implementation projects/schemes within the STP umbrella, a stakeholder mapping exercise should be undertaken for each project to ensure that, for example, specific patient groups, staff groups or voluntary organisations with an interest in your service change are not overlooked.

Supporting Resources:

- Resource 11 - Guide to Stakeholder Mapping

- Resource 12 - STP Stakeholders

15

7.5: Communication and Engagement Plan
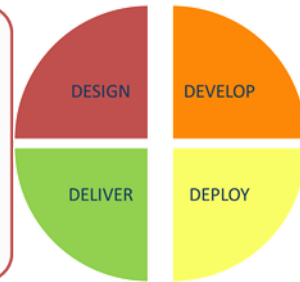
KEY POINTS

1. Each 'live' Improvement/Project Scheme should have a Communication & Engagement Plan to be written by the Improvement Project/Scheme Communication and Engagement Lead.

2. It is the responsibility of the Delivery Group Communication and Engagement Lead to ensure that a plan exists and is being implemented.

3. Why develop a Communication & Engagement Plan?

- A plan makes it possible to target communication and engagement accurately. It gives a structure to determine who needs to be reached and how;

- A plan makes communication and engagement efforts more efficient, effective, and lasting; and

- A plan makes everything easier. Time spend planning at the beginning, will save a great deal of time later on, because it will be clear what exactly should be happening at any point in the Improvement Project lifecycle.

4. The Plan should consider/include the following:

[**NOTE:** Detailed Guidance is included in the Template Communication & Engagement Plan in the Supporting Resources at the end of this section]

- **Clarify the purpose of the communication and engagement**

- **Include a situation analysis**. A situation analysis involves checking out what has already happened and/or what is already in place in respect of Communication and involvement for the Improvement Project (see Section 7.2 of this Guide).

- **Define the communication and engagement objectives.** These will be specific communication/engagement objectives (distinct from but supporting delivery of the overall Improvement Project's objectives) and these could relate to, for example:
  o Ensuring stakeholder co-production in project design, development, deployment and delivery;
  o Ensuring statutory duties to involve are met throughout the Improvement Project lifecycle; and
 o Achieving a change in patient behaviour.

Objectives should be S.M.A.R.T

- **Identify the audience(s).   Who** are the stakeholders affected by or having an interest in the Improvement Project? (See Section 7.4 of this Guide).

- **Plan and design messages. What** is the key messaging for the Improvement Project? These should be developed by the project team and should address, for example, what the Improvement Project is seeking to achieve, why it is happening and how it will benefit patients and other stakeholders.

- **Approach. How** is communication and engagement going to happen and what activities will be deployed? This is the range of tools and methodologies to be used and can include, for example, one-way communication approaches such as press releases, leaflets, displays and letters, to co-production approaches such as Solution Circles, Focus Groups and Citizens' Juries. The key point is that the approach should be appropriate and proportionate to the needs of the project and stakeholders (See Section 8.1 of this Guide).

- **Timescales. When** are the communication and engagement activities going to happen?

- **Channels. Where** is the communication and engagement going to happen? Wherever possible, existing channels should be used, for example, staff newsletters, Healthwatch newsletters, Fit for the Future Website, GP Gateway, patient and service user groups, etc.

- **Resources.** Will a bespoke website be needed? What about video's, marketing materials, workshops, venue hire and social media costs? The Plan must set out all the anticipated costs of communication & engagement activities associated with the Implementation Project. Some costs will be met from existing budgets and resources, e.g. specialist communication staff input, but other costs may be additional and should be identified for inclusion in the Improvement Project Business Case for approval with all other Project costs by the HCE.

- **Create a tactical action plan.** This is the detailed week by week activities and is usually included as an appendix to the Communication & Engagement Plan. It should evidence when actions have been completed as a log of Implementation Project Communication and Engagement activities.

- **Evaluation.** How successfully have we delivered the communication and engagement objectives? This can be assessed by pre-determined measures such as attendance at events, social media reach and conversations, media evaluation, etc. Also, the reflections of key partners such as patient representatives and Healthwatch should be sought.

Supporting Resources:

- Resource 13 - Template Communication & Engagement Plan

## 7.6: Communication and Engagement – Key Supporting Documentation
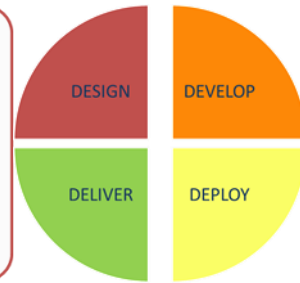
KEY POINTS

1   **Record of Stakeholder Engagement.** This records all engagement activity and provides evidence that the Improvement Project has properly and effectively engaged with all key stakeholders. An on-going review will also highlight any areas where engagement has been missed or needs strengthening. A Template Record of Stakeholder Engagement can be found in the Supporting Resources at the end of this section.

2   **Communication & Engagement Risk & Issue Log.** Risks to the effective delivery of communication and engagement objectives should be recorded and managed via the Risk & Issue Log. This could include, for example, challenges in engaging effectively with particular key stakeholders such as GPs or could include risks to public confidence in a service. A Template Communication & Engagement Risk & Issue Log can be found in the Supporting Resources at the end of this section.

3   **STP Project Communication and Engagement Tracker.** As part of implementing the STP programme management approach, an Improvement Project Tracker template was developed to record project actions, risks, membership, performance and so on. The Template also incorporates a Communication and Engagement tab to track key tasks and milestones at each of the 4 stages of the Improvement Project lifecycle. This should be completed by the Improvement Project Communication and Engagement Lead once the Communication and Engagement Plan has been developed and should be updated in collaboration with the Improvement Project Lead as part of the routine reporting arrangements. The STP Project Communication and Engagement Tracker can be found in the Supporting Resources at the end of this section.

4   **Attendance Log.** It is essential that an evidential record is kept of who attended involvement events and activities and a Template Attendance Log can be found in the Supporting Resources at the end of this section.

> Supporting Resources:
>
> - Resource 14 - Template Record of Stakeholder Engagement
> - Resource 15 – Template Communication & Engagement Risk Log
> - Resource 16 - STP Project Communication and Engagement Tracker
> - Resource 17 - Template Attendance Log

7.7: When and How to communicate and involve

DESIGN | DEVELOP
DELIVER | DEPLOY
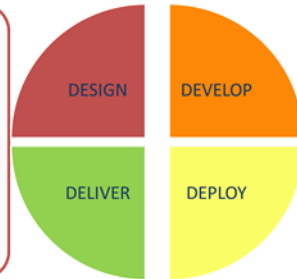
KEY POINTS

1. Communication and involvement should happen at each of the 4 stages in an Improvement Project's lifecycle. **It is not appropriate to develop solutions, proposals or decision making criteria in isolation of key stakeholders** who may be affected by or have an interest in the service change you are planning

2. In the worst case scenario, failure to effectively communicate and involve can lead to legal challenge. There are numerous cases of successful legal challenge to decisions made by NHS organisations, as well as the wider public sector, because due process was not followed by, for example, presenting change options as if there is no choice but those being proposed.

3. Therefore, a solid Communication and Engagement Plan is essential to identify and address the needs of all key stakeholders, from the outset.

4. How stakeholders are communicated with and involved can be flexible, depending on the circumstances, but it must be appropriate. For example, one Improvement Project may require little more than ensuring patients and service users receive service information, whereas another Improvement Project may require in-depth engagement and formal consultation.

5. The graphic below demonstrates this continuum of involvement from one-way communication, on the one hand, to co-production on the other hand.

	INFORMATION	FEEBACK	INFLUENCE
INDIVIDUAL	• Patient Leaflets • Service prospectus • Patient held record (smart cards) • Internet provision • Access to patient correspondence	• Individual complaints • Patient feedback/comment cards • PALS enquiries • Patient diaries	• Support to individuals ICAS/PPI Forums an d LINks • Advocates • Interpreters • Customer care practice
COLLECTIVE	• Annual reports on PPI • Strategy for PPI • Annual Plans Performance information • Clinical Governance reports • Press and media publicity	• Patients Panel • Complaints monitoring Patient surveys (local and national) • Focus Groups Wider consultation about needs and priorities Patient Participation Groups	• Citizens juries • Stakeholder conferences • Local healthy alliances • Priority setting • Partnership Forum • Lay representation on NHS bodies • Lay role on clinical governance
OUTCOMES	• Better informed access to care • Clarity of understanding of Rights and responsibilities • Transparency of service Provision • Better understanding and Confidence in the NHS	• Needs focused services • Service responsiveness Service consistency and quality • Efficient use of resources Service improvement and development	• Patient choice and patient centred care • Accountability to patients and communities • Contributions to effective clinical governance • Service appropriateness • Involvement in treatment decisions

5   The trick is to deploy the most effective methodologies to engage with the range of stakeholders you have identified. Rarely, if ever, will a single approach suffice because the needs of your various stakeholders will be different. For example, a weekday workshop may be fine to collect the views of retired people, however, it is unlikely to work if you also need to get the views of working parents. A public meeting is unlikely to excite the interest of teenagers, however, an effective social media campaign may have a better chance.

6   Avoid the mistake of focussing your engagement only on those stakeholders that are 'easy to reach' and/or readily available or willing to participate. The risk here is that you may collect the same narrow range of views. The reality is that some stakeholders will present a greater challenge to engage with because of, for example, cultural or language barriers, disabilities or attitudes to public services. This means that you will need to deploy more creative and bespoke approaches to engage effectively. It's likely to require time and energy, however, the effect is that your Improvement Project will be influenced by the widest range of stakeholder views.

7   The Scottish Health Council has developed an excellent web based and downloadable toolkit that describes an extensive range of innovative involvement methodologies and this can be found in the Supporting Resources at the end of this section.

Supporting Resources:

- Resource 2 - The Participation Toolkit