Title: Reading Programme Communication and Engagement Strategy for Integration and the Care Act		
Author: Melanie O'Rourke	Date: 22.08.14	
Version: 3	Review Date : 01.02.14	

1. Aim:

To communicate key information to stakeholders for the lifetime of the Integration Programme and the Care Act Programme.

To determine, develop and lead the process of communication and engagement on behalf of the Integration programme and The Care Act programme.

To ensure a joined-up approach to communication and engagement is taken across both programmes, reducing duplication and avoiding conflicting messages.

2. Objectives

To ensure that regular reporting of progress and issues to the Reading Integration Board, Care Act Programme Board and the Berkshire West Partnership Board.

To ensure that timely information flows to all staff connected to, or affected by, the programmes.

To ensure the regular flow of information between the project working groups

To identify, develop and direct consultation with key internal and external stakeholders

To provide regular progress reports as necessary, determined by the Governance Structure (See Appendix 1)

3. Background

3.1 Integration

In 2010, the Government set out its plan for reforming the NHS in "Equity and excellence: Liberating the NHS". The Government state the "primary purpose of the NHS is to improve outcomes of healthcare for all: to deliver care that is safer, more effective, and that provides a better experience for patients.

In 2012, the Government's Mandate to NHS England set out a requirement to provide "care which feels more joined up to the user of services" and which ensures people experience smooth transition between care settings and organisations.

Also in 2012, the care and support white paper set out more detailed proposals for integrating health and social services.

The Care Act gives local authorities a duty to promote integrated services.

Our key aim for the whole system in Reading is to provide seamless Services to all its residents, to we can ensure that people experience better health and social care within a sustainable economy ensure the Care Act is fully implemented.

Pioneer Bid

In parallel to the BCF, there is a wider Integration Agenda, relating to the Pioneer Bid, known locally as the Berkshire 10, given the sign up from the Local Authorities, two health trusts, South Central Ambulance Trust and the 4 Clinical Commissioning Groups (CCG's). Although locally we were unsuccessful with our Pioneer Bid there is a high level of commitment to continue to deliver on the Pioneer Bid outcomes.

With such ambitious outcomes it has been decided to take a phased approach to this project. Primarily concentrating on The Older Person's Agenda followed by Mental Health and Children's Services. However, it has been agreed that any initiatives that occur naturally will be encourage.

The key work Projects and work streams within the Integration Programme are:

Reading Specific

- Time to Think
- Full intake model

The Berkshire West projects are:

- Health and Social Care Hub
- Support to care homes
- Modernising Primary Care
- Neighbourhood focused multi -skilled teams

The enabling projects are:

- Workforce Development
- Personal Health budgets
- Interoperability
- Carers
- Hospital at Home
- 7 day working
- Market Management
- Communication and Engagement
- Synergies with the Care Act

The key working groups to achieve this are:

- 1. Reading Integration Working Group
- 2. Hospital at Home Board and operational group
- 3. Interoperability Board
- 4. Workforce Development working group

- 5. Market Management sub group
- 6. Finance Sub Group
- 7. Range of task and finish groups

3.2 The Care Act

The Care Act is a fundamental reform to the laws covering care and support for adults, simplifying and clarifying over 60 years of legislation. It sets out significant changes to adult social care, including assessments, eligibility, funding, market development, carers, safeguarding and prevention. The reforms are wide-ranging, but some of the key changes include:

- A new focus on prevention and delaying the need for care and support
- Provision of information and advice to help people to understand the care and support system, access services and plan for the future
- A responsibility to promote people's well-being and the outcomes which matter to them
- A single duty of assessment of people who may need services including carers
- A single national threshold for eligibility to care and support
- Entitlement to a care and support plan, and requirement that local authority must help the person decide how to meet their needs
- A right to a personal budget as part of the care and support plan which are on a legislative footing for the first time, which people will be able to receive as direct payments if they wish
- Reforms to the funding system for care and support, by introducing a cap on the care costs
 that people will incur in their lifetime, and providing for a new universal deferred payments
 scheme that will ensure people do not have to sell their homes in their lifetime to pay for
 residential care
- Promoting diversity and quality in the market of providers so that there are high quality services to meet people's choices
- New guarantees to ensure continuity of care when people move between areas, to remove the fear that people will be left without the care they need
- New protections to ensure that no one goes without care if their providers fails, regardless of who pays for their care;
- New provisions to ensure that young adults are not left without care and support during their transition to the adult care and support system
- A requirement to work collaboratively and cooperate with other public authorities, including duty to promote integration with NHS and other services (including housing)

Reading's Care Act Programme covers the local work to deliver and implement the changes from the Care Act, with the majority of the changes taking place from April 2015 (funding reforms will take effect from April 2016). The key projects within the Care Act Programme are:

- Assessment, Eligibility & Care Planning
- Funding Reform
- Quality and Diversity of Services

- Care Market Failure
- Carers
- Safeguarding
- Prevention and Information & Advice

4. Governance Structure

A robust governance structure is in place which will ensure that the progress of the programme is monitored. This will be communicated monthly at the Reading Integration Board (RIB) and the Reading Care Act Programme Board. Each board will focus on Project updates, key milestones, next steps and risks including slippage.

For projects that span the whole of the West of Berkshire the Berkshire West Partnership Board will be the vehicle for discussion and decision.

5. Monitoring and Evaluation

Feedback from communication completed will be assimilated and relayed to project groups and the Reading Integration Board and/or Reading Care Act Programme Board, as appropriate.

The evaluation of communication methods – both quantitative (e.g. the number of people attending events) and qualitative (e.g. attendee feedback on workshops) – will be used to understand the success of different communication methods, and adapt future communication planned.

6. Stakeholder communication

Both programmes will undoubtedly lead to change in the way we do things, which will have a direct impact on a number of stakeholders. There will need to be a range of communication methods and approaches, recognising that there is not a "one size fits all" approach. As the programme develops our communication approach will need to flex and develop, in response to the evaluation of previous communications and changes to

Key stakeholders include:

- Staff it is key for staff across Reading Borough Council, Berkshire Healthcare Foundation
 Trust, Royal Berkshire Hospital, South Central Ambulance Service, North & West Reading
 CCG and South Reading CCG to be fully informed and engaged in the process
- Residents of Reading, particularly current and prospective social care service users and carers
- Providers of care and support services
- Elected members at Reading Borough Council

However, both programmes have far-reaching agendas that will cut across a number of organisations and individuals. The plan below sets out how we will engage with the full range of stakeholders, sharing a variety of communication messages:

Stakeholder	Message(s)	How Communicated?	When & How Often?	Who Responsible?
of changes to legislation, particularly funders Promotion of initiatives and changes to pand process assessment Engagement	of changes to care legislation,	Existing Forums e.g. Older People's Working Group	Quarterly	Janette Searle
	funders	Websites	As required	Melanie O'Rourke/ Melissa Wise
	changes to policy and processes e.g.	Press Releases	As required	MO'R/MW
	assessmentEngagement in	GP screens	Ongoing	Comms & Engagement
	service redesign	Through voluntary and community groups	Ongoing	Comms & Engagement
		Social media	Ongoing	Comms & Engagement
		Publicity (leaflets, posters, etc)	As required	MO'R/MW
	Public consultation	As required	MO'R/MW	
		Consultation feedback	As required	MO'R/MW
RBC, BHFT, RBH, SCAS, CCGs	 Awareness and understanding of the programmes Highlighting changes to services proposed or planned Involvement and engagement in service redesign 	(e)Newsletter	Bi-monthly	Comms & Engagement
		Workshops and training courses	As required	MO'R/MW
		Team meetings "Roadshow"	Quarterly	MO'R/MW
		Formal staff consultation	As required	Reva Stewart/ Carol Valentine/ MO'R/ MW/ Karla Vickers
Senior managers across RBC, CCGs, RBH,	Understanding of the programmes and likely impact	Existing Boards (Urgent Care Network Board, Long Term	Quarterly/As required	MO'R/ MW

BHFT, SCAS)	 Highlighting changes to services proposed or planned Involvement and engagement in service redesign Understanding progress, risks and partner implications 	Conditions Programme Board, Berkshire West Commissioning Board) Attendance at TIPS events Workshops Health and Social Care Board	As required As required Bi-monthly	MO'R/MW MO'R/MW
Elected • members	initiatives and changes to care legislation	Lead Councillor briefings (Health, Adult Social Care, Children's)	Quarterly, and as required (briefings are weekly)	Suzanne Westhead/ MO'R / JS/ MW SW/ MO'R /
		Council meetings	7.5 required	JS/ MW
Berkshire West Unitary Authorities	 Joint working on projects Understanding progress so that we can share best practice and promote joint working 	Berkshire West Programme implementation group	6 weekly	M O'R / JL
		Berkshire West Partnership Board		MO'R/MW
		West of Berkshire Care Act Group	Monthly	MW
Voluntary Sector organisations	 Awareness of new initiatives and changes to care legislation Understanding of how voluntary sector services will have to adapt 	? Do we have any existing forums? Reading Voluntary Action		Janette Searle/ Louise Palmer
		See item above – we have a large database of groups that we will email updates to This applies to all the following categories (exc. trade unions)	Ongoing	Comms & Engagement

		Reading Voluntary Action newsletter	As required	
Care and support initiatives and changes to care legislation Understanding changes and how organisations will have to adapt	initiatives and changes to care	Provider forums Care and Support conferences	Quarterly Quarterly	Louise Palmer Louise Palmer
	Care Junction newsletter	Quarterly	Louise Palmer	
Health Watch	Understanding programme progress and developments		Quarterly/ As required	JS
Carers Groups	Involvement through the planning and implementation of the programmes	Carers Group		JS / MW / MO'R
Trade Unions	Understanding service changes and impacts on staff	Directorate Joint Forums	As required	SW/BD/MW/ MO'R

7. Methods of communication

As demonstrated above, both programmes are far reaching and cover a broad spectrum of stakeholders. Flexibility will need to be given to our methods of communication. The main methods of communication to be used are set out below:

Reporting progress and programme monitoring

Updates on both programmes will be reported bi-monthly to the Reading Health and Social Care Board. This will include reporting on progress, as well as identifying slippages, risks, and resource implications. This reporting will build on the work of the Reading Integration Board and the Reading Care Act Programme Board, as set out in the governance structure. As well as key stakeholders across RBC, BHFT, the CCGs, RBH and SCAS, the programme boards (and working groups for projects) will include lay members and/or service users as appropriate.

Briefings and presentations

Ensuring stakeholders are aware of the significant changes planned across the two programmes will be a critical part of communication activities, both in the initial stages of scoping and establishing the programmes and projects, and as changes to services and processes are proposed and implemented that will impact on service delivery. Specific opportunities for this communication include:

- Staff and team meetings across RBC, BHFT, RBH, CCGs and SCAS
- Service user forums and partnerships
 - o Older People's Working Group
 - o Carers' Steering Group
 - o Physical Disability and Sensory Needs Network
 - o Learning Disability Partnership
 - o Learning Disability Carers Forum
 - o Access & Disability Working Group
 - o Disability Strategy Group
 - Service user forums across RBC day services
- Care and Support Conference for providers
- Provider forums
 - o Domiciliary Care
 - Supported Living
 - o Residential and Nursing Care
- Patient Participation Groups
- Condition-specific groups

Consultation and Engagement

Both programmes have identified the importance of involving and engaging stakeholders in shaping the service redesigns that are proposed. This will include workshops for staff (at all levels) across organisations to input to these proposals, and events for providers, partners in the voluntary sector, and service users to influence plans from their different perspectives of care and support in Reading.

Ongoing engagement to create awareness and to give people the opportunity to share their views will run throughout the life of the programmes. However, there will be also be times in both programmes where significant changes to current services or new services are proposed. At this point, a more formal consultation will be required. This will give opportunities for service users, staff, residents and other stakeholders to give their views on the specific changes and for these comments to be taken into consideration before implementation.

Media and publicity

Communication to the general public will become increasingly important as the programmes progress and changes to services begin to develop. Work will be planned with the Communication teams across RBC, BHFT, and the Central Commissioning Support Unit (working for the CCGs) to deliver any publicity and external communication, which may include:

- Appropriate statistics and case studies (real or hypothetical) to highlight the benefits being delivered. These are essential for any media activity
- Leaflets, posters, and TV screen displays in public places
- Promotion of messages through third party websites e.g. community groups
- Use of websites (RBC, BHFT, CCGs) to promote consultation events and to host all appropriate documents

- Providing updates via Facebook and Twitter where appropriate
- Consultation materials such as surveys
- Press releases and television/radio interviews to promote events and raise awareness of service developments and launches
- Events where the messages can be promoted (an example would be the recent East Reading Festival, where staff from the CCG met a large number of people to promote various messages)

8. Communication Planning

This over-arching communication strategy sets out the aims for communicating across the Integration and Care Act programmes, with the stakeholders and appropriate methods of communication identified. Where possible and appropriate, communication across the projects and programmes will be aligned and activities completed in a way that avoids conflicting messages and reduces duplication of effort.

As with other projects, we must use communications to gain the confidence of general public in health and social care going forward. To this end, we will work with a wide range of groups that are trusted within their communities to deliver messages in an appropriate format and 'tone' e.g. for the elderly, those with learning difficulties, people where English is a second language, etc.

The information provided to the public must be phased to avoid early confusion, doubts and misunderstanding i.e. not delivered in a single communication but built over time.

The detail of the communication required throughout the programmes (including deadlines, planned dates, and responsibilities) will be set out on a Communication Plan that will sit alongside this document, but that will require more regular updating and monitoring as the projects and programmes develop.