

Lancashire and South Cumbria integrated care system (ICS) Communications & Engagement Strategy

May 2018

Version 3.2

Contents

Section Title	Page
1 Purpose	3
2 Background	3
2.1 Local context	4
2.2 Integrated care system aims	6
2.3 Portfolio groups	6
3 Strategy vision, aims and objectives	7
3.1 Vision	7
3.2 Aims	7
3.3 Objectives	8
3.4 Consultation Approach	9
4 Our stakeholders	12
5 Key messages	13
5.1 Overall key message	13
5.2 Three key lines	13
5.3 One narrative	13
6 Key principles	13
6.1 Strategic framework	14
6.2 Branding	14
7 Tactics	15
8 How we will measure success	17
9 Resource and planning	18
10 Risks	18
11 Document revisions	20
Appendix A – Strategic Framework for Lancashire and South Cumbria	22
Appendix B – Governance	23
Appendix C - 2017/18 priorities	24
Appendix D – Communications and Engagement Strategic Levels	25
Appendix E – Communications and Engagement Deliverables	26

1. Purpose

This document sets out the agreed framework for communicating and engaging across the shadow integrated care system (ICS) for Lancashire and South Cumbria from April 2018.

This strategy outlines how communications and engagement will be used to assist the ICS in the management and delivery of positive relationships with staff, patients, public and other key stakeholders across the area through the design, development and production of service change within the area. The strategy will seek to ensure that all key stakeholders are considered throughout proposed changes and are clearly communicated to, to understand the purpose and impact of the changes. By coordinating communications and engagement activity across Lancashire and South Cumbria, we can reduce duplication and increase capacity and capability. The strategy will focus on the three-year period from April 2018 to March 2021 with a particular focus on the 2018-19 year.

Communications plans and strategies regarding the implementation of schemes of work contained in the ICS or any specific consultation required, will be developed separately. In future we will need to review existing local arrangements to support the development of these plans, along with patient participation, to ensure they are fit for future purpose and there will also need to be communications resource dedicated to support implementation of activity within the ICS.

This strategy sets out the broad principles that will be adopted across the ICS but does not include details of any specific consultations. These will be included in plans and documents that support this strategy. It is also considered that this strategy will be considered by integrated care partnerships when establishing strategies for local communications and engagement activities.

2. Background

In 2014, NHS England worked with other national organisations to produce The Five Year Forward View¹, a national plan outlining how services needed to change in order to improve health and care services to fit the needs of the population in an every changing climate.

Differing from other plans, the Forward View, outlined a blue print for possible futures on offer. This blueprint included several different care models that could be adapted to suit the needs of local areas, setting out a vision for the future.¹

In January 2016, in order to implement the Forward View, NHS England asked 44 regions, including Lancashire and South Cumbria to create a Sustainability and Transformation Plan (STP). The Sustainability and Transformation Plan would be a place-based, system wide plan,

¹ NHS Five Year Forward View <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

carried out by a partnership of organisations from across the area including: NHS organisations, local authorities, voluntary and community groups.

As many organisations across Lancashire and South Cumbria were already discussing similar plans, Lancashire and South Cumbria were ahead-of-the-game, and in November 2016 a draft Sustainability and Transformation Plan² was published. Its purpose was to encourage further thinking about potential solutions to the challenges in health and social care, and together propose plans to address the issues.

In March 2017, NHS England announced steps towards delivering the NHS Five Year Forward View. They announced the increased role of Sustainability and Transformation Partnerships and integrated care systems in delivering key national priorities, through increased jointed up care, working together to better understand the local health needs of the population.

2.1 Local Context

The 'A healthier Lancashire and South Cumbria' case for change³, published in March 2017, identified the following challenges:

- Financial shortfalls due to increased demand for services
- Poor health throughout our region
- Lack of joined-up care
- An ageing population with complex needs
- Problems recruiting and retaining staff
- Increased need for mental-health support

Lancashire and South Cumbria ICS is a partnership of organisations better known as 'Healthier Lancashire and South Cumbria' coming together to improve outcomes and care for local population of 1.7 million, whilst reducing pressures on services and making the best use of financial resources within the area.

The partnership is divided into sub, integrated care partnerships (ICPs); Central Lancashire, Morecambe Bay, Fylde Coast, Pennine Lancashire and West Lancashire who deliver local improvement through integrated care models and by working with a variety of health and care organisations in neighbourhoods.

The budget for all the partner organisations combined is £3.1 billion a year for health and social care in Lancashire and South Cumbria. Funding for the NHS is set to increase over the next few years. However, the need for our health and care services is higher than ever and is predicted to increase. This means there will be a mismatch between the growth in our funding and the even higher increases in demand for services and the higher costs of providing services. For Lancashire and South Cumbria, this financial gap could reach as high as £572 million by 2020/2021 if we do not change the way we provide services.

² Lancashire & South Cumbria draft Sustainability & Transformation Plan
<http://www.healthierlsc.co.uk/about/stp>

³ A healthier Lancashire and South Cumbria Case for Change <http://www.healthierlsc.co.uk/about/case-for-change>

Working together as an ICS provides Lancashire and South Cumbria with the opportunity to work more effectively, to provide joined up care across the area and to address the health care challenges facing the region.

The ICS is a collaborative system whereby NHS, local authorities, voluntary organisations and all citizens of Lancashire and South Cumbria work in partnership including:

Organisations	Integrated Care Partnership
Greater Preston CCG Chorley and South Ribble CCG Preston City Council Chorley Council South Ribble Council Ribble Valley Council Lancashire Teaching Hospitals NHS Foundation Trust	Central Lancashire
Blackpool CCG Fylde & Wyre CCG Blackpool Teaching Hospitals NHS Foundation Trust Blackpool Council Fylde Council Wyre Council	Fylde Coast
West Lancashire CCG West Lancashire Council Southport and Ormskirk Hospitals NHS Trust	West Lancashire
University Hospitals of Morecambe Bay NHS Foundation Trust Cumbria Partnership Foundation Trust Morecambe Bay CCG Cumbria County Council North Lancashire Medical Services South Cumbria Primary Care Collaborative Blackpool Teaching Hospitals Barrow-in-Furness Council Lancaster City Council South Lakeland Council	Morecambe Bay
Blackburn with Darwen CCG Blackburn with Darwen Council East Lancashire CCG East Lancashire Hospitals NHS Trust Burnley Council	Pennine Lancashire

Hyndburn Council Pendle Council Ribbles Valley Council Rossendale Council	
Lancashire County Council Lancashire Care NHS Foundation Trust NHS England North West Ambulance Service Innovation Agency (Academic Health Science Network)	Overarching organisations

2.2 Integrated care system aims

The ICS is clinically led by Dr. Amanda Doyle with support from senior clinicians, health professionals and managers from every part of Lancashire and South Cumbria.

The ICS is guided by key objectives established by partners from Lancashire and South Cumbria:

- To set out a clear direction of travel for the unified health and care system in Lancashire and South Cumbria as the Five Year Forward View has across England.
- To achieve fundamental and measurable improvements in health outcomes by improving the clinical and social effectiveness of services focused on patient outcomes, effective use of resources and value for money.
- To reduce health inequalities across Lancashire and South Cumbria.
- To achieve parity of esteem for mental health and physical health across Lancashire and South Cumbria.
- To ensure greater focus on ill-health prevention, early intervention and self-care where this improves outcomes.
- Ensure that strategy and plans are created across L&SC to ensure delivery of effective and efficient integrated care services, in line with national requirements and timescales.
- To ensure change is supported by a clear evidence base or an evaluation structure where evidence is not available.
- To remove organisational or professional boundaries that get in the way of progress; and integrate performance assessment processes across commissioners and providers in health and care services, to enable them to be held responsible for delivery of the sustainability and transformation agenda.
- To make maximum use of new technology when this will improve the quality of care provided.

2.3 Portfolios Groups

Following an External Gateway Review in October 2017, the ICS realigned its original priorities to form eleven new work streams to drive forward change under the ICS Governance Structure (Appendix B). These have been identified as the most effect and sustainable areas to improving health and care in the local area. These include:

- Form and Structure
- Strategy Planning and Performance
- Commissioning Development
- Out of Hospital
- Acute and Specialised
- Urgent and Emergency Care
- Mental Health
- Population and Prevention Health
- Finance and Estates
- Digital and IT
- Workforce, Leadership and OD
- Communication and Engagement

3. Communication and Engagement Strategy Vision, Aims and Objectives

3.1 Vision

We will ensure that the process of engagement, communication, involvement and consultation with the public, politicians, staff members and other stakeholders is delivered in line with best practice to make sure proposals meet the needs of local people and minimises the risk of successful legal challenges to ICS strategy formation, option appraisal and formal consultation processes.

3.2 Aims

Good communications, engagement and involvement with Stakeholders will mean:

- Better decision making - involving patients and stakeholders in decisions about their own health and care has the potential to boost outcomes, improve patient experience and reduce unnecessary consultations
- Improved ability to deliver difficult change – developing ideas and proposals with patients and the public from the outset can increase our ability to manage risk and deliver difficult change successfully
- More effective service delivery - understanding patient experiences can help us to identify areas of waste and inefficiency and how to improve services
- Reduced demand - engaging people can help manage demand for services by improving lifestyle choices, improving self-care and encouraging people to use services appropriately
- More informed public opinion - to help us decide how to make the best use of the money available
- Greater community support - engaging with communities and acknowledging the assets that they possess can help tackle health inequalities, support behaviour change and improve health and wellbeing

3.3 Objectives

It is important to work with people from across the community to ensure that plans and implementation of services meet the need of the local community. As an ICS we will be following NHS England guidance⁴ towards engaging with the correct people at the correct times, ensuring that meaningful conversations take place throughout the design to implementation stages.



Through the Strategic Framework and more practically through the creation of a Communication and Engagement Delivery Plan, including milestones, we seek to address five objectives towards communicating and engaging:

1. Build Awareness

- Through the strategy we look to build awareness of partnership working amongst public, health and care staff, partner organisations, such as the Police and universities, and local voluntary and community sector organisations so that they can add value and contribute positively

2. Inform and involve

- To inform and involve all stakeholders (including professional bodies and committees, staff representatives, local authorities, staff, partners, patients and the public) in the development of the ICS and our emerging vision for health and care in Lancashire and South Cumbria so that the plan is the best it can be for patients
- Cascading clear decisions and leadership messages to relevant staff and partners
- Improve healthcare by ensuring clinicians and health professionals (including pharmacists, allied health professionals, nurses, dentists and optometrists) are engaged in ICS portfolios
- Allowing two-way communication and provide clinicians and professionals the platform to engage with each other through Healthier Lancashire and South Cumbria channels
- Engagement with the voluntary sector needs to build upon the progress from the ICS participating in the Increasing Voluntary Sector in Transforming Health project run by the National Council of Voluntary Organisations (NCVO) between November 2017 and March 2018.

⁴ <https://www.england.nhs.uk/wp-content/uploads/2017/06/engaging-local-people-stps.pdf>

3. Showcase positive impact

- To 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

4. Support delivery of new ways of working

- To clarify how the ICS will interface with local partnerships and organisations and thus reduce confusion and increase efficiency, deliverability and productivity
- To establish a single approach to managing consultations across the ICS and ICPs in Lancashire and South Cumbria increasing the co-ordination of activity and reducing duplication
- Support the Care Professionals Board in establishing its role as a clinical and healthcare professionals group that provides assurance for proposals and decisions for the ICS and demonstrating how this links with similar groups in ICPs

5. Deliver coordinated communication across region by developing a range of tools that can be used across organisations

- Sharing resources and utilising best practice and shared thinking to deliver award winning campaigns across the footprint
- To help staff to understand the ICS, what it means and how they can contribute through clear internal staff communications
- To maximise efficiency by utilising a core communications function to co-ordinate individual communications activity and avoid unnecessary repetition
- Ensure consistent understanding and messages for all staff contributing to Lancashire and South Cumbria wide work
- Establishing opportunities to realise and discuss interdependencies across the ICS
- Ensuring transparency and a better working environment
- Coordinating communications, engagement and consultation which relates to Lancashire and South Cumbria wide work, e.g. service and policy change and internal changes that affect all staff

3.4 Consultation approach

Throughout our communications and engagement activity for consultations, we as a partnership of organisations will abide by the following legislation:

Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Health Commissioners must involve and consult patients and the public:

- in their planning of commissioning arrangements in the development and consideration of proposals 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
- in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services

Commissioners will ensure that the duties required in legislation are met and that patient, the public and stakeholders have the opportunity to have meaningful input in shaping future health services within the scope of the programme.

In undertaking public consultation we will ensure that it is clear to public, patients and stakeholders what they are able to shape or influence and what areas are set due to national policy or safety reasons.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. The characteristics that are protected by the Act are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Section 149 of the Equality Act 2010 states all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'equality of opportunity,' and c) foster good relations between persons who share a relevant protected characteristics and persons who do not share it.

The Gunning Principals of Consultation

The four 'Gunning Principals' are recommended as a framework for all engagement activity but are particularly relevant for consultation and would be used, in the event of a judicial review, to measure whether the process followed was appropriate. The Gunning Principles state that:

Consultation must take place when the proposal is still at a formative stage: Decision-makers cannot consult on a decision that has already been made. If the outcome has been pre-determined, the consultation is not only unfair, but it is also pointless.

This principle does not mean that the decision-maker has to consult on all possible options of achieving a particular objective. A decision-maker can consult on a 'preferred option', and even a 'decision in principle', so long as its mind is genuinely open - 'to have an open mind does not mean an empty mind.'

If a decision-maker has formed a provisional view as to the course to be adopted, or is 'minded' to take a particular course subject to the outcome of consultations, those being consulted should be informed of this 'so as to better focus their responses'.

Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response: Consultees should be made aware of the basis on which a proposal for consultation has been considered and will thereafter be considered. Those consulted should be aware of the criteria that will be applied when considering proposals and what factors will be considered 'decisive' or 'of substantial importance' at the end of the process.

Adequate time must be given for consideration and response: Unless statutory time requirements are prescribed, there is no necessary time frame within which the consultation must take place. The decision maker may adopt a policy as to the necessary time-frame (e.g. Cabinet Office guidance, or compact with the voluntary sector), and if it wishes to depart from that policy it should have a good reason for doing so. Otherwise, it may be guilty of a breach of a legitimate expectation that the policy will be adhered to.

The product of consultation must be conscientiously taken into account: If the decision-maker does not properly consider the material produced by the consultation, then it can be accused of having made up its mind; or of failing to take into account a relevant consideration.

4. Our Stakeholders

The ICS has a variety of stakeholders and decision makers who need to be engaged in ICS activity. An audience mapping exercise has identified the following groups and their level of interest in the ICS:

		Level of interest	
		Low	High
Level of influence	Low	Encourage to get involved <ul style="list-style-type: none"> • Young people • Patients and the public across Lancashire and South Cumbria • Carers and their families 	Keep informed <ul style="list-style-type: none"> • Patient participation groups (PPGs), including PPG chairs • Seldom heard and hard to reach groups
	High	Keep satisfied <ul style="list-style-type: none"> • Councillors – district, county and unitary councils • Care homes and regulated care sector providers • GPs • Public Health England • Independent providers • Housing providers 	Key players <ul style="list-style-type: none"> • Staff from partner organisations working on Lancashire and South Cumbria wide projects and workstreams • Executive leaders of organisations across Lancashire and South Cumbria • Staff representatives, e.g. trade unions, staff side representatives • MPs • Clinical senates/networks • Overview and scrutiny committees • The media – print, broadcast and online • Health and Wellbeing Boards and Partnerships • Local Healthwatch organisations • Voluntary, community, faith and social enterprise sector • Acute trusts • Mental health trust • Community providers • Other health professionals: leadership/clinical networks • Patient and public engagement groups including pressure groups • Governing body members

A stakeholder analysis will need to be carried out for each communications and engagement exercise undertaken, mapping each stakeholder's interest and influence.

5. Key Messages

5.1 Overall key message

Healthier Lancashire and South Cumbria is a shadow integrated care system (ICS) which is aiming to deliver better health outcomes, a better experience for patients and the best use of NHS resources.

5.2 Three key lines

Across Lancashire and South Cumbria, we face some real challenges in safeguarding the future of our health and care services. We have a health and care system that is not designed to address the level of illness and the poor overall health we face. Consequently, people don't always receive the quality of care they need. We also have issues with recruiting and retaining a skilled workforce.

The demand for our health and care services is higher than ever and is predicted to increase. In real terms, this means there will be a massive shortfall in what funding will be available and what will be needed which could reach as high as £572 million by 2020/21.

Partnership working across Lancashire and South Cumbria will deliver better health outcomes, a better experience for patients and the best use of NHS resources.

5.3 One narrative

One compelling narrative will be developed to convey the background of Healthier Lancashire & South Cumbria to explain the what, who, why, when and how questions surrounding the ICS. This narrative will be developed with the help of leaders from across the ICS to truly own the narrative.

This narrative will be then be adapted and localised by each ICP and in turn, each organisation within the ICS.

6. Key Principles

Our principles for communications, engagement and involvement will underpin any future work regarding the ICS from design to consultation. These include being:

- **Clear and concise:** readable information which everyone can digest
- **Honest:** Stakeholders will be kept informed throughout
- **Proactive:** Information will be communicated when available
- **Accessible:** Communication will be performed on a number of different channels so that everybody
- **Meaningful:** engagement will be meaningful and beneficial for stakeholders

- Informative: Information will be evidenced-based and good value
- **Timely:** information will be communicated at the correct time, honestly throughout the programmes of change
- **Personal:** information will be personal and appropriate for the local area
- **Innovative:** using a joint approach of working across the ICS including joint campaigns to approach improvements health care across the region
- **Supportive:** to provide a smooth transition for the ICS to develop and thrive
- **Two-way:** with timely feedback loop ('you said, we did' / 'you said, we didn't because...')
- **Legal:** support partner organisations to meet their legal duties around engagement and consultation

The strategy will support any future work regarding the ICS from design to consultation to implementation.

6.1 Strategic Framework

To ensure that the partnership is effective and efficient when communicating, communication and engagement will be coordinated through a Strategic Framework. (Appendix 1)

Communications, engagement and involvement will be coordinated with existing teams within integrated care partnerships, CCGs, Trusts, Local Authorities and voluntary sector using the 'place-based' framework for Lancashire and South Cumbria. This will ensure activity takes place at the right level and by the right teams, to ensure a balance between consistency, and tailoring of messages for local audiences.

The framework proposes that in Lancashire and South Cumbria, delivery should work at three levels:

- Collective – at the level of Lancashire and South Cumbria
- At the level of the Integrated care partnership (Fylde Coast, Morecambe Bay, Central Lancashire, West Lancashire, Pennine Lancashire)
- Neighbourhood- which could be a district or smaller community level of around 30-50,000 population

6.2 Branding

The Lancashire and South Cumbria shadow integrated care system is named **Healthier Lancashire and South Cumbria**. We will develop more consistent branding across partnership working across the region to reduce confusion for patients, members of the public and staff.

This takes into consideration feedback from focus groups with members of the public in January and February 2017.

When referring to the ICS, this should be used as a description of a partnership of organisations which are working together across Lancashire and South Cumbria and not in its previous

meaning as a plan or document. This was outlined by NHS England in the NHS Next Steps on the NHS Five Year Forward View in March 2017.⁵

Healthier Lancashire and South Cumbria branding will be used on websites and materials supported, where possible, with the NHS logo alongside with the four upper tier or unitary Local Authorities (whilst ensuring it meets NHS identity guidelines).

7. Tactics

It is important to note that by using the place-based strategic framework, the responsibility for patient and public engagement will depend on the communications activity but is likely to involve local teams working in integrated care partnerships, CCGs and Trusts. This will make use of established systems, processes and relationships.

Our communications and engagement plans will be facilitated by utilising the coordinated communications functions that exist across Lancashire and South Cumbria. However, we will also be developing new opportunities for patient and public involvement to ensure we listen to and share views from across the whole footprint.

Our tactics will be our methods of reaching our audiences:

Tactics	Channels	Stakeholders	Outcomes
Public Relations	<ol style="list-style-type: none"> Print Media: local, regional, national and trade media Broadcast media: local, regional and national radio and TV Posters Leaflets Website www.healthierlsc.co.uk Published in June 2016 to build upon the existing websites in place for the five areas of Lancashire and South Cumbria. 	<ol style="list-style-type: none"> Aimed at patients and the public Aimed at patients and the public Aimed at patients and the public, and internal staff Aimed at patients and the public and internal staff Aimed at patients and the public, and internal staff 	Increased awareness for partnership working and showcasing positive impact. More detailed outcomes will be established for specific areas of work. Engaging local people in consultation or engagement activities.

⁵ <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

Internal Communication	<ol style="list-style-type: none"> 1. Newsletters 2. Involvement, Communications and Engagement Highlight Report: This will be produced on a monthly basis for the Programme Management Group of the ICS to inform of progress, risk, priorities and achievements. 3. ICS Board Key Messages: Produced to share key messages and decisions from the ICS Board 4. JCCCG Key Messages: Produced to share key messages and decisions from the Joint Committee of CCGs will be published on the ICS website. 5. Social Partnership Forum Key Messages: Produced to share key messages from the forum will be published on the ICS website. 6. Intranet: Internal system for sharing information across portfolios and key projects 	<ol style="list-style-type: none"> 1. Regular monthly programme newsletter to update internal staff and partners of activity underway across ICS portfolios 2. For internal staff, partner organisations 3. For use by ICS executives and system leaders to inform internal staff audiences and provide transparent and clear lines of communication. 4. For internal staff, patients and the public, partner organisations. 5. For internal staff, staff-side representatives and trade union representatives. 6. Internal staff involved in ICS related activity. 	Establish and embed transparent reporting of progress, decisions and key messages with staff, partners and the wider system.
Social Media	<ol style="list-style-type: none"> 1. Twitter: Created in June 2016 (@HealthierLSC) but utilising existing channels effectively across the system. 	<ol style="list-style-type: none"> 1. Focusing on activity taking place within the ICS, highlighting local delivery and best practice. The @HealthierLSC account 	Increased awareness for partnership working and showcasing positive

	<p>2. Facebook: Established Facebook pages have been established within each ICP which need to be utilised as opposed to creating new channels</p> <p>3. YouTube: Channel can be accessed at https://www.youtube.com/channel/UCcgB68GaQifYQbJICDNq-mq</p>	<p>focuses internal staff, partner organisations. Locally established Twitter channels to be used to engage local people.</p> <p>2. ICP and local channels are aimed at patients, the public and internal staff.</p> <p>3. Aimed at patients, the public, internal staff, partner organisations</p>	<p>impact. Engaging local people in consultation or engagement activities.</p>
Engagement or consultation events	<p>1. Workshops</p> <p>2. Public meetings</p> <p>3. Focus groups (co-design groups)</p> <p>4. Existing events, in trusts, CCGs, wider partner organisations and external events</p>	<p>1. Aimed at patients, the public, internal staff, partner organisations, voluntary, community, faith sector, business sector, education.</p> <p>2. Aimed at patients, the public, internal staff, partner organisations</p> <p>3. Aimed at patients, the public.</p> <p>4. Aimed at patients, the public, internal staff, partner organisations, voluntary, community, faith sector, business sector, education.</p>	<p>Actively engage and involve local people, staff and stakeholders in co-designing services and proposals.</p>

8. How we will measure success

Constant evaluation will take place to ensure that the effectiveness of the strategy is monitored.

Activity	Qualitative Measurement	Quantitative Measurement
Public Relations	<ul style="list-style-type: none"> • Feedback of adoption of key messages from staff, public and wider partners • Feedback and analysis from focus groups and consultations 	<ul style="list-style-type: none"> • Analysis of all coverage about ICS campaigns, initiatives or key priorities • Social media engagement based on campaigns, initiatives and key messages • Website analytics

Internal Communications	<ul style="list-style-type: none"> • Feedback from staff • Discussion forums • Team meetings • Feedback through Social Partnership Forum • ICS Board meetings 	<ul style="list-style-type: none"> • The number of staff meetings held and attendance • The number of team briefings held and attendance • Analytics of discussion forums for staff online through intranets • Email newsletter open rates and engagement rates
Social Media	<ul style="list-style-type: none"> • Comments on posts and messages 	<ul style="list-style-type: none"> • The number of positive and negative interactions across social media • An increase in social media followers and engagement rates across channels
Engagement or consultation events	<ul style="list-style-type: none"> • Feedback or post-event surveys • Analysis of impact events make to proposals, projects or consultations • Complaints or positive comments regarding consultation and engagement approaches 	<ul style="list-style-type: none"> • Numbers of staff, patients, public, partners attending or participating in events, workshops, focus groups or activities • Legal or challenges to communications and engagement approach to consultation

9. Resourcing and Planning

ICS Communications and Engagement resource allocations will be agreed by the shadow ICS Board however will be delivered using communications and engagement resource from across the system.

A Communications and Engagement Delivery Plan will support this strategy.

10. Risks

The following risks have been identified in delivering this strategy:

- Different approaches taken by neighbouring ICS communities, which may be ahead or behind in terms of progress made and may affect certain areas of the population

- Changing expectations by national bodies which may confuse the language eg. STP, ACS, ICS.
- Mixed messaging from across Lancashire and South Cumbria local areas
- Missing out key stakeholders who need to be represented during consultation processes
- Misunderstandings by ICS partners about who is responsible for delivery of different parts of the strategy
- A lack of willingness to engage by staff after varying levels of progress and change
- Lack of capacity by communication teams to deliver
- A failing to inform the public correctly around the potential clinical benefits of the service change
- Delays in service change due to potential legal challenges or judicial review

These risks will be monitored and risk management will be established through the Programme Management Group of the ICS.

11. Document Revisions

11.1 Reviewers

Name	Responsibility	Date	Version
Neil Greaves	Communications and Engagement Manager	11.04.2017	V1.2
Neil Greaves	Communications and Engagement Manager	19.10.2017	V2.1
Neil Greaves	Communications and Engagement Manager	19.02.2018	V3.1
Neil Greaves	Communications and Engagement Manager	23.04.2018	V3.2

11.2 Approvals

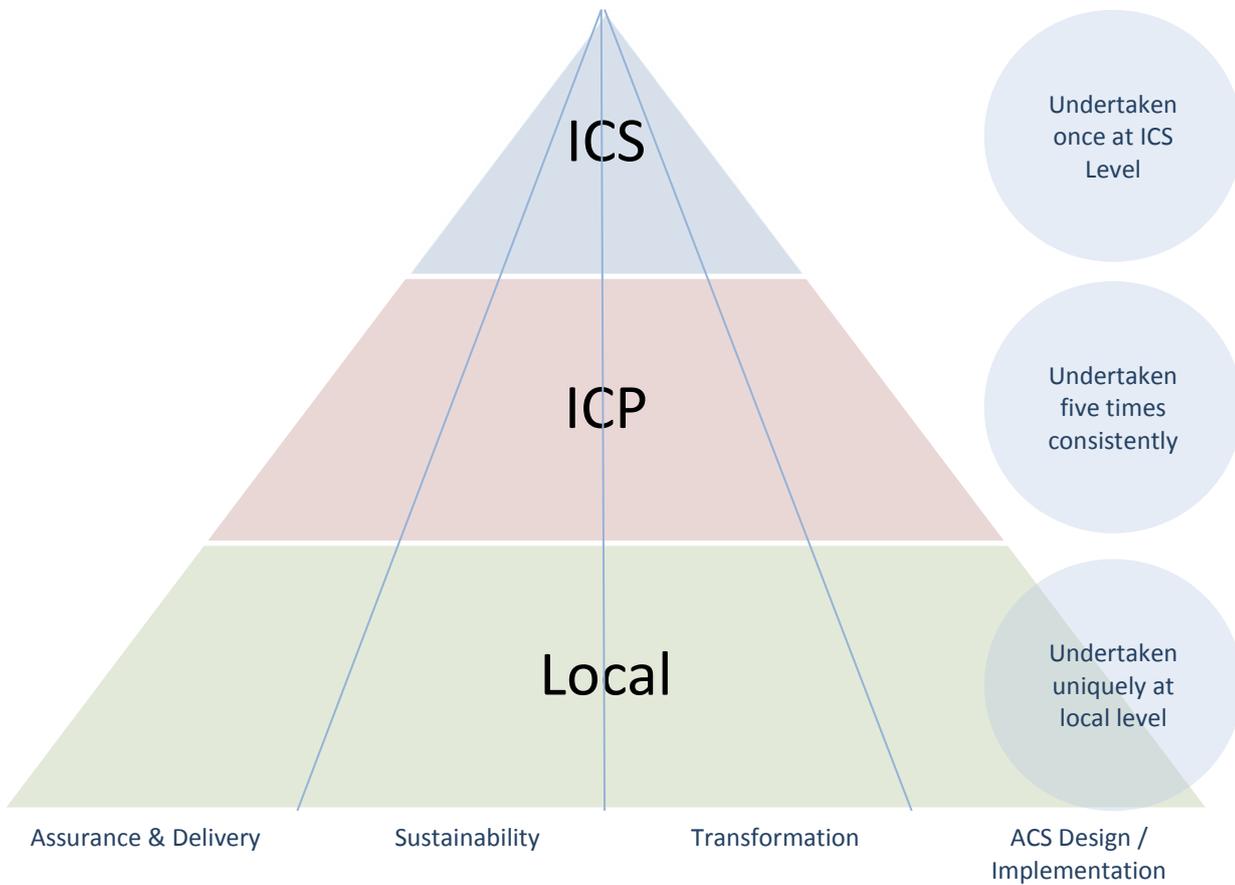
Name	Responsibility	Date	Version
Shared with STP Programme Management Group for comment	STP	18.04.2017	V1.2
STP Programme Management Group	STP	10.10.2017	V2.1

11.3 Versions

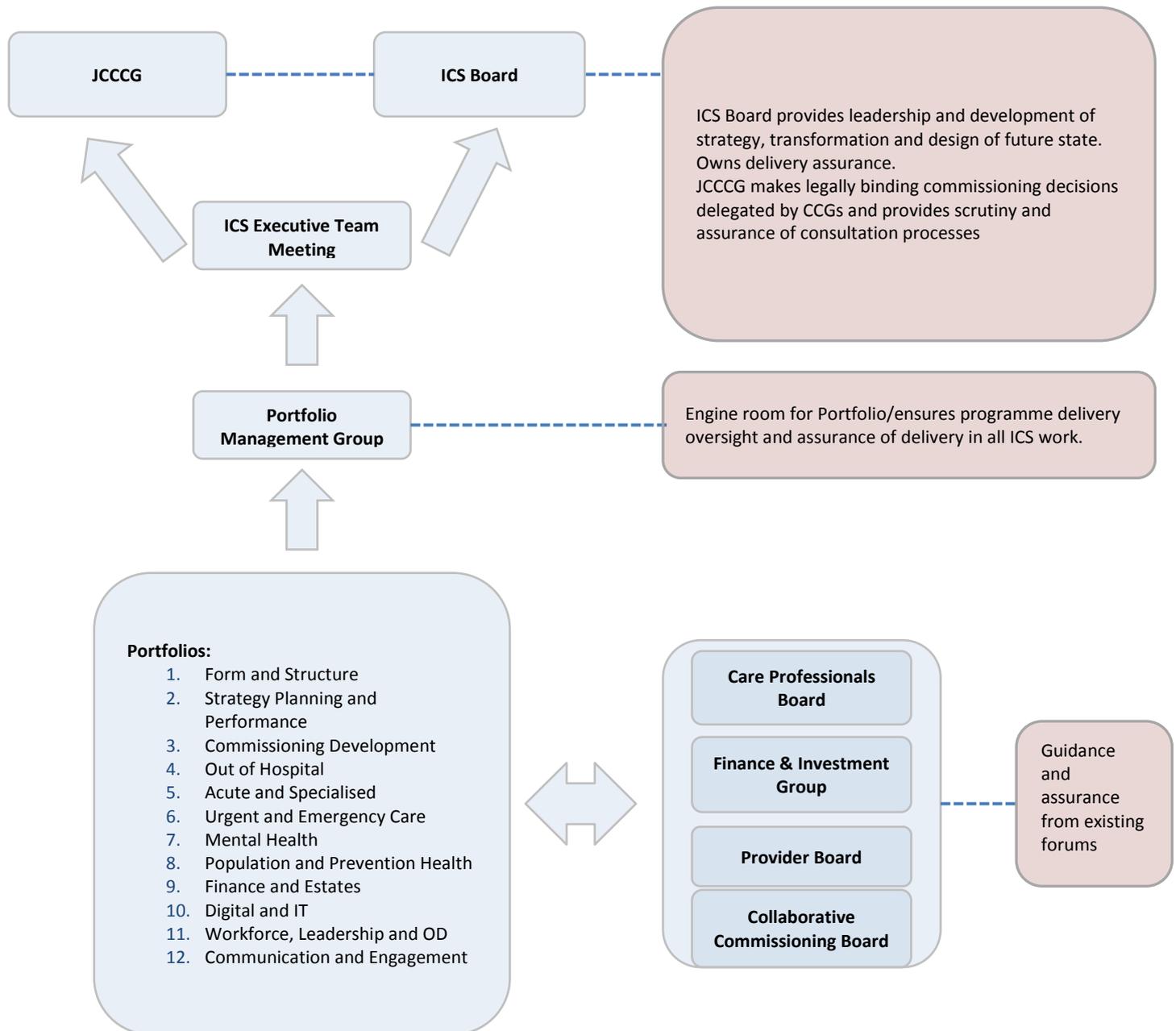
Version Number	Date	Amendment history
Version 1.1	15.03.2017	Changes to approach around social media and local delivery.
Version 1.2	11.04.2017	Updated following pre-election period announcement.
Version 2.1	19.10.2017	Refreshed strategy to reflect the changes in the system and the establishment of the STP Board
Version 3.1	19.02.2018	Refreshed Communications and Engagement strategy to reflect development of the strategic framework, the establishment of the shadow Integrated care partnership and workshops Communication and engagement leads across Lancashire and

		South Cumbria
Version 3.2	19.02.2018	Updated to reflect feedback from communications and engagement leads, partnership board and senior responsible officers and ICS Executives, Comments and advice from the Greater Manchester Transformation Unit have also been included as part of the Gateway Review Process. Feedback from Communications and Engagement Leads from across the region through the Communications and Engagement Steering Group has been applied through a number of stages as the document has been developed.

Appendix A: Strategic Framework for Lancashire and South Cumbria



Appendix B: Governance



Appendix C: Communications and Engagement Priorities

18/19 PRIORITIES

- The development of an operational plan in coproduction with the systems communication and engagement teams to agree ways of working as a system
- The development of a Communication and Engagement Board, to enable discussion between communication and engagement colleagues and effectively manage change
- To build awareness of the partnership working amongst local voluntary and community sector organisations so that they can add value and contribute positively
- To inform and involve all stakeholders (including professional bodies and committees, staff representatives, local authorities, staff, partners, patients and the public) in the development of the ICS and our emerging vision for health and care in Lancashire and South Cumbria so that the plan is the best it can be for patients
- Ensure consistent understanding and messages for all staff contributing to Lancashire and South Cumbria wide work
- To clarify how the ICS will interface with local partnerships and organisations and thus reduce confusion and increase efficiency, deliverability and productivity
- Support the Care Professionals Board in establishing its role as a clinical and healthcare professionals group that provides assurance for proposals and decisions for the ICS and demonstrating how this links with similar groups in ICPs
- Sharing resources and utilising best practice and shared thinking to deliver award winning campaigns across the footprint To help staff to understand the ICS, what it means and how they can contribute through clear internal staff communications
- To maximise efficiency by utilising a core communications function to co-ordinate individual communications activity and avoid unnecessary repetition
- Ensure consistent understanding and messages for all staff contributing to Lancashire and South Cumbria wide work
- Establishing opportunities to realise and discuss interdependencies within policy and enabling Portfolios
- Ensuring transparency and a better working environment
- To 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
- Cascading clear decisions and leadership messages to relevant staff and partners

Appendix D: Communications and Engagement Strategic Levels

<p>Do once at ICS level</p>	<ul style="list-style-type: none"> • The development of an operational plan in coproduction with the systems communication and engagement teams • The development of a Communication and Engagement Board • Consistent messages for all staff contributing to Lancashire and South Cumbria • Support the Care Professionals Board in establishing its role as a clinical and healthcare professionals group that provides assurance for proposals and decisions for the ICS • Shared resources and utilising best practice • Shared thinking to deliver award winning campaigns across the footprint • Clear internal staff communications • Co-ordinate individual communications activity and avoid unnecessary repetition by utilising core communications • Ensure consistent understanding and messages for all staff contributing to Lancashire and South Cumbria wide work • Establishing opportunities to realise and discuss interdependencies within policy and enabling Portfolios • Ensuring transparency and a better working environment
<p>Do consistently across ICPs</p>	<ul style="list-style-type: none"> • The endorsement of the Communication and Engagement Strategy • Inform and involve all stakeholders (including professional bodies and committees, staff representatives, local authorities, staff, partners, patients and the public) in the development of the ICS and our emerging vision for health and care in Lancashire and South Cumbria • To clarify how the ICS will interface with local partnerships and organisations
<p>Do uniquely at Locality Level</p>	<ul style="list-style-type: none"> • To 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 their receive • Engagement with the voluntary sector needs to build upon the progress from the ICS participating in the Increasing Voluntary Sector in Transforming Health project run by the National Council of Voluntary Organisations (NCVO) which took place between November 2017 and March 2018.

Appendix E: Communications and Engagement Deliverables for 2018/19

The following high level Communications and Engagement deliverables have been developed for 2018/19 based on the current priorities agreed by the ICS Board on 4th April 2018.

More detailed project plans underpin these areas of work.

	Priority	Deliverables	Lead
1.	To inform and involve all stakeholders in the development of the ICS and our emerging vision for health and care in Lancashire and South Cumbria so that the plan is the best it can be for patients	<p>Reduce the complexity and confusion of messages related to partnership working across the system with more consistent branding between ICS and ICPs. This will build on existing awareness and relationships created by the Partnerships.</p> <p>Establish an ICS Communications Board with Executive leadership to have oversight of involving and informing stakeholders on the work of the ICS and ICPs.</p> <p>Develop materials and toolkits that can be used by teams across Lancashire and South Cumbria to ensure engagement with professional bodies and committees, staff representatives, local authorities, staff, partners, GP practices, trade unions, partner organisations, businesses and social enterprises, patients and the public encapsulates the wider vision for Lancashire and South Cumbria.</p> <p>Develop the Partnership Board to provide an opportunity for greater engagement with wider partners including the Police, universities, voluntary sector and Healthwatch.</p> <p>Consistent and well developed relationships and communications with politicians including MPs,</p>	Neil Greaves, Communications and Engagement Manager for ICS, Identified Communications and Engagement Leads from each ICPs, Communications Lead for NHS England

		health scrutiny and councillors across Lancashire and South Cumbria.	
2.	Ensure consistent understanding and messages for all staff contributing to Lancashire and South Cumbria wide work	Develop system wide staff engagement opportunities working with the Workforce Portfolio and HR Directors from organisations across the partnership to communicate the emerging vision of the ICS, the workforce strategy for Lancashire and South Cumbria and staff health and wellbeing initiatives.	Neil Greaves NHS England Communications Paula Roles, Workforce Lead.
3.	Sharing resources and utilising best practice and shared thinking to deliver award winning campaigns across the footprint To help staff to understand the ICS, what it means and how they can contribute through clear internal staff communications	<p>Streamlining ICP and ICS programme websites to reduce confusion amongst stakeholders including staff, patients and the public and increase efficiency, deliverability and productivity.</p> <p>Undertake a skills audit to understand the range of skills, expertise and potential gaps that exists within communications and engagement teams across the system. This will identify resources need to be shared and identify areas for development and training.</p> <p>Establish a shared approach to manage and deliver engagement and formal consultation activity across Lancashire and South Cumbria. This will establish a process to support the work emerging from portfolios with initial focus on Stroke, CCG LD commissioned beds, Our Health Our Care and clinical policies. This shared resource aims to provide a co-ordinated approach to these pieces of work to deliver better results and reduce duplication.</p>	Neil Greaves, Communications and Engagement Manager for ICS Identified Communications and Engagement Leads from each ICP Communications Leads for NHS England, CSU and providers ICS Programme Management Office

		<p>Work with the Leadership Academy and the OD Lead for the ICS to deliver a programme of organisation development for Communications and Engagement Leads to support the delivery of the strategic framework.</p> <p>Establish internal channels for cascading messages and updates across internal staff from the ICS and contributors.</p>	
4.	To build awareness of the partnership working amongst local voluntary and community sector organisations so that they can add value and contribute positively	<p>Establish relationships between the voluntary sector and the ICS by applying knowledge and best practice examples gathered from the NCVO project and the Manchester model.</p> <p>Work with the voluntary sector to establish an editorial board to co-create communications with the VCS and to establish online channels for increasing opportunities for co-design within the Portfolios.</p> <p>Work with voluntary and community sector leaders to review portfolio needs from the sector and identify opportunities for co design, delivery or showcasing good practice.</p> <p>Support the voluntary, community and faith sector to build upon existing opportunities / structures in each of the ICP areas with the potential to build on Pennine Lancashire model.</p>	Communications and Engagement Lead working with steering group from the voluntary sector – reporting to the Partnership Forum
5.	Supporting communications and engagement activities within portfolios	Provide communications and engagement advice and support to each of the portfolios as they develop to inform and involve stakeholders where necessary and	Neil Greaves Portfolio Leads

		developing opportunities to engage.	
6.	Cascading clear decisions and leadership messages to relevant staff and partners	<p>Cascade clear and concise information for the following leadership groups for consistency and transparency:</p> <ul style="list-style-type: none"> • ICS Board • Joint Committee of CCGs • Social Partnership Forum • ICS Partnership Partnership Forum 	Neil Greaves