



Our Strategy for Communicating and Engaging with our Communities



Collaborating for happier communities



Our Strategy for Communicating and Engaging with our Communities

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Introduction

Walsall Together is a partnership of health, social, housing and voluntary and community sector organisations that are working together to improve physical and mental health outcomes, promote wellbeing and reduce inequalities across the borough.

We recognise that it is not only health issues that affect a person's well-being. In order to tackle the widening gaps in health inequalities we need to work together and focus on the wider determinants of health such as housing, education and employment and the vital role that people and communities play in health and well-being.

We want to have a real understanding of what matters to the people and communities of Walsall. We want to work with them to design services which are more joined up, provide better care and support and are sustainable both now and in the future.

This strategy describes our approach to internal and external communications and engagement and how we will support Walsall Together in delivering its aims.

Background

Across the country the health and social care needs of the population are changing. Our lifestyles are increasing our risk of preventable disease and are affecting our wellbeing. We are seeing our population grow and people are living longer often with multiple long-term conditions like asthma, diabetes and heart disease as well as more complex health needs. Resources are limited and the health inequality gap is increasing.

As a partnership we recognise we all have a role to play in addressing the interdependent issues that affect people's health and wellbeing such as housing, employment or social isolation.

We know that the services we provide are better when we listen to the people who use them.

We know that by working together with local people and communities we can better understand the needs of the population and achieve so much more. They are in the best position to identify innovative, effective and efficient ways of designing, joining up and delivery services.

One of the priorities of the partnership is to reduce inequalities and in order to achieve this we need to find out how we can do it by engaging and listening to those who experience the greatest inequalities.

We regularly ask people for their views and often work with local people and communities but we want to get even better at really involving local people and communities in the decisions that affect their lives and working with them to design services which meet their needs and are delivered in their homes or their communities.

By prioritising the needs of those who experience the poorest health outcomes the partnership will be better able to improve access to services, make better use of resources, reduce inequalities and improve health outcomes.

An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies.

(The King's Fund, 2018)

As set out in the recommendations of the NHS Long Term Plan (January 2019), Walsall Together has been developing a new model of care, that will see all the people involved in a person's health and well-being working together within the community to keep them out of hospital unless absolutely necessary. It will give people more control over their own health and more personalised care when they need it.

This will have many benefits, not just for the people who use services locally, but also to the organisations that provide them, the people who deliver them and the wider health, social, housing and voluntary sector care system. These benefits include:

For local people and their families:

- People will be supported within a community setting, where appropriate, to maintain their health and independence
- The way care is provided will be easier to understand, making it easier to use services
- People and communities will be supported to manage their own health, with help to increase their knowledge and confidence to take shared responsibility for their health and wellbeing
- Professionals will share relevant, secure information between services, meaning patients and their families will have to give their medical history less frequently
- Patients will still be able to choose between NHS and independent providers of healthcare commissioned by the partnership, as is their legal right within the NHS Constitution

For health and social care professionals:

- Our teams will be part of new ways of working that better meet the needs of local people
- Working collaboratively will create new and flexible roles, with development opportunities for staff and increased job satisfaction
- Health and care professionals will have more time to spend with people who need their help
- Shared records and increased data sharing (where relevant and secure) will allow more timely access to patient information
- There will be improved communication between primary and secondary care clinicians, e.g. direct contact between GPs and hospital consultants



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- New technology and improved communication between services will make working lives easier and more efficient

For the health, social and voluntary care economy:

- Shared knowledge, resources and expertise between organisations will deliver the best care possible
- Better use of resources will reduce waste and duplication of efforts
- Support functions, such as IT, will work more efficiently through closer joint working
- Stronger relationships between partner organisations will benefit the local population
- By removing boundaries we will be able to provide safer, more coordinated care
- We will make the most of our collective money by working across organisational boundaries for the common good of the whole system, helping all partners to achieve long-term financial balance
- Services will be sustainable, adaptable and fit for the future

Our Partners

The partnership is made up of:

- Housing (whg)
- Voluntary, community and social enterprise (VCSE)
- Healthwatch Walsall
- Primary Care Networks
- Walsall Healthcare Trust
- Walsall Council
- Black Country Healthcare NHS Foundation Trust
- Walsall Clinical Commissioning Group

Each organisation retains their individual accountability and decision-making powers but recognise the opportunity and benefits of working together to improve the health and well-being outcomes of the 260,000 people it serves.

Vision, Values and Aims

Vision: Collaborating for happier communities

Values: A piece of engagement work needs to be undertaken with the Board and key stakeholders to agree a set of values that guide our commitment as a partnership and drive our vision of 'collaborating for happier communities'.

As a partnership we talk about the 'golden threads' that link us all together and some of the key threads identified that could be used to form the foundation of a set of values are:

- Person centred care
- Strength/asset based approaches
- Evidence based decision making
- Collaborative working



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Aims:

To work collaboratively to:

- Promote equality and reduce inequalities by focusing on the wider determinants health
- Provide high quality and accessible care for all who need it
- Improve the health and wellbeing outcomes for the population of Walsall
- Develop a skilled, motivated, and happy workforce
- Make the best use of partnership resources

What we want to achieve:

Build strong and active communities by:

- Supporting people to feel in control of their own health and wellbeing
- Supporting people to be active and engaged in their communities
- Ensuring families and friends who provide informal care are well supported
- Making a difference to the wider aspects of daily life such as housing, work, education and social connections which can improve people's health and wellbeing

Create a healthy population by:

- Ensuring people have a good experience of care and are able to access the right services, at the right time and in the right place
- Providing the best possible care for those with a long term condition and complex needs
- Giving the best possible end of life care

Provide accessible, co-ordinated and responsible care by:

- Supporting people to live long and healthy, happy and fulfilling lives
- Ensuring the best possible start in life
- Ensuring greater equality in health outcomes for everyone
- Providing high quality care in the most appropriate setting

Our Stakeholders

Stakeholders describe individuals or groups who have an interest in the work of the partnership or will be impacted by any decisions made.

Informing, engaging and involving our stakeholders about the evolving integrated ways of working and ensuring they are fully represented in the decision making process on the future delivery of services and service change is a key priority for the partnership.

It is crucial to understand therefore who our key stakeholders are and their importance to the delivery of the partnerships priorities.

We have identified our key stakeholders as:

- People who use our services
- Experts by experience
- Community, voluntary and third sector organisations
- Health, social care and housing providers

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- Primary Care Networks
- Staff and other internal stakeholders across the partnership
- MPs and Councillors
- Media
- Government and regulators
- Professional bodies

A more detail stakeholders list can be found in appendix one.

Our Principles for Engaging with our Stakeholders

The evidence base infers that when local people are represented and engaged in development, change is co-produced, embedded and sustained

(Turner et al. 2018)

To strengthen the delivery and our approach to engagement there are 10 good principles of engagement as set out by NHS England, based on research, best practice and the views of stakeholders. These principles are transferable across all partnership organisations and will form the foundation of all our activities:

1. Reach out to people rather than expecting them to come to you and ask them how they want to be involved, avoiding assumptions
2. Promote equality and diversity and encourage and respect different beliefs and opinions
3. Proactively seek participation from people who experience health inequalities and poor health outcomes
4. Value people's lived experience and use all the strengths and talents that people bring to the table, working towards shared goals and aiming for constructive and productive conversations
5. Provide clear and easy to understand information and seek to facilitate involvement by all, recognising that everyone has different needs. This includes working with advocacy services and other partners where necessary
6. Take time to plan and budget for participation and start involving people as early as possible
7. Be open, honest and transparent in the way you work; tell people about the evidence base for decisions, and be clear about resource limitations and other relevant constraints. Where information has to be kept confidential, explain why
8. Invest in partnerships, have an ongoing dialogue and avoid tokenism; provide information, support, training and the right kind of leadership so everyone can work, learn and improve together
9. Review experience (positive and negative) and learn from it to continuously improve how people are involved



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10. Recognise, record and celebrate people's contributions and give feedback on the results of involvement; show people how they are valued.

In addition to this and in-line with new models of care such as integrated care partnerships a further six principles were developed by the People and Communities Board to support to services as they deliver the 'new relationship with people and communities;' set out in NHS England's Five Year Forward View.

These 'six principles' set out the basis of good person-centred, community-focussed health and care and reflect the new model of care developed by the partnership.

The six principles require that:

- Care and support is person-centred: personalised, coordinated, and empowering
- Services are created in partnership with people and communities
- Focus is on equality and narrowing inequalities
- Carers are identified, supported and involved
- Voluntary, community and social enterprise and housing sectors are involved as key partners and enablers
- Volunteering and social action are recognised as key enablers

Communications and Engagement Aims

Communication, engagement and involvement with local people and communities, need to be at the heart of any decisions or changes made, in order to make them sustainable for the future and responsive to the needs of the Walsall population.

In order to achieve this we will:

Involve

Identify, inform and engage with people and organisations, affected by or interested in the focus of the communication and engagement, giving everyone an opportunity to get involved.

This includes those that are not only easiest or more convenient to reach, but a specific focus on individuals or representatives from within protected characteristic or seldom heard groups that experience the most health inequalities.

Make it easy to access

We will identify and seek to find innovative ways and opportunities to inform engage and involve.

We will aim to ensure that the way we communicate and engage is accessible by everyone taking into consideration physical, mental and digital accessibility, times and dates, formats and language as well as religious or cultural factors.

Work Together

We will work together with individuals, communities and organisations from the earliest opportunity in the planning process to ensure that those who have lived experience of using local health,



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social, housing and voluntary sector services are able to share their experiences and understanding of what is needed to improve these.

We will aim to increase the opportunity for individuals, communities and organisations to co-produce and support them in developing their skills and confidence to represent the views of local population.

Communicate

We will communicate clearly and regularly with local people, communities and organisations giving them easy to understand information on the aims, objectives and achievements of the partnership and how they can get involved.

We will ask people how they want to receive information about opportunities to get involved and use this information to ensure effective communication and engagement.

Evaluate

Where possible we will demonstrate the impact of communication and the engagement activities and use what we have learned to improve our approach to informing, engaging and involving.

We will provide feedback on the results and outcomes of all engagement activities and outline what has changed or improved as a result or explain why decisions made did not reflect the feedback received.

In ensuring we meet our aims we will be able to support the partnership to meet its aims in a number of ways. For example:

- Engaging with people and communities can help tackle inequalities and support behaviour change. The more informed people are means that they have more realistic expectations and a more positive perception of local services
- Involving people and communities in decisions about their own health and well-being needs can lead to improved experience and quality of services, better health and wellbeing outcomes and reduce inequalities
- By developing ideas and involving those who are most affected when looking to make changes to service we can better manage risk and ensure the changes are more sustainable
- Understanding the experience of people and communities can help identify any inefficiencies or poor quality services and allow plans to be put in place to make the best use of the money available to improve them
- Informing and engaging with people to help them to manage their own health and well-being needs and support them in accessing community services available to them can help manage demand for services and reduce unnecessary admissions to A&E

Making it Happen

We will develop a service user group

We will develop a Service User Group (SUG) that is representative of the diverse population of Walsall. This will include representatives with lived experience of long term health conditions as well as more vulnerable groups or those who are seldom heard.

We will work closely with our housing, voluntary and community sector partners to identify individuals and organisations that can represent the voice of these groups on the SUG.

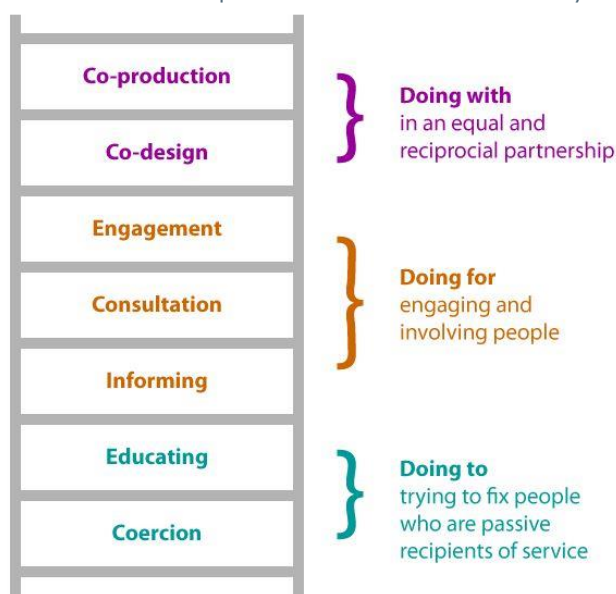
SUG meetings will be held regularly to ensure representatives are maintaining an up-to-date understanding of the work of the Walsall Together programme and are able to give informed feedback that can be used shape service development.

We will provide more opportunities for citizens and communities to co-produce

Co-production is a way of working which involves engaging with people at the earliest stages of service design, development and evaluation. It recognises that people who have experience of using local services are best placed to advice on what can be done to improve these.

Co-production builds upon a range of similar approaches such as consultation, engagement and co-design. Clearly showing the difference between co-production and these related, but different, approaches is important if real co-production is to be put into practice.

The ladder of co-production is a useful way of making these important distinctions:



As a partnership we want to move to a more collaborative approach to designing services. We will do this by supporting board members, programme leads and other key stakeholders, including from the VSCE sector to develop their skills to ensure co-production is embedded throughout the programme. This will be done through a training programme that will include a clear grounding in the principles and practices of co-production, introduction of a range of methods that support



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practical co-production and developing an understanding of the likely points in the engagement/consultation timeline in which the various methods are most appropriate.

We will ensure that opportunities for co-production are identified within the Walsall Together Strategy and this process is deep-rooted in the way the partnership works.

We will make communities more aware of all the opportunities they have to get involved

We will ensure we are effectively communicating opportunities to get involved in engagement events in a timely manner.

We will do this though linking in with our partnership organisations and utilising various channels available including social media accounts, websites, stakeholder newsletters and notice boards.

We recognise that many of the communications methods used are online approaches and will endeavour to ensure we are reaching those who are unable to get involved this way through other methods.

As a partnership we are aware some of our more deprived communities experience digital poverty and we are working to identify how we can better support these communities as part of our wider strategy.

We will ensure our vulnerable and seldom heard people and groups are represented

We recognise that we often fail to reach some of the protected, more vulnerable and seldom heard groups within our communities and as a result those who experience the most inequalities and the poorest outcomes often are not involved in the decision making process about the services they affect them.

The Equality Act 2010 introduced Public Sector Equality Duties for nine protected characteristics and we have a duty to ensure all members of our community are engaged with and have the opportunity to engage.

The protected characteristics are:

- Race
- Sex
- Age
- Disability
- Gender reassignment
- Religion or belief
- Sexual orientation
- Pregnancy and maternity
- Marriage and civil partnership

Through effective communication and engagement, and by working more closely with our voluntary sector and local community groups, we will identify how we can reach these groups and build stronger links with the individuals and organisations that represent them in order to remove or minimise the disadvantages they experience.



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We will ensure when planning engagement activities we work with these underrepresented groups to design ways in which we meet the needs of everyone and increase the participation where it has previously been disproportionately low.

The service user group will also provide a channel for these groups to be represented and their views feedback.

We will show communities how their contributions make a difference to decision making

We will share the outcome of engagement activities and what has changed as a result. We want to ensure our communities trust that their views, ideas and experiences are valued and used where possible to inform decision making.

We will always be honest about how much of an influence can be made when inviting people to get involved in engagement activities and if nothing has changed as a result we will justify why.

We will publish the opportunities to get involved in engagement activities as well as the results and outcomes on our website www.walsallealthcare.nhs/walsalltogether

We will target our resources where they are needed with the help of local communities

We will engage with communities which we know experience higher levels of deprivation and inequalities to get a better understanding of the needs of their local population and ways in which they think things could be improved.

This information will be used to support the resilient communities work stream in identifying ways in which they can work with these communities to address their needs, build resilience and reduce inequalities.

We will keep our staff informed, engaged and involved in delivering new ways of working

Effective internal communications and engagement is essential to ensuring staff feel they are part of a shared vision and goal and purpose.

We will keep our staff informed, engaged and involved in the development of the partnership.

We will do this through promoting the strategy and its principles, ensuring staff have a clear understanding of the programme of work and their role within it and have the opportunity to share their experiences and get involved in decision making.

We will invest in our staff to enable them to develop their professional skills through a range of through a range of training, mentoring and coaching opportunities.

We will support staff to share their success stories.

We will develop a culture where staff feel valued, have a voice and act as ambassadors for the partnership not only with the people they care for but also amongst their family, friends and communities.

Working with communications leads from across the partnership we will ensure all staff within all organisations are effectively communicated and engaged with using the channels available to us.



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We will lead by example

The Walsall Together Partnership Board and their leadership team have a key role to play in leading by example and modelling engaging behaviours.

They are crucial in helping to create a culture in which people feel engaged, valued, respected and supported.

We will do this by ensuring key leads are visible and involved in communication and engagement activities including the opportunities to have two way feedback through question and answer sessions.

They will support the communications lead in providing explanations of decisions made, updates on the strategic direction of travel for the partnership and ensuring stakeholders are fully informed, engaged, involved in the delivery of the problem.

Communication and Engagement Channels

We will use the following channels to communicate and engage with our stakeholders and keep them up to date and informed with the work of the partnership.

We will ensure the channels we use promote two-way communication.

Internal

Working across a number of organisations it is important that we work closely together to ensure all staff within all organisations are effectively communicated and engagement with.

We will use existing channels including:

- Team Brief
- Staff Newsletters
- Stakeholder Newsletters
- Intranets
- Away days
- Award events
- Staff surveys
- Ad-hoc polls
- Training and Development Programmes

Media

We will develop and build good relationships with the local media by keeping them up to date with the latest developments.

We will ensure we have a key spokespeople from across the partnership who are media trained and are able to confidently reinforce the vision, strategic direction and priorities of Walsall Together.

We will monitor local and national press for health and social care stories.

We will provide statements within a timely manner where appropriate.



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Website

We will have a Walsall Together Integrated Care Partnership website that uses the latest technology, making it easier to access information using a mobile phone or tablet as well as desktop computers.

It will be regularly updated to ensure it is kept current and informative and will be used as a referral point from other sites including social media channels.

Social Media

We have an active [@WalsallTogether](#) twitter page and we regularly tweet partnership news as well as the relevant sources of information.

We are keen to ensure we strike a balance between general health and social care messages and strategic messages highlighting the work of the partnership. We will evaluate our Twitter activity to ensure we are achieving this.

The account is monitored at various times throughout the day during the working week and any comments are responded to in a reasonable timescale.

We will also be looking to develop our social media presence further to include Facebook and Instagram as we develop as a partnership.

Video

We will use digital videos to provide an interactive and cost-effective way to explain the different initiatives of the partnership to our stakeholders.

These will be loaded to a YouTube channel and shared on our website and social media platforms to increase reach.

We will also use videos to support our public engagement work.

Face-to-face

Due to COVID-19 we have been limited in the amount of face to face communications and engagement that can take place.

Prior to this we had regular formal face-to-face partnership meetings including Senior Management Team and Board which are now taking place virtually.

Engagement with service users is also taking place through virtual service user groups.

We will seek to improve and build on our face to face interactive in the future to include stakeholder events and presentations at partnership events.

Newsletters

We issue a monthly internal newsletter for staff across the partnership.

We will expand on this to develop a newsletter for public, service users and other key stakeholders.



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Surveys and questionnaires

We will gather feedback through the use of surveys or questionnaires, both online and in printed format.

Reports

We will publish a report which outlines the communication and engagement activities that have been undertaken and the outcomes.

Printed materials

We will produce a range of information of printed materials in order to promote the development, achievement and future plans of the partnership and ways in which people can give their feedback or get involved.

All printed materials can be made available in other formats, including Braille, Easy Read and audio as well as translated into other languages where required and relevant.

Campaigns and programmes

We will create campaigns and communications programmes to promote key messages or major initiatives as appropriate.

Branding

As Walsall Together Integrated Care Partnership is an alliance of organisations and not a legal entity in its own right it does not have an organisational logo.

We understand that branding is not just about a logo but also about how we bring to life the vision and values of the partnership with our stakeholders both internally and externally through our tone and the way we engage and communicate.

A key element to this is creating a visual brand that represents the Walsall Together Integrated Care Partnership organisations, its vision and values and allows staff from different organisations to have a single visual identity and feel part of an 'integrated organisation'.

Following a branding exercise with representatives from across all the partner organisations we have created a visual identity that represents the Walsall Together Integrated Care Partnership and our aim is for it to be instantly recognisable and associated with the work of the partnership by our stakeholders.

Some of the key themes that were identified to represent our visual brand were collaboration, partnership, inclusion, innovation, person centred and trust.

We have created a style guide and associated templates which are accessible to all our partnership organisations and staff and should be used in all work associated with the Walsall Together Partnership and the integrated work that is being undertaken.



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Action Plan

In order to support the delivery of this communications and engagement plan and action plan has been developed.

This has been developed by the Communications Lead for Walsall Together in collaboration with communication and engagement leads across the partner organisations and has been approved by the Walsall Together Partnership Board.

It is a live document and will be regularly updated as new developments are made within the Walsall Together programme of work.

A copy of the action plan is available in appendix two.

Evaluation

We will measure the deliver and success of this communications and engagement plan by:

- Ad-hoc key stakeholder surveys and polls to measure the understanding of the Walsall Together ICP and its achievements
- Monitoring participation at Walsall Together ICP events
- Use of digital analytic tools to monitor website and social media usage

Appendix One:

Local health and care economy and partners

- STP/ICS partners
- Neighbouring CCGs, NHS Trusts and STPs
- Patient and public sector bodies
- Boards of governors
- Care homes
- Out of hours services and NHS 111 providers
- Primary Care Networks (PCNs)
- Public health
- Health Overview Scrutiny Committees (HOSCs)
- Health and Wellbeing Boards
- Health and care providers (acute, community, mental health)
- Social care organisations
- Independent providers (including hospices, adult social care providers)
- West Midlands ADASS (directors of adult social services)
- West Midlands Combined Authority
- Neighbourhood and resident groups
- Vol / community organisations

Political stakeholders

- Councillors



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- MPs
- Government ministers

Staff

- Staff and their families
- HR leads
- Staff-side union representatives

People and community

- Patients and public
- Relatives
- Carers
- Patient groups e.g. Service User Groups, PPGs, disease-specific groups, Congress, People Jury, Healthwatch
- Users of social care services
- Voluntary, faith and third sector
- Lobbyists and campaign groups
- Local employers and commercial businesses
- Education (especially higher education, further education and health education organisations)

Other stakeholders

- NHS England and NHS Improvement
- West Midlands Police
- West Midlands Fire Service
- Public Health England
- National Medical Council
- National Patients Council
- National Pharmaceutical Council
- Medical committees
- Ofsted
- NHS England regional teams
- Care Quality Commission

Appendix Two:

(Insert link to activity plan)