

BOB ICB BOARD MEETING

Title	Communications and engagement strategy		
Paper Date:	6 July 2023	Board Meeting Date:	18 July 2023
Purpose:	Decision	Agenda Item:	13
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Executive Summary

- Communications and Engagement are a key enabler of the ICB's vision and mission and are essential to fulfilling its duty to involve and engage the people and communities it serves.
- This paper proposes the strategy for the ICB's communications and engagement and outlines the operational framework that is being developed to implement it.
- The strategy is an essential element of meeting the ICB's duties under the Equality Act to be inclusive and responsive to all parts of the community it serves and address health inequalities by ensuring the ICB hears and can demonstrate it understands and is responding to the needs of people. This strategy will enable the ICB and its communities and to listen to each other, share knowledge and experience and work together so that the ICB can best understand the needs of the communities it serves, and develops services to meet those needs.
- A summary of the communications and engagement activity for the period January to July 2023 is included as Annex 1 to the paper (Item 13.1).
- This paper makes a series of recommendations for approval and implementation.

Action Required

The board are asked to:

- Consider and approve the strategy and recommendations.
- Recognise the unique nature of BOB ICB's position and the significance of the question *what can BOB do that no one else can?* as a fundamental influence on its communications and engagement strategy.
- Recognise the two different groups of audiences as Partners and Participants with their distinctive relationship characteristics to the ICB.
- Approve core narrative and key messages:
 - BOB ICB's unique position is as a champion, enabler, driver, platform and arena for integrated thinking, planning, engaging, involving and accounting for the progress of its mission.
- Approve or amend and approve Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board *Putting our principles for engagement into practice, Final Draft.* (Appendix 1)
- Note the Communications and Engagement Activity Report

Conflicts of Interest:

No conflict identified

Not applicable.

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board Communications and Engagement Strategy

Introduction

1. This is a communications and engagement strategy for the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care Board (ICB).
2. This strategy sets out an approach to communications and engagement with people and communities across BOB, the ICB's partners and its staff. Communications and engagement encompass a range of skills, activities, resources and behaviours. The fundamental purpose of the strategy is to hear, include and involve the people that the ICB serves, employs and partners with, in shaping and improving the health and care services and outcomes of the people of Buckinghamshire, Oxfordshire, and Berkshire West.
3. Communications and engagement contribute to that purpose by enabling and organising tools, channels and events for conversations to happen, relationships to be built, insight and understanding to grow and actions and plans that reflect and respond to people's and partners knowledge, experience and aspiration. The communications and engagement strategy champions a culture and behaviours of conversation, transparency, curiosity, learning, inclusion and responsiveness.
4. This strategy is designed to provide the ICB with the ability, skills and behaviours that ensure patients, the public, partners, staff and stakeholders feel informed, engaged and involved in its work and support it to meet its core objectives:
 - Improve the health and wellbeing of people in our area.
 - Tackle health inequalities.
 - Improve productivity.
 - Support broader social and economic development.
5. This requires a persistent and consistent approach, underpinned by an infrastructure for skills, tools and channels to support and sustain continuous conversations. Continuous conversations are the fundamental approach that this strategy proposes as being core to how the ICB behaves in its aim to hear, include, learn from and respond to the communities it serves and the organisations its partners with. This is an approach which fundamentally values a hunger for the ICB to learn from and reflect the aspirations of the people whose health and wellbeing it seeks to improve. This means avoiding transactional, reactive, broadcasting communications and engagement behaviour and adopting continuous conversations enabled by growing and deepening relationship.

Integrated Care Boards – a unique role in transform health and wellbeing

6. Integrated Care Boards are relatively new NHS organisations created to drive and champion the opportunities for achieving improved health, care and wellbeing by collaboration and integration across the NHS, local government and voluntary sectors. ICBs are also accountable for NHS performance in their areas and commissioning and funding NHS services.
7. For the NHS this is an emerging way of working, ICBs have been operational for barely a year and have in that time had to establish themselves, develop their capabilities, form and grow relationships with their partners and stakeholders in the operational context of COVID recovery, unprecedented demand and a wider cost of living crisis impacting on all communities, including staff.
8. Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board like its fellow ICBs across NHS England has an ambitious mission which can only be achieved through the deft application of 'soft', skills of negotiation, alliance building, relationship nurturing and issue

campaigning. A key communicating and engaging activity for the ICB is to build and sustain alliances, partnerships and relationships capable of transforming health and wellbeing outcomes for people. Its core mission is to:

- Improve the health and wellbeing of people in our area.
- Tackle health inequalities.
- Improve productivity.
- Support broader social and economic development.

9. In developing a communications and engagement strategy this poses some fundamental questions:

- What is the core narrative and key messages?
- Who are the audiences?
- How should it brand itself?
- Who needs to know about the ICB?
- Are the mission narrative and key messages more critical to most audiences than the organisational ones?
- Should the ICB's branding be more of a corporate 'holding company' style than consumer facing?
- And most importantly, **what can the ICB do that no one else can?**

10. The communications and engagement strategy is proposed in the context of these questions and the framework, skills and resource required to enable BOB to deliver its crucial mission?

Recommendation: recognise the unique nature of BOB ICB's position and the significance of the question *what can BOB do that no one else can?* as a fundamental influence on its communications and engagement strategy.

Fundamentals

11. The foundations of a communications and engagement strategy have to be built on connecting three things:

- An audience
- A clear narrative and key messages
- Position

12. These are bound together by a culture of engagement, discourse, transparency and curiosity, supported by a structure of timely communications channels, products and events.

13. This approach is about unifying three strands of activity and work, engagement, communication and insight, under common direction and with a shared mission, to have meaningful relationships with and act on what we learn from the people who use our services, care about our services, work for us and work with us.

14. In essence what BOB is for and what can it do, need to find resonance with audiences who will make it happen, be interested in it happening or want to contribute and be involved. Communications and engagement are the enabler, engine and lubricant for interesting, informing and activating audiences. For the ICB, audiences fall into two broad categories which for this strategy are described as Partners and Participants. These categories are broad, and will overlap and have nuanced divisions, but they are indicative of the two distinct audience, strategic and operational spaces the ICB operates in – as a statutory organisation with employees, regulators and stakeholders and as a uniquely-placed strategic convenor, guide and champion for a wide geography, diverse population and multiple organisations it must collaborate with to be successful.

BOB relationship	Partners	Participants
Knows BOB	Yes	No
Involved with BOB processes	Yes	Maybe
Part of the ICS/ICP	Yes	No
Delivers health and care	Yes	Maybe
Delivers other public services	Maybe	Yes
VSCE sector	Yes	Maybe
Private	Maybe	Maybe
BOB staff	Yes	No
NHS Staff	Mostly No	Yes
Regulators	Yes	No
Residents	No	Yes
Receives public services	No	Yes
Media	Yes/Maybe	No

15. Partners are involved with BOB either directly through formal/statutory/regulatory arrangements or through established relationships. They contribute to its strategic development through formal channels and are mostly responsible for the delivery of its mission and vision. They are largely organisations and institutions. They would largely consume corporate communications.
16. Participants live in BOB's region and use the health, care and other services. They are the focus of BOB's health and wellbeing vision. They largely do not know BOB and didn't know its predecessors and they don't identify with BOB's region and are more likely to identify with Place or sub-place geographies – counties cities, towns, districts, neighbourhoods and villages. They experience the NHS through providers and identify with local hospitals and GPs as the most recognisable elements of the NHS to them. They would consume campaign type communications and be the focus of engagement and involvement activity. One exception identified is the direct relationship by BOB with patients and families for CHC assessment which will require consideration for a suitable approach.
17. These descriptions are very broad and the ICB needs to develop a detailed audience matrix to both identify the audiences and categorise them by relationship to the ICB, but also to understand its relationship to each audience, what their interest is, the pace they move at and what style of communication and engagement is suitable to their characteristics.
18. Creating definition around the big strategic questions of purpose, position and mission then allows us to focus on the operational infrastructure required to sustain and promote them. The operational infrastructure requires a maintained audience matrix, a communications and engagement cycle, brand framework, channels, products and events to reach, involve, hear and respond to audiences.

Recommendation: Recognise the two different groups of audiences as Partners and Participants with their distinctive relationship characteristics to the ICB.

Narrative and Key Messages

19. The ICB needs a core narrative and key messages based on its strategy and vision and are consistently and persistently deployed and found in everything it does and communicates. The narrative needs to offer a direction of travel to a future beyond the immediate that uses dynamism, rhythm and momentum that feels progressive, unifying, advantageous and motivating for the audiences it aims to connect with. Tactical narratives and messages will be required to support operational activities, but always linked to the core. The core narrative and messages then need to be applied to the audiences' dynamics so they can see, understand and engage with the core narrative from their perspective in a way that is meaningful to them.
20. This approach applies to all audiences but will require tactical delivery that reflects individual audience characteristics as understood from the audience matrix. The support and alliance of audiences must be built up by repetition of messages, by being consistent and persistent, to develop familiarity, shared understanding and willing engagement. All narratives and messages will be regularly reviewed, adapted and updated against progress and changing circumstances.

21. Draft Core Narrative

Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board is an NHS organisation that exists to improve the health and wellbeing of the people it serves. We fund and plan NHS services for the people of Buckinghamshire, Oxfordshire and Berkshire West which are wonderful places to live, work and enjoy life. We don't want inequality, ill health, physical or mental, to exclude people from the benefits, opportunities and pleasures of the communities they live in. We have a Joint Forward Plan to support people throughout their lives to Start Well, Live Well and Age Well. We have joined with our partners in the NHS, local authorities, the voluntary, charitable, education and research sectors to create an Integrated Care Strategy, which is our shared ambition which we will fulfil together.

[THIS FIRST PARAGRAPH IS OUR HEADLINE/BOILER PLATE MESSAGE]

We aim to keep people well and avoid ill health and loss of independence. When people do need health services, we will ensure that the NHS is there for them with the right care for their needs in the best place for them to benefit. We want our NHS services to offer outstanding care and outcomes, providing people with a timely and compassionate experience. This means not simply improving outcomes for everyone, but also pursuing the eradication of the health inequalities experienced in our communities.

Involving people and communities in shaping services is an essential part of our way of working. We want to know what people think of the services they experience, what their ambitions and hopes are and how we can support them. We want to understand and reflect the diversity of our communities and ensure our services are responsive to changing lifestyles and different communities' needs. That means we will listen and respond to our communities and have the time, means and events to do so. We won't always get things right, nor have all the answers, but we will be transparent, accountable and present in our communities to hear what they are saying, ensure their thoughts shape our plans and be answerable to them.

We can't and won't do this alone. The NHS is part of a system of support for the people and communities we serve. Education, social services, the charity and voluntary sector, housing services and employers all have an impact on people's lives, and all bring unique expertise and perspectives in the services they offer and ways they work. The ICB was set up to both manage the NHS plans and budget but also to make sure they integrate with everyone else working to

improve the lives of the people we serve. Keeping people well and healthy is a shared endeavour and so is supporting them when they are vulnerable and unwell. That is why we are set up not just across the region, but also operate at a place level, in each of our counties, to be closer to local people, recognise unique strengths and characteristics of different neighbourhoods and offer services that are shaped by local needs.

BOB was set up to work not simply as an NHS planning and funding organisation but also as and in a system of partners across Buckinghamshire, Oxfordshire and Berkshire West with local councils, all the NHS services, charities and voluntary organisations to ensure that our services and support are joined up and people can get the right support, from the right professional in the best place for their needs. We want that approach to work for every stage of life and ensure that the strengths and expertise of our services and organisations complement each other, are integrated and shaped around individual needs and circumstances.

We want BOB to be a great place to work, where people's wellbeing comes first, careers and aspirations can thrive, achievement is recognised, and job satisfaction is high. The NHS and local government are among the largest employers and purchasers of services in our communities, which has a major impact on the socio-economic life of our area. We want to ensure we are thoughtful and innovative in how this social capital best serves and enhances our communities and to represent and contribute to the best of Buckinghamshire, Oxfordshire and Berkshire West and champion it as a great place live, work and enjoy life.

22. Draft Key Messages

- The ICB is an NHS organisation that exists to improve the health and wellbeing of the people it serves.
- We aim to keep people well and independent and avoid ill health.
- The ICB plans and funds NHS services for the people of Buckinghamshire, Oxfordshire and Berkshire West
- With our partners we have created a Joint Forward Plan to support people throughout their lives to Start Well, Live Well and Age Well.
- We will reduce health inequalities and factors that exclude people from the benefits and opportunities of living in Buckinghamshire, Oxfordshire and Berkshire West
- We are set up not just across the region, but also operate at a place level, in each of our counties, to be closer to local people, recognise unique strengths and characteristics of different neighbourhoods and offer services that are shaped by local needs.
- The ICB is also in a partnership of the NHS, local authorities, the voluntary, charitable, education and research sectors who are committed to integrating their services and providing them in collaboration.
- Involving, hearing and responding to our communities is a key way of working for us so that services reflect, understand and respect the diversity of lifestyle, location, culture and need.
- The ICB champions service excellence and safety, it promotes improved health and well-being, drives transformation through integration and will be a forum for transparency and honesty about progress, achievement and challenges.
- The ICB will ensure the NHS pound is effectively and efficiently spent on providing NHS services which are joined up and integrated with partners' services.
- We will work with our partners and contribute to the wider social and economic development of our communities.

23. Supporting narratives and messages

The core narrative and key messages are designed to be universal statements of ambition, mission and purpose. A series of supporting narratives by theme, place and work programme will need to be developed to provide narrative depth and tangible detail for operational delivery activities. Proposed first tranche of narratives and their order and timescale to be developed are:

<u>Subject/Theme</u>	<u>Timescale 2023/24</u>
<ul style="list-style-type: none"> • Joint Forward Plan and Integrated Care Strategy <ul style="list-style-type: none"> ☞ Start Well ☞ Live Well ☞ Age Well ☞ Promote and Protect Health ☞ Quality and Access 	Q2
<ul style="list-style-type: none"> • Place <ul style="list-style-type: none"> ☞ Oxfordshire ☞ Berkshire West ☞ Buckinghamshire 	Q2
<ul style="list-style-type: none"> • 2023/24 Operational and Finance Plan 	Q2
<ul style="list-style-type: none"> • Health inequalities 	Q2
<ul style="list-style-type: none"> • Health and care workforce and People Plan 	Q3
<ul style="list-style-type: none"> • Digital and Data strategy 	Q3
<ul style="list-style-type: none"> • Virtual Wards 	Q3
<ul style="list-style-type: none"> • Primary Care strategy 	Q4

Positioning

24. With an agreed narrative and audiences identified, how the ICB positions itself and with whom is a key matter for consideration. It is at the heart of the additional questions posed earlier, namely what does the ICB want to be known for and by whom? Positioning is about how to connect the narrative and audiences to achieve the organisational mission and vision.

25. The Board's primary purpose is to achieve its mission, and as discussed earlier in many cases it can do this without its brand or identity being prominent or even known. However, when the other question of **what can BOB do that no one else can?** is considered then additional considerations come it to play. For many of the reasons outlined above, BOB ICB is uniquely positioned in the NHS and public sector. The success of its core mission – *improve the health and wellbeing of people* – is dependent on others to provide it. This success of its mission also goes beyond the provision of healthcare and services by the NHS. This is why integration is the key element that makes BOB unique as an entity, whether in system, partnership or Board

mode. The success of its mission can only be achieved through an integrated approach, culture and ambition across all the bodies – public, voluntary, charitable and private in the BOB geography.

26. Therefore, BOB ICB's unique position is as a champion, enabler, driver, platform and arena for integrated thinking, planning, engaging, involving and accounting for the progress of its mission. For its partner audiences this means being an active convener of partners to collaborate on progress, pool resource and expertise and deliver mission outcomes. For its participant audience the mission and narrative require their engagement and involvement and the people who experience the mission, knowingly or not. BOB is the enabler of the conversation, dialogue, inclusion and the creator of insight from it that is both responsive to its audiences and informs and recalibrates the mission for its partners.
27. Communications and engagement capability and capacity therefore become mission critical to BOB ICB's success and essential to delivering BOB ICB's unique position and answering the question of **what can BOB do that no one else can?** Its unique role that sets it aside from being a commissioner, regulator, performance manager or strategic planner, is being an integrator. The unique skills it needs to be an integrator are to convene, enable and enthuse its audiences to fulfil its mission to *improve the health and wellbeing of people* by deploying the best that each partner has to offer at the moment it has the best impact on its participants. This requires skills of diplomacy, curiosity, inclusion, analysis, negotiation and thought leadership to which communications and engagement methods and resources are crucial contributors.
28. To support this unique role, the ICB should develop information, data and analysis sharing platform that maps and tracks health, care, social and economic metrics across the system. These should be used to generate insight and promote shared understanding of inequalities, progress, pressures and emerging trends with partners and participants. The platform should be flexible to embrace new metrics and audience proposed analysis. To be clear, this is not about creating new reporting demands, but using the ICB's unique position and responsibility in the system to be the space where information is collected from existing sources to generate new analysis about the ICB's mission focussed themes and topics.

Recommendations: Approve the core narrative and key messages; Agree BOB ICB's unique position is as a champion, enabler, driver, platform and arena for integrated thinking, planning, engaging, involving and accounting for the progress of its mission.

Communications and Engagement

29. Good relationships are powerful and beneficial to all parties with mutual interests. However, they do not happen by accident. They are created and effort is required to sustain them, when they are neglected, relationships are not usually severed, rather they deteriorate, become unmanaged and organic and often behave in detrimental ways to most parties. An inclusive, transparent communicating and engaging culture should be at the heart of all aspects of ICB's work and behaviour.
30. This strategy is designed to create a framework to nurture and manage good relationships with our audiences through improved and extended engagement, enhanced and connected communications and methodological measurement and analytical insight. The communicating culture needs to be promoted and supported through skills and resources dedicated to it.
31. It is easy to be a poor and occasional communicator by neglecting to effectively engage a key element in successful projects and programmes, the audience. Often, the NHS relies on adding communication and engagement to a process, thus turning it in to one. This generates a sense of insincerity and 'going through the motions' with audiences, who feel they are only being contacted because procedure or statute requires it. The ICB communications culture needs to be grown and earn the trust and respect of its audiences through its consistency in all its work and through an attitude of being interested, curious and response to what people think and want. The culture that

develops should be about *wanting* to be enriched by dialogue and other peoples' ideas and not *having* to listen. Audiences will need to feel and sense that difference for relationships to become mutually fruitful.

32. The ICB has inherited the statutory responsibilities of NHS commissioners to undertake formal public engagement and consultation on significant NHS service change as identified by Overview and Scrutiny Committees and Healthwatch. This capability needs to be resourced and is additional to the communicating culture approach which is about behaviour and style and not statutory duty.
33. The communications and engagement infrastructure required to enable and sustain this culture and way of working and behaving requires the ICB to:
 - Understand who its audiences are in detail.
 - Ensure consistency of narrative and messaging so that all audiences hear the same core messages.
 - Have communication channels, products and events that are matched to audience preferences for communicating and responding.
 - Create an ICB brand that supports the mission above the institution.
 - Have a timely and cyclical method designed to build and grow relationships.
 - Be responsive and demonstrate that the ICB learns from what it hears.
 - Use the trust it earns and the relationships that are sustained to promote shared knowledge and understanding of the ICB's that influences behaviour that supports the ICB's mission.
 - Fulfil its statutory consultation duties.
34. The approach and methodology of ICB engagement has already been developed in Buckinghamshire, *Oxfordshire and Berkshire West Integrated Care Board Putting our principles for engagement into practice, Final Draft* (Appendix 1). They now need Board approval to move from development to implementation.

Recommendation: Approve Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board *Putting our principles for engagement into practice, Final Draft*.

Audience

35. The ICB will rapidly develop an audience matrix that maps its audiences and their *communication* preferences. The channels and products that will support communication and engagement need to be tailored to audience preferences to be effective.
36. The matrix of audiences will:
 - Asses any current or historical relationship with them and frequency of contact.
 - Identify any existing relationship holders in the Board.
 - Understand their values, cultures, dynamics and any organisational characteristics.
 - Identify their interests, issues and connection with the Board's work.
 - Recognise different communication preferences.
 - Recognise any barriers to engagement with them.
37. Each of our audiences has multiple divisions, definitions and nuances within them and many will not share our definitions of them. Understanding our audiences and relationships is the first step to planning how to grow the quality of the relationships to enhance mutual understanding linked to fulfilment of the ICBs mission and vision. This is an aim with a purpose. The Board has a strong interest in dialogue with its audiences to achieve its strategic objectives, indeed only the Board has the remit to engage with the diversity of audiences it covers. Effective engagement, communications and relationships deliver improvements to:
 - How people make best use of and navigate health and care services.
 - Responsiveness to public health messages with target audiences, leading to behavioural changes that enhance wellbeing.

- Services that are designed with and are responsive to audiences' experiences and ambitions.
 - Avoidance and minimisation of misunderstanding or lack of knowledge of services and other developments.
 - Understanding and ownership of plans and shared common purpose.
 - Accountability and transparency about progress and challenges.
 - Early warning of issues and concerns.
 - Sharing and managing adverse news and situations.
 - Mutual trust and confidence.
38. One of the clear lessons of COVID was about the quality and substance of NHS relationships with communities in providing access to health services, support to vulnerable communities and promoting key pandemic health messages. There is a clear correlation between where community relationships were trusted and established they enabled better access to services and where they were not they widened health inequalities.

Brand

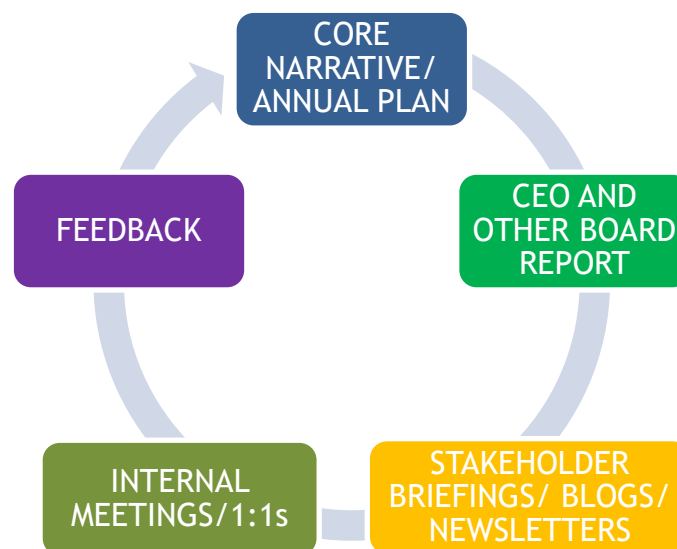
39. The ICB needs to use its Brand architecture and visual identity to complement its mission and position and provide a professional consistency to the appearance of its products. All material produced by the ICB should meet professional standards of presentation, use clear language, consistent terminology and effective imagery and infographics, regardless of the platform or channel it is conveyed on.
40. The Brand needs to accommodate both Partners and Participants needs, complement ICS and ICP branding and provide for sub brands for Place, programmes and campaigns.
41. Sub brands will provide focus for specific areas but also sit clearly with the BOB family brand architecture in appearance and tone.
42. A training/education programme for ICB staff to apply and use the brand will be developed to implement it.
43. The brand will be overseen and managed by the Communications and Engagement Directorate to ensure it is consistently and professionally applied. They will review and update the brand to achieve these aims.

A strategic cycle of Communications and Engagement

44. With the core narrative and key messages in place and audience dynamics understood, the systematic mechanisms need to be established to deliver them internally and externally. Good engagement comes from growing sustainable relationships with audiences who feel valued, listened to and informed. They develop a shared understanding of the Board's mission and feel they can contribute to it when they wish to, and that contribution is valued. Communicating the Board's strategy needs to be done strategically and relationship building and sustaining requires consistency and regularity.
45. All the Board's communications activities need to be aligned. A strategic cycle of communications and engagement can achieve that alignment and support relationship building and shared understanding of messages.
46. The cycle needs to be completed regularly and needs to start with the leadership. The most effective way of doing this is for the message cycle to start with a public board meeting where the decisions are turned into messages contextualised by and in the language of the Board strategy and mission. Products and channels such as All Staff Briefings, stakeholder briefings, blogs, infographics, etc deploy the messages and discussion and feedback mechanisms provide a response to the next Board, where they are heard, acknowledged and responded to, and the cycle starts again.

47. The cycle creates an expectation of communication that becomes a habit for the organisation and its audiences, and that feeds the communicating culture. The right communications products and activities need to be tailored to audiences' dynamics and characteristics through calibrating the content, granularity, focus and objective of the messages to achieve a responsive outcome. The cycle encourages and stimulates interest and creates assurance that the Board can be relied upon to be open and communicative. Information and opportunity to contribute will be regularly provided rather than must be sought. The NHS also has a reputation for engaging publicly when it wants to make change because it must, rather than because it is part of Business as Usual. An illustration of the cycle is in figure 1 below:

Communications and Engagement Cycle – Figure 1



48. The regularity of the cycle allows for better forward planning of messaging and the strategic messages for a year can be planned in advance to ensure the full range of strategic messages and themes are covered. Naturally, these will need to be flexible for example for urgent operational developments to be communicated or national policy changes. When the communications are part of a timetabled plan, they are also easier to produce, and the Board will learn more about audience dynamics from responses and be able to hone communications further.

Channels, Products and Events

49. The ICB will use a range of communication channels appropriate to the target audience. As a new organisation it needs to develop channels and ensure it is reaching target audiences; these will be developed and evolved as the organisation grows its work. With unlimited options for channels and products the communications and engagement directorate will work to ensure cost-effective methods are used, based on best practice and sharing or pooling resources, insight and activity by working collaboratively with partners local, regionally, and nationally.

50. Since the beginning of the COVID-19 pandemic, digital communications have grown significantly, and many more people use online media and social media platforms than previously. However, we need to ensure we use / make available printed materials and in appropriate languages so that nobody is 'digitally excluded' from accessing our information.

51. Internally face-to-face channels are likely to have the biggest impact in terms of reaching staff at all levels and of increasing the visibility of the organisation's leadership.

Current Internal channels

- Twice monthly All Staff meetings
- Twice monthly CEO blog
- Monthly BOB BUZZ staff newsletter
- Weekly GP bulletin

Internal channels to be developed

- ICB Intranet
- Core ICB collateral: corporate presentation, style guide, tone of voice, brand - will be reviewed and updated
- Plain English training and media training for Directors
- All staff in-person events

Current external channels

- Current ICB website
- ICB social media channels: Facebook, Twitter, LinkedIn
- Press releases
- Local and regional broadcast and print media
- NextDoor (neighbour social network)
- Oxfordshire system stakeholder briefing (monthly)
- EngagementHQ consultation platform
- GovDelivery newsletter delivery platform
- Face-to-face/Public meetings

External channels to be developed

- New ICB website
- Core ICB collateral: who we are, what we do
- System wide ICB stakeholder briefing
- Regular ICB/ICS public newsletter
- EngagementHQ consultation platform – extend use of
- GovDelivery newsletter platform
- Paid for digital and OOH scheduling and advertising
- Posters / flyers
- Citizens Panel

52. ICB partners have significant communications and engagement infrastructure established and long-standing relationships with their audiences. We will seek to work with and through those channels and relationships where possible in the spirit of the ICB/P/S approach to integrated working and to avoid duplication of effort and inefficient use of resource. The ICB approach will be to complement the work of partners and seek pooling, sharing and collaborative ways of working on communications and engagement across BOB where possible.

53. In looking at the scale of work proposed, the perennial question of **what can BOB do that no one else can?** needs to be considered. Sharing and promoting best practice and innovation across the NHS and between sectors is a unique role the ICB can play. It can do this through communication channels but the Board should also consider establishing the Best Of BOB Awards (BOBOB working title). The BOBOB awards would champion and promote achievement, innovation and integration across the system and partnership, and only the ICB is positioned to do that.

Next steps

54. There is the opportunity to work with ICB partners to explore how resources could be shared or pooled. For instance RBHT's communications team is contracted to provide some West Berkshire facing communications. It might be that Place-based communications, could be supported by a local provider, with better local connections. There might also be opportunities for shared services which will be explored. However, the ICB needs in-house roles and skills to deliver the functions and programmes outlined in this paper. Further discussion with Place teams to define the communications and engagement delivery and support to be delivered at Place level is underway.

55. An operational plan will be developed on approval of the strategy, with resources agreed by the ICB Executive. The ICB will progress the establishment of Citizens Panels, and an Engagement

Advisory Group and it will convene a coproduction event to involve partners and stakeholders in shaping the plan. Assessment methodology and reporting to Board on progress will also be developed.

56. Six monthly activity reports will be submitted to the Board to demonstrate how this strategy is being delivered.

Summary of Recommendations

The recommendations in this paper are summarised below.

Recommendations
1. Recognise the unique nature of BOB ICB's position and the significance of the question <i>what can BOB do that no one else can?</i> as a fundamental influence on its communications and engagement strategy.
2. Recognise the two different groups of audiences as Partners and Participants with their distinctive relationship characteristics to the ICB
3. Approve core narrative and key messages <ul style="list-style-type: none"> • BOB ICB's unique position is as a champion, enabler, driver, platform and arena for integrated thinking, planning, engaging, involving and accounting for the progress of its mission.
4. Approve or amend and approve Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board <i>Putting our principles for engagement into practice, Final Draft.</i> (Appendix 1)

Appendix 1

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Putting our principles for engagement into practice

Final Draft



Contents

1. Introduction: What do we want to achieve?
2. Aims and principles of engagement
3. Putting our engagement into practice
4. Evaluation and feedback
5. Appendix: partner channels and reach

BOB ICB strategic framework for working with people and communities

1. Introduction: What do we want to achieve?

The Integrated Care Board's core objectives are to:

- **Improve outcomes** in population health
- **Tackle inequalities** in health outcomes, experience, and patient access
- Enhance **productivity and value for money**
- Help the NHS support broader **social and economic development**

We aim to create an ICB that is built on effective engagement and partnerships.

We will adapt and adjust the framework to help the ICB to achieve its goals, and to better reflect the needs and experiences of our people and communities. This will include making changes as the ICB develops its three place-based partnerships in Buckinghamshire, Oxfordshire and Berkshire West.

We have produced this by talking and listening to our partners and stakeholders. This framework will continue to develop as our Integrated Care System matures over time and as we strengthen our capacity to involve others in our plans and processes.

In the spirit of partnership working, and aiding the flow of information across the system, we want our partners to share this with anyone who may have an interest in helping to shape our future direction - patients, public, staff and other stakeholders.

On 1 July 2022, Integrated Care Boards (ICBs) were established as new statutory NHS organisations which assume the commissioning role of Clinical Commissioning Groups (CCGs), as well as some NHS England functions. The ICB is accountable for NHS spending and performance within the system.

This engagement framework sets out how we propose to listen to and involve people and communities, listen to their voices and involve them in our planning. We need to seek the views of and engage with all those affected by the work of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board BOB ICB).

We know we will only achieve our objectives and successfully serve our citizens if we engage with our communities in our planning and decision-making.











2. Aims and principles of engagement

Effective engagement is key to achieving our goals. We want to work with patients, the public and other stakeholders to maintain, develop and design services that deliver the outcomes that matter to them.

We will ensure that public and stakeholder engagement is embedded into everything we do and we will progressively improve our practices as we establish how we work across Buckinghamshire, Oxfordshire and Berkshire West. It is only by listening to each other, sharing knowledge and experience and working together that we will understand the needs of our communities and develop our services to meet them.

We will seek opportunities to engage at the most effective geographical level, whether this be across the whole Integrated Care System (ICS) population, at local authority level, or at local neighbourhood level. For example, we understand that one of the best ways to respond to health inequalities is by using local knowledge and engaging with communities at a very local level.

Our approach is also under-pinned by the ten principles for how Integrated Care Systems work with people and communities and which have been developed by NHS England nationally:

 1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.	 6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
 2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.	 7. Use community development approaches that empower people and communities, making connections to social action.
 3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.	 8. Use co-production, insight and engagement to achieve accountable health and care services.
 4. Build relationships with excluded groups, especially those affected by inequalities.	 9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
 5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.	 10. Learn from what works and build on the assets of all ICS partners - networks, relationships, activity in local places.

This includes developing high quality services and promoting ways to help people stay healthy.

3. Putting our engagement into practice

It will take time to put these principles into meaningful practice, but we plan to use a range of engagement mechanisms to reach and listen to our different audiences.

This will involve, meeting, listening, sharing, acknowledging, and respecting the views and experiences of different groups and enabling information-sharing across the system. Our experiences during COVID-19 demonstrated the importance of having good quality relationships with the communities we serve and the power of what communities themselves do to promote their own health and wellbeing. Through sustained involvement, in a variety of forms, we can build on existing relationships, establish new ones, and ensure engagement becomes a habit which underpins everything we do.

3.i. Existing research and evidence

There is a wealth of research and evidence held by our partners about what people think about health and care services and what they want.

This includes the knowledge and evidence held by local authorities and by our Healthwatch and voluntary sector partners, and feedback from patients at NHS trusts.

We will draw on this evidence to inform our draft strategies and to inform our thinking in the future.

3.ii. Committees and partnership boards

We will seek to work with appropriate individuals and groups depending on the area of focus. For example, if we were looking at maternity services we would engage with our local Maternity Voices Partnerships, and if the subject focused on a particular geography, we would work with the relevant Healthwatch and local authority and GP practices/Patient Participation Groups (PPGs) to seek input and set the strategic direction together.

3.iii. Working in partnership with Healthwatch

We recognise the value of Healthwatch's contributions for our engagement and involvement ambitions and ensuring we can meet the needs of our population, and we will work closely with our five Healthwatch groups across our system.

As we develop our governance structures for both the BOB Integrated Care Board and the BOB Integrated Care Partnership, we will look to include lay members or patient members on working groups and programme board.

We have strong relationships with Healthwatch, who have previously supported place-based projects, provided essential access to patient voices, and given detailed analysis and recommendations. Our Healthwatch groups already provide invaluable support: the Oxfordshire Healthwatch, for example, already facilitate and recruit members to the county's Patient Participation Groups – a model approach being adopted by other Healthwatch groups across the country.

We will meet with them regularly and Healthwatch representatives will be invited to join our Engagement Advisory Group. Healthwatch will also continue to provide independent scrutiny and challenge where appropriate as they are the independent health and social care champions for their places. They will also be represented on the Integrated Care Partnership and in our three place-based partnerships.

We will use their insights and public feedback to inform our strategies and plans. We will seek their advice, guidance and expertise in community engagement and involvement and will explore opportunities to commission them to undertake dedicated work with people and communities to help shape our thinking.

3.iv. Working in partnership with the voluntary and community sector

The voluntary and community sector has a range of skills, experience, and brings a way of looking at things that often leads to quick and creative change. They are composed of people and communities who promote mutual aid and advocacy and provide professional service.

We will work closely with the voluntary and community sector to ensure it has a voice and influence at all levels. We want to work together with the sector to better understand people's and community's needs, experiences and aspirations for health, care, and wellbeing.

The BOB Voluntary, Community and Social Enterprise (VCSE) Alliance will be a major channel for this engagement. The VCSE Alliance will also be a member of the Integrated Care Partnership.

This will include working with community leaders, reaching out to those affected by inequalities - strengthening relationships, building trust, and enabling the voice of people and communities to be heard. We will work with the voluntary and community sector to explore ways to reach and engage with communities who have poorer experiences and outcomes.

We tailor our approach to engagement depending on the needs of the audience rather than trying to create a one-size-fits-all approach. We will monitor engagement through our different tools to ensure there is appropriately diverse demographic representation.

3.v. Engagement Advisory Group

We will set up an Engagement Advisory Group which brings together representatives from across the ICS to help develop and guide our approach to engagement. This group will provide an independent "review, check and challenge" function, and we will seek a representative membership from across our partners.

3.vi. Citizens' Panel

To ensure we engage as widely as possible, we plan to set up a Citizens' Panel to act as our core engagement resource. We will aim to recruit a representative pool from across Buckinghamshire, Oxfordshire and Berkshire West. We will aim for the initial recruitment of up to 1500 members, and we will keep this number under review.

We will use this panel to answer broad surveys and to segment them and create smaller focus groups to consider specific issues in more detail. In the short term, we expect most of this engagement to be done online.

3.vii. Working with our local authority partners

Our partnerships with local authorities also present opportunities for targeted engagement efforts at place-level.

The creation of joint commissioning teams has shown the importance of joined-up working and provides the foundations for building strong relationships with council colleagues and local communities.

As we develop the ICB, we will nurture these connections and strive for sustained, place-level engagement.

3.viii. Open engagement

Alongside our targeted engagement, we will use a variety of tools to reach and listen to our population and our communities.

These will include:

Talking Health (or a similar engagement platform):

We will use an engagement platform to post consultation documents and surveys that are open to anyone to complete. By promoting participation through our channels and through our various partners' channels, we will seek to build the volume of responses over time. By asking some basic demographic questions, we can give the total responses an appropriate weighting. We will also encourage community advocacy groups to respond to our consultations on behalf of their members.

NextDoor

NextDoor is a neighbourhood-based social media platform which allows people to receive trusted information, give and get help, get things done, and build real-world connections with those nearby — neighbours, businesses, and public services.

We are part of NextDoor, where we can target messages down to the council ward level. This will enable us to engage with NextDoor members, for example, by inviting them to complete questionnaires and surveys, and to promote specific engagement events.

Social Media: Twitter, Facebook, LinkedIn

We will use our social media channels to promote engagement in our various consultation processes, for example, by encouraging people to participate in our Talking Health consultations. We will ask our partners to use their channels to amplify our messages and reach their own followers and audiences.

3.ix. Extending our reach

We will seek to make full use of our partners' networks and channels to promote engagement with the people and communities across Buckinghamshire, Oxfordshire and Berkshire West.

We will work with our various local authorities, NHS Trusts, voluntary and community sector organisations, our five Healthwatch partners and others to encourage the fullest participation in our various consultation and listening events – be they online or in person. For example, we will ask local authorities to promote our channels through their communications with their residents and ask Foundation Trusts to encourage their members to join in our consultation events.

Our BOB VCSE Alliance boasts extensive place and system-level knowledge and connections, which will aid distribution of communication messages and engagement efforts. As we develop our different place-based structures during 2022-23, we will support neighbourhood and place-level engagement, ensuring the system is connected to the needs of every community.

We will seek to reach those people who are not able to engage with through our primary methods by seeking advice and support from others. Our Healthwatch groups, for example, have great experience of using community researchers to reach and talk with diverse, often underrepresented, audiences. Where we identify knowledge gaps or requirements, we will commission specific pieces of research from our partners.

We will also use seek to raise awareness and promote engagement with us through the traditional media. We have a vibrant regional media and popular regional TV and radio news bulletins – all of whom can inform and encourage the public to participate in our different forums.

4. Evaluation and feedback

As part of our commitment to transparency and accountability, we will routinely report on the outcomes of our engagement and explain how this has affected our planning and decision making. We will publish this on our website and share it through our different channels.

One of our statutory obligations is to build and sustain our relationships with people and communities in our system. Providing participants in our different engagement events with feedback will be an essential part of this process.

The primary evidence of the success of our engagement will be the extent to which our partners and stakeholders feel that their voices have been heard and considered in our strategy and long-term plans.

We will continue to seek the views of partners as to how and whether our approach to engagement should be refined – to improve representation and to adopt the most effective engagement practice.

Appendix 2

Partnership reach and channels

Our partners have a range of channels and can reach large, diverse audiences, both the already informed and engaged and those who are under-represented.

The examples listed here illustrate some of the opportunities for the Buckinghamshire, Oxfordshire and Berkshire West ICB and ICP to promote engagement and awareness of our strategies and plans.

NHS Trusts

There are six NHS Trusts across our area. All have active social media channels and stage a range of events. The five foundation trusts communicate regularly with their members about their performance, plans and progress.

For example, Oxford University Hospitals Foundation Trust has around 7,700 members, who receive a monthly e-bulletin, and the Trust supports them to be well-informed and motivated and provides them with opportunities to help shape how our services develop. This helps the Trust to be a responsive organisation with a good understanding of the needs of its patients and the communities it serves.

Like other Trusts – and local authorities – Oxford University Hospitals has a much greater following than the ICB (or, previously, the CCGs) on social media. The Trust has over 19,000 followers on Twitter, 25,000 followers on Facebook and 16,700 on LinkedIn.

Their on-site digital screens also have the potential to reach the daily flow of thousands of patients and thousands of visitors to their hospitals.

Local Authorities

We have five upper-tier local authorities and five district councils, all of whom own their own communication channels to reach and share information with their residents.

For example, Oxfordshire County Council conducts a range of regular insight activities, including resident surveys and focus groups. The council's "Your Oxfordshire" e-newsletter is mailed to 35,000 recipients. Oxfordshire County Council social media channels have a wide reach, with over 45,000 followers on Twitter, 24,000 on Facebook and 11,000 on LinkedIn.

Healthwatch

There are five Healthwatch groups in our system. Each has its own channels and engage with diverse audiences in our communities.

For example, Healthwatch Bucks sends a monthly newsletter to over 900 people and is active on Twitter (2,500 followers) and Facebook (2,500 followers).

Healthwatch also support and promote membership of Patient Participation Groups, encouraging engagement at the GP practice level, and can use specialist community researchers to reach and engage with diverse parts of the population.

Voluntary Community and Social Enterprise (VCSE) Alliance

It is estimated that the VCSE sector across the BOB ICS footprint could be composed of more than 10,000 charities, community groups and social enterprises.

The BOB VCSE Alliance is supported by the ICB and has around 200 members in the VCSE sector across Buckinghamshire, Oxfordshire and Berkshire West. It has four embryonic working groups which look at learning disability & autism, mental health, ageing well and health inequalities.

The BOB VCSE steering group is composed of the county or district level voluntary sector umbrella bodies, which are already involved in health and wellbeing boards.