

Communications and Engagement Strategy: listening as one and speaking with one voice

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Content

Introduction	4
Where we are now?	4
CCG mission, values and objectives	4
Our duties	5
Stakeholders	5
Target audiences	5
Communications and Engagement capability	6
Channels	7
Key strategic drivers	7
Where do we want to be?	8
Aim	8
Communications and Engagement objectives	8
Outcomes	9
How will we get there?	9
Our communications and engagement approach	9
Key messages	10
Delivery of our outcomes	10
Evaluation	12
High level action plan	13
Appendix 1: Stakeholder identification	16
Appendix 2: Understanding our patients and public	17
Appendix 3: SWOT analysis	18
Appendix 4: Our approach	19
Appendix 5: Key messages	21

Communications and Engagement Strategy: Listening together and speaking as one

1. Introduction

This document outlines Kingston Clinical Commissioning Group's (CCG) strategic approach to communications and engagement and how the function will support the delivery of corporate objectives. The main focus of this strategy is to improve communications and engagement with staff, GP members, patients, carers and the public in order that commissioning meets the needs of local people and local health services are tailored to those who most need them. This strategy is intended to be a guide and operationally will be supported by a detailed work plan. In addition, this must be read in conjunction with the '*SWL STP updated engagement plan*' and the emerging partnership communications strategy, a draft of which has been presented to Kingston's Health and Wellbeing Board in November.

By way of a backdrop to this strategy, nationally the NHS is facing tough challenges from increasing demand, rising costs and static budgets. At the same time commissioners need to continue to improve access, health outcomes and the quality of commissioned services. NHS England's Five Year Forward View sets out the plan to transform the NHS to meet the future needs, locally this will be delivered through a sustainability and transformation plan (STP). As a consequence, the commissioner landscape is already changing and groups of CCGs are working much more closely together, in partnership with health and care providers and local authorities. Healthwatch organisations across south west London, including Healthwatch Kingston, have been helping us to engage at a grassroots level and gathering valuable feedback from hard to reach groups. This strategy is mindful of the likelihood of further change to how services are commissioned and provided, particularly across south west London.

Furthermore, Kingston has a history of partnership working, particularly in light of Kingston Co-ordinated Care, system wide working, and the work to date to create a regional sustainability and transformation plan. With finite communications and engagement resources, working more in partnership is essential to the delivery of our communications and engagement activities going forward.

2. Where we are now?

2.1. CCG mission, values and objectives

Our commitment to the people of Kingston is that: "We are passionate about your health, compassionate about your care."

Our task is to:

- help you stay as healthy as possible
- support you in looking after yourself when you are well and when you are not
- make sure the right services are available if you become unwell, and for those services to be safe, effective and provide the good experience you deserve
- listen to you, involve you and be influenced by you
- work with you to continuously improve:

- the health and wellbeing of people in Kingston
- the support that's available to help people look after themselves
- the quality of local health services
- work with you to reduce inequalities in health across Kingston
- become recognised and respected as the leader of the health care system in Kingston

We want local people to be able to say: "I'm heard, I'm healthier, I'm cared for."

Our **corporate objectives** are categorised into four themes: **Better health, better care, sustainability and leadership.**

2.2. Our duties

Kingston CCG has a legal duty under the NHS Act 2006 (amended) section 14Z2 to make arrangements to involve the public in the commissioning of services for NHS patients - the public involvement duty. This says that we must involve the public in the planning and development of services, and changes to services.

We have a good track record of engaging and involving patients and the public already. We are currently working with Kingston Council and Healthwatch Kingston to co-produce a new mental health strategy for Kingston. We have held a series of workshops for people who have mental health problems and their carers; hearing their stories and experiences.

2.3. Stakeholders

Creating supportive and trusting relationships with our key stakeholders is crucial to delivering this strategy. As can be seen in Appendix 1, the full list stakeholders for Kingston CCG grouped by key categories is vast, and belies a multitude of individuals, interests and interrelationships.

High level prioritisation based on meeting statutory duties and the CCG corporate objectives gives us four key target audiences, see section 2.4, for our activities.

2.4. Target audiences

Patients, Carers and Public

Patients and the public are at the heart of everything the NHS does, and we will ensure that the public, patient and carer views and voices are at the heart of the way we plan and buy health and care services for local people.

The Royal Borough of Kingston has a resident population of 169,958 (estimated mid -2014, Kingston Joint Strategic Needs Assessment) but a GP registered population of 199,666 (March 2015, Kingston Joint Strategic Needs Assessment). According to 2014 mid year population estimates for the Royal Borough of Kingston 57.8% of the population are within the working age range (20 to 64 years). Like the rest of London, Kingston has a relatively young population and few older people compared to the rest of the country (Borough Profile, 2013). However, there is a higher than London average of 20 – 24 years old which reflects the student population and a higher proportion of 55 to 74 years old than the rest of London. For more details about the socio-demographics of Kingston people and their health needs, see appendix 2.

In September 2016, '*Engaging local people: A guide for local areas developing Sustainability and Transformation Plans*' set out the expectations for stakeholder involvement, in particular patient and public participation.

Staff

A key enabler of change is our staff. Effective internal communications and an engaged workforce is fundamental to change. Kingston CCG employs approximately 45 members of staff. The 2015 staff survey results show that 68% of respondents reported good communication between senior management and staff.

GPs

The CCG is led by its GP members, who are critical to supporting our clinical commissioning decisions. Commissioning decisions are made at the monthly Council of Members meeting, at which each member GP practice has a representative. The results of our 2016 CCG 360 degree stakeholder feedback shows that only 58% of our GP member practices who responded were satisfied with the way in which the CCG engaged with them over the past 12 months. Improving this is an important area of focus.

Health and Local Authority Partners

We have a track record of ongoing work with local health and social care partners through the Health and Wellbeing Board and joint transformation projects. Our key partners are the Royal Borough of Kingston, Kingston Hospital NHS Foundation Trust, Your Healthcare Community Interest Company, South West London and St George's Mental Health Trust, voluntary and community sector organisations.

2.5. Communications and Engagement capability

We have recently undertaken an analysis of our local capability in terms of engagement and communications. The SWOT analysis, which can be seen in appendix 3, highlights that we have a relatively new but highly qualified team in place with the opportunity to take a fresh approach to communications and engagement. This presents a good opportunity to review communications and engagement and set a new direction that better aligns to the evolving needs of the organisation and operating environment.

The Royal Borough of Kingston is a key strategic partner in the borough, and is going through its own major organisational transformation. There is an opportunity to work much more in partnership to inform and engage local people once on areas that spans the CCG's and Council's remit.

The CCG's communications and engagement team comprises 1 Engagement Lead, and communications services provided by South East CSU which comprises 0.6 WTE Communications Lead (25 hours) and 0.4 WTE Communications Manager (15 hours).

The team reports to the Director of Quality and Governance and draws on the experience and expertise of the Governing Body Lay Member for Patient & Public Engagement (PPE).

Just to note there is no dedicated non-pay budget for communications and engagement.

2.6. Channels

Internal:

The main internal communication channels are:

- Monthly staff briefing sessions - chief officer lead, face-to-face. These are well attended by staff.
- INK (Inside NHS Kingston) - staff newsletter sent via email on a monthly basis
- GPTeamNet is a web based information sharing portal. This is not well used at present.

Members:

The main channels of sharing information with our GP members are:

- Monthly Council of Members meetings
- Ad hoc emails
- GPTeamNet

External:

The CCG's website is the currently the main public facing channel. The CCG has ownership and control over the content. With Kingston having a relatively young population and with 94% of households in London having access to the internet, the highest in the UK (ONS, 2016), we can assume that this is a crucial external channel for reaching the public in Kingston. However, the website is presently underutilised, website traffic is low and the homepage has a 97% bounce rate. This suggests that the design, navigation and content of the website needs to be improved.

The CCG has a twitter account @KingstonCCG with over 5000 followers. Social media has an important part to play in engaging with an increasingly smart mobile enabled and online audience. This is particularly useful in engaging with the younger demographic which would not ordinarily engage via traditional methods.

2.7. Key strategic drivers

2.7.1. Health and wellbeing

The current and future health and wellbeing needs of people who live in the borough are described in Kingston's Joint Strategic Needs Assessment. According to the JSNA the top 3 causes of death in Kingston are cardiovascular disease, chronic pulmonary disease and cancer. Also 13% of population experience a common mental health disorder. While the Public Health Team lead the implementation of health and wellbeing initiatives in Kingston supporting the promotion of health led messages, particularly around self care for instance, is an important area of communications and engagement activity.

2.7.2. Sustainability and transformation plans/ Five Year Forward Plan for south west London

Delivering NHS England's Five Year Forward View via Sustainability and Transformation Plans will be an important driver for communications and engagement activity over the next 18 months. Kingston is part of the south west London footprint and locally conversations need to begin on how to deliver south west London's Five Year Forward Plan.

2.7.3. Integration of health and care/Kingston Co-ordinated Care

This programme of work forms part of Kingston's local response to the sustainability and transformation challenge facing health and social care. This programme began in late 2014. We

have yet to socialise the story around Kingston Co-ordinated Care. For this to be successful we need to begin to share this with our target audiences. The programme has a communications lead who is developing a communications plan; we will support its implementation through our communications channels and engagement activities when this is known.

2.7.4. Primary care development

In April 2016 Kingston CCG took on full delegated commissioning responsibility for primary care. This is an important part of the healthcare system, particular as GPs are the first port of call for people when accessing healthcare. It is also a fundamental part of delivering the Five Year Forward View and enabling the shift from hospital to community based settings and care closer to home. In Kingston, the focus is on improving quality and access.

3. Where do we want to be?

3.1. Aim

We want Kingston CCG to be seen as a listening and responsive organisation, that communicates and engages effectively and supports the delivery of improved health and care outcomes for local people.

In Kingston, we recognise that we will have greater impact if we do this in partnership with the Royal Borough of Kingston, our NHS providers, and where possible with voluntary and community sector organisations, such as Healthwatch, Kingston Voluntary Action, Staywell Kingston and Kingston Carers.

3.2. Communications and Engagement objectives

Our communications and engagement objectives are mapped to the CCG's corporate objectives below.

Corporate objective	Communications and Engagement objectives
Better Health	<ol style="list-style-type: none"> 1. Increasing awareness and understanding amongst patients and the public about local health and care services in Kingston. [Choose well, Get the right treatment and Stay Well messages] 2. In partnership with Public Health, to support campaigns and action which seeks to reduce inequalities in health outcomes. [diabetes, obesity, smoking, antimicrobial resistance] 3. Use patient and carer experience to improve the quality of services and patient care
Better Care	<ol style="list-style-type: none"> 4. Support patients and the public to make informed choices when accessing health and care services. 5. Increase awareness and engagement amongst patients, public and key stakeholders around the work to improve out of hospital services in Kingston, including primary and social care. 6. To inform and engage people on our work on local clinical priorities including mental health, dementia, cancer, and learning disabilities.

Sustainability	<p>7. To increase awareness and engagement around the sustainability challenges facing the NHS locally.</p> <p>8. Promote and embed communications and engagement standards and best practice amongst CCG staff, supporting them to deliver key priorities including achieving QIPP targets and implementing new models of care.</p>
Leadership	<p>9. Improve communications and engagement with CCG staff to support them to develop their skills, encourage innovative behaviours and become organisational ambassadors.</p> <p>10. Engage and involve patients and the public in decision making and ensure on-going and effective conversations.</p> <p>11. Work together with partners to share and use patient and public feedback to improve patient experience in Kingston</p>

3.3. Outcomes

- Informed and involved patients, users and interested public
- Creating and maintaining mutually beneficial partnerships with the public and other key stakeholders
- An external reputation for being a responsive and fair organisation.
- Embed NHS Kingston CCG as the local leader of the NHS
- An active and engaged membership, who has a trusted relationship with the CCG
- Motivated and engaged staff, who feel trusted and supported to deliver change.

4. How will we get there?

4.1. Our communications and engagement approach

Our communications and engagement approach is clear, open and transparent with a focus on patients and the public, staff, GP members and key partners. We will use audience insights, evidence and best practice to shape the way that we communicate and engage with our key stakeholders.

We will put people first and ensure that our communications and engagement uses simple language and where possible uses patient stories to bring meaning and understanding.

We will engage with patients and the public so they are confident we have listened to them and are designing local health and care services with them, as well as for them.

To guide us we will follow the Arc of Citizen Engagement and principles detailed in Appendix 4. This outlines the process of informing, consulting, involving, collaborating and empowering our key audiences identified in 2.5. In addition, our communications channels are mapped to the stages in the process showing how we will support delivery. To embed engagement into our commissioning processes we will promote the model developed by Gilbert (2013) and ensure that we adhere to best practice principles for communications and engagement.

On a practical note, our priorities for activity and support will be defined by the key strategic drivers identified in section 2.7. We will support these key programmes of work directly or indirectly by

promoting content through CCG channels. Where we have prioritised areas for direct support we will develop detailed communications and engagement work plans that align to project plans and key milestones where this is known.

Furthermore, we will work to embed the principle that communications and engagement is everyone's responsibility, and support CCG staff and GP members to communicate and engage effectively in their programmes, projects and decision making. This could include training and upskilling staff, and sharing best practice guides.

4.2. Key messages

See appendix 5 for high level key messages based on our three key drivers for change: Sustainability and Transformation; Kingston Co-ordinated Care; and Primary Care Development.

We will work with the lead directors and comms leads to shape these narratives as they evolve. There is a communications team at south west London Commissioning Collaborative who will lead the narrative on Sustainability and Transformation; and there is a comms lead for Kingston Coordinated Care programme.

4.3. Delivery of our outcomes

We will use a range of mechanisms, methods and information sources to inform, listen and involve our patients and the public. The main methods of delivery will be patient and public engagement and involvement, digital communications, external and internal communications and joint working with our partners.

- **Partnership**

As partners we engage with the same residents and communities across the borough of Kingston. It makes sense where appropriate to join up engagement activities and approaches to maximise our impact and reach, whilst making the most efficient use of resources. We are working with RBK communications colleagues on a joint approach communications and engagement for health and wellbeing, identifying opportunities for collaboration in engagement.

We will also seek to increase our partnership activities, working with our partners including RBK, Kingston Hospital NHS Foundation Trust and Your Healthcare to deliver joined up engagement activities particularly in relation to our sustainability and transformation plan.

- **Engagement and involvement core processes**

Alongside partnership engagement the CCG will involve and engage with patients and the public on an ongoing basis as part of our core activities. Our high level action plan in section 4.5 gives more detail on what we will do and when.

The key work streams to increase engagement focus on work around Primary Care including Patient Participation Groups (PPGs), the Primary Care Forum and co-design around primary care access.

We will increase our activity in the community through a calendar of community events as opportunities to engage, linked to health campaign themes across the year.

Alongside this we will expand our social media activity as an engagement tool to allow for two-way conversations.

We will work hard to ensure views of seldom heard groups within the community are heard through a programme of grassroots and community engagement events, alongside developing links with community groups and networks. We will establish links with schools, youth groups and faith groups and build links with the Community Development Workers at RBK, using their experience and strengths to engage hard to reach groups.

The CCG will continue to hold Governing Body and Primary Care Commissioning Committee meetings in public, where residents are welcome to attend, ask questions and give their views as part of the agenda debate.

- **Campaigns**

We have a forward planner of monthly campaigns which draws on national awareness weeks and Public Health England (PHE) and NHS England led campaigns. We will align activity to local health priorities and work with our partners, including Public Health, Royal Borough of Kingston, Kingston Hospital NHS Foundation Trust, and Your Healthcare to maximise the impact of campaign focused activity.

- **Media**

A key action is to build a positive working relationship with local reporters and the news editors of key local media outlets in order to secure balanced coverage, creating opportunities to communicate and engage local people in the transformation of services and to explore a partnership approach across health and care.

- **Digital and social**

The CCG website should be a site for trusted information about health and care in Kingston, supplementing existing websites such as NHS Choices and the health and wellbeing pages on Council website. Content must be fresh and kept up-to-date, be written for an online audience and where possible use media rich formats such as video.

Social media, particularly Twitter and Facebook, are tools to engage people in conversations about health and care to help shape health and care locally. We need to be monitoring these online discussions and exploring what our relationship needs to be and how we will engage through these routes.

- **Membership engagement**

We will reintroduce a monthly GP members email newsletter to improve the reach of commissioning news amongst our practices and provide meaningful ways to engage them in commissioning decisions. As part of this activity we would seek to utilise our Governing body members and lay members, to act as engagers on a peer-to-peer basis and also with patients and the public.

- **Internal communications**

Our staff are key agents of change for the CCG, we will inform, engage and empower them to play their part in effective communications and engagement with key stakeholders.

We will ensure that:

- There is two-way communications at all levels
- Understand the principles of good communications and engagement and how they can deliver these
- Support and guide CCG staff to choose appropriate engagement processes and activities at different stages of the commissioning cycle
- Embed communications and engagement within the organisation by providing training and skills guides

- **Content led**

There is a general lack of public understanding of what a clinical commissioning group is and what it does for the benefit of local patients and people. We need to tell a compelling story of how we are using the feedback from patients, combining this with the insight and expertise of our clinicians, and feeding back how this is shaping the services we commission on their behalf and improving outcomes.

The CCG's content strategy needs to focus on creating great content, telling the story from the human interest angle, give audiences something tangible to connect and engage with. The themes will be driven by the key strategic drivers outlined in 2.7.

4.4. Evaluation

A combination of quantitative and qualitative measures will be used to monitor and evaluate the effectiveness and impact of our communications and engagement activities.

General stakeholder opinions and perceptions can be drawn from existing annual surveys including the CCG 360 degree stakeholder survey, annual staff survey and the Patient survey.

For engagement activities, different evaluation methods will be used depending on the specific brief. These can include audience feedback via voting, comments and post-its; creative techniques such as sticker exercises and graffiti walls; surveys at the end of events; focus groups; observation and photography and analysis of social media discussion and media coverage.

Performance of our communications channels can be monitored using GoogleAnalytics (eg page impressions, unique visitor numbers) and Twitter Analytics.

4.5. High level action plan

2016/17:	Q1	Q2	Q3	Q4	Objective
Outcomes:					
Informed and involved patients and interested public	Published Annual Report for 2015/16	<p>Publish Annual Report Summary</p> <p>Annual General Meeting (13 September)</p> <p>Develop winter comms campaign, planning this with partner organisations</p>	<p>Improve CCG website; particularly the home page, navigation and content. Subject to scope within existing website hosting contract.</p> <p>Implement winter comms plan from mid-October through to March 2017, including focus on self care messages and self care week, 14-18 November, and signposting messages</p>	<p>Ongoing implementation of content and campaigns across CCG communications channels</p> <p>Define our social media approach</p> <p>Supporting engagement on STP in line with SWL comms and engagement plan</p>	<p>1</p> <p>2</p> <p>4</p> <p>5</p> <p>6</p>
		Review current PPG activity	Research best practice & develop guidance for practices & PPG groups. Community promo for PPGs	Peer support network between PPGs	<p>3</p> <p>4</p> <p>10</p>
			Options for expanding Primary Care Forum to widen scope of discussions, increase participation levels	Implement (possibly with partners) broader forum arrangements	<p>1</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>10</p>
		Develop brand and print promo material for engagement activities			<p>1</p> <p>6</p> <p>10</p>
		<p>Identify seldom heard groups and develop plan to increase engagement</p> <p>Deliver grassroots engagement events with partners</p>	<p>Develop links with key community groups & leaders</p> <p>Build links with and work through KVA and RBK Community Development Workers to engage with seldom heard</p> <p>Continued programme of grassroots engagement events</p>	<p>Establish links with schools, youth groups to increase engagement opps with young people</p>	<p>1</p> <p>2</p> <p>3</p> <p>6</p> <p>10</p>
Creating and maintaining mutually beneficial partnerships with the public and other key stakeholders	<p>Establish relationships with comms and engagement colleagues in key partner organisations</p> <p>Identify and attend relevant comms and engagement networks.</p>	Review communications plans across public health, RBK and CCG to support key prevention and health promotional campaigns. This includes winters comms campaign - incorporating Stay Well This Winter, Flu Vaccinations, Self Care and where to get treatment messaging	Establish a communications network across partner organisations in Kingston and identifying areas for collaboration		<p>1</p> <p>2</p> <p>5</p> <p>6</p> <p>11</p>
		Calendar of community/partner engagement events and link to key prevention and health promotional campaigns	<p>Work with key partners to develop & deliver joined up engagement activities</p> <p>Link with Kingston Uni</p>		<p>1</p> <p>2</p> <p>5</p> <p>6</p> <p>10</p> <p>11</p>

			around volunteering & placement opportunities		
		Establish relationships with key partners around joining up engagement activities	Collaborate with partners to explore join forums /wider engagement events		11
	Support communications and engagement around the work on the STP	Ongoing	STP publication (14 November)	Support the STP communications and engagement plan for SWL and the delivery of Health and Social Care Forum meetings	7
An external reputation for being a responsive and fair organisation	Review 360 stakeholder survey and staff survey	Build relationship and networks to gather good news and stories which can be communicated through the CCG communications channels	Ongoing proactive activity to raise awareness of the role the CCG and its work with the whole health and care system in order to deliver better health, better care and a sustainable health and care services.	Evaluate the impact of activities against the desired communications and engagement outcome	8 9
		Hold meetings in public - first PCCC	Ongoing - continue to refine based on public feedback	Ongoing	10
				Proposal for staff/members to participate in engagement activities across the year	9 10
Establish NHS Kingston CCG as the local leader of the NHS		Define the CCG's communications and engagement strategy	Build the corporate narrative and high impact stories around key priorities including STP, KCC, PC (can be subject to consultation) Use the narrative and stories across the CCG's communications and engagement channels	Continually review the core narrative and stories and feedback from key stakeholders including patients and the public	All
An active and engaged GP membership, who has a trusted relationship with the CCG	Attendance at Council of Members Research ways to improve membership communications	Proposal for improving GP membership communications	Implement agreed proposals including editorial forward planner and production processes	Continually seek feedback and improve communications channel and content Develop a plan to increase awareness, understanding and engagement with SWL STP.	8 9
Motivated and engaged staff, who feel trusted and supported to deliver change	Review staff survey Proposal for improving staff communications	Launched new staff newsletter and create editorial forward planner Building relationships with leads to generate content Support for Healthy Workplace Charter activity Including involvement in Healthy London	Ongoing delivery of staff newsletter, refining editorial and production processes Review GPTeamNet as intranet tool for CCG, make recommendations and implement agreed actions.	Deliver and continually improve staff newsletter and intranet, based on feedback from staff	8 9

		Partnership's Healthy Living Week (26-30 September) Proposal for embedding communications and engagement standards and practice	Deliver programme of activity to build communications and engagement capability and capacity amongst staff, including training and best practice guides.		
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Key:

PPGs - Patient Participation Groups (based at GP practices)

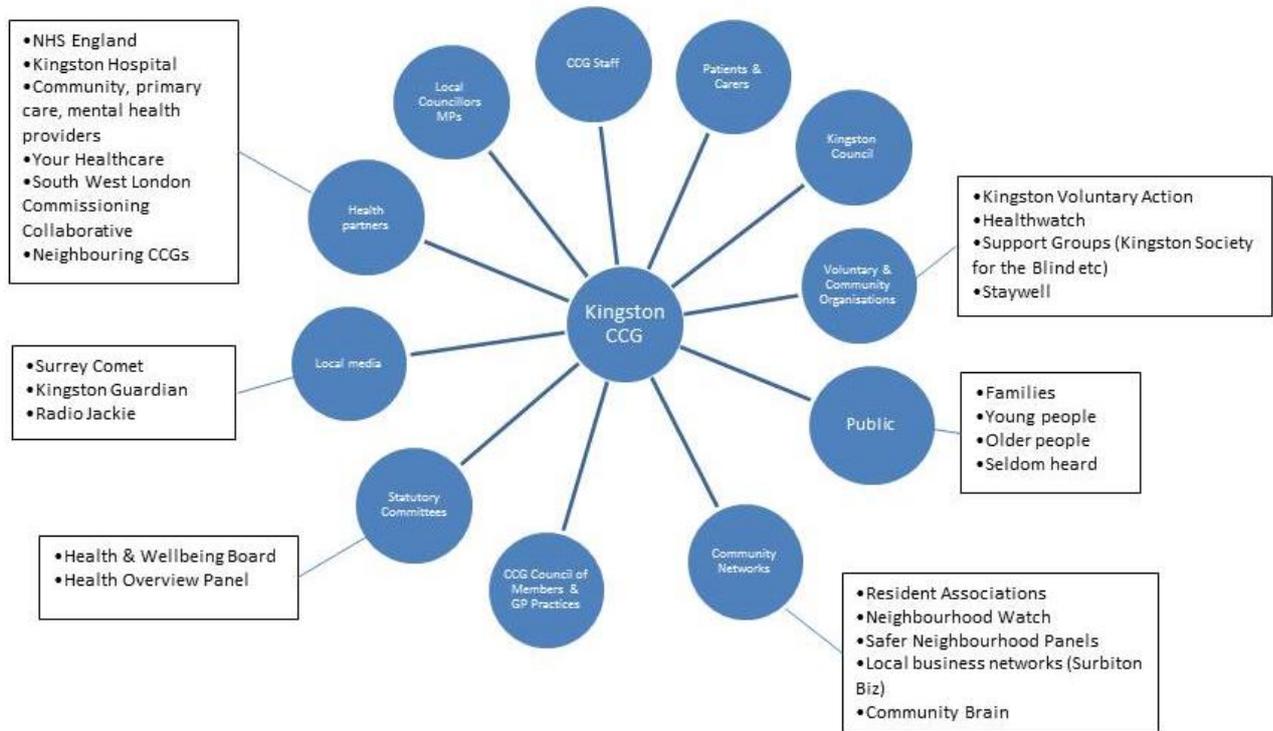
KVA - Kingston Voluntary Action

PCCC - Primary Care Commissioning Committee

KCC - Kingston Coordinated Care

STP - Sustainability and Transformation Plan

Appendix 1: Stakeholder identification



Appendix 2: Understanding our patients and public

Socio-demographics

- The Royal Borough of Kingston upon Thames shares border with Richmond, Surrey, Merton, Sutton and Wandsworth.
- Third smallest population of all the London borough, with an estimated resident population of 169,958 (2014).
- 199,666 people registered with Kingston GPs (March 2015).
- Approximately 63,639 households in Kingston (Census 2011).
- Kingston's population is ethnically diverse with 26% from Black and Minority Ethnic (BME) communities (2011 Census). The Korean population in New Malden is estimated to be the largest in Europe.
- Second least deprived borough in London after Richmond upon Thames (2015 Indices of Deprivation). There are differences in areas however, for example people in least deprived wards live on average 7 years longer than those in the most deprived (JSNA 2015).

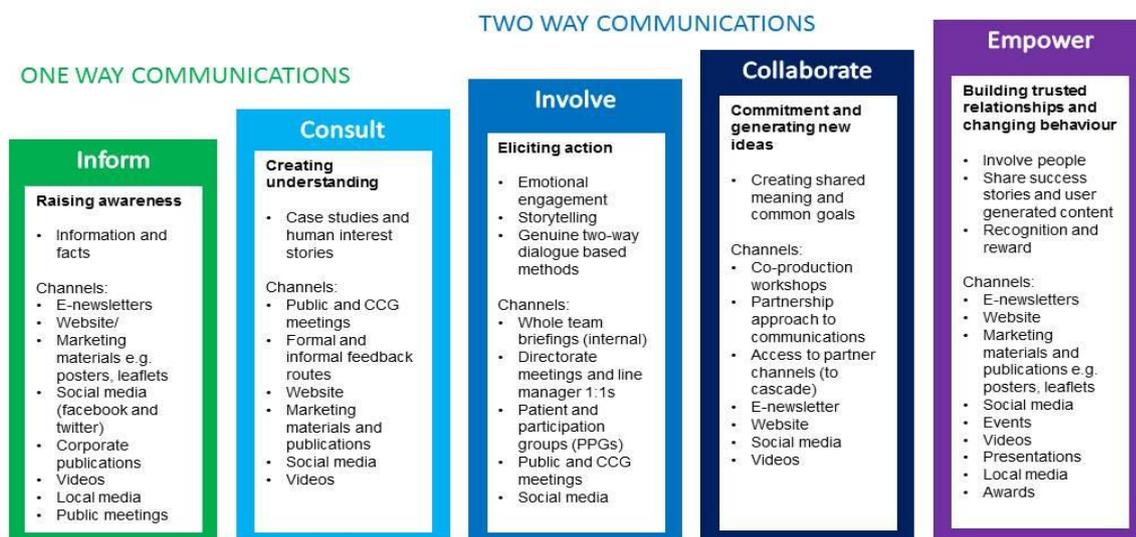
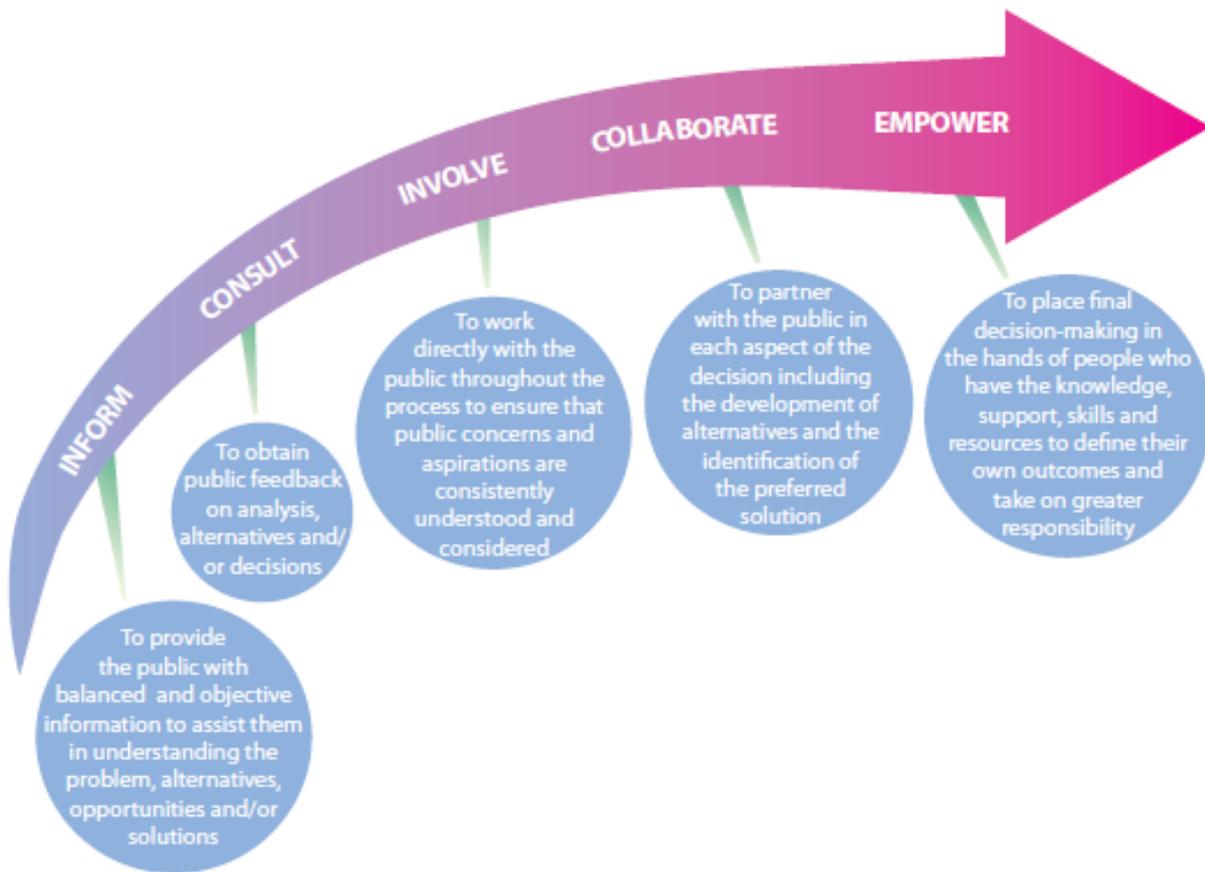
Health needs

- People in Kingston are more healthy overall than the national or London population.
- Aging population; 13.2% of population aged 65 and over.
- Top 3 causes of death are: cardiovascular disease, COPD and cancer.
- 1 in 70 people in Kingston are living with cancer.
- An estimated 21,470 Kingston residents suffer from a Common Mental Disorder (CMD) – around 13% of the population.
- An estimated 1,929 Kingston residents have a form of dementia – that's 1.2% of the population; the most common is Alzheimer's Disease.
- There are around 13,288 carers in Kingston – 8.3% of the population. 4.4% of these are under 24 years of age.
- 15.4% of Year 6 children in Kingston are obese – particular hotspots are Chessington, Old Malden and Norbiton.
- Over 1 in 5 Kingston residents are estimated to drink at increasing risk – above the London average.

Appendix 3: SWOT Analysis

<p>Strengths</p> <p>Local intelligence – knowledge of the community, Healthwatch Long CVs Passion, values Coherent ‘local’ story Clinical engagement</p>	<p>Weaknesses</p> <p>Team is all new Our narrative and messages are not clear and defined Who to say it to (databases) Branding – what’s a CCG No strategy – uncoordinated approach to comms & engagement Size of the organisation (<50 staff) Lack of an embedded vision, mission and values Lack of good quality communication channels</p>
<p>Opportunities</p> <p>New team Community contacts Create our own strategy Everyone’s work Partnerships and relationships – with RBK, SWL, voluntary sector Local media - news editor interested in health Perceptions Commitment to partnership working locally Existing relationships with partner organisations National narrative - sustainability and transformation</p>	<p>Threats</p> <p>External drivers Volume of work Resources SWLCC Policy change General Election by May 2018</p>

Appendix 4: Our approach



Source: Arc of Citizen Engagement, New Local Government Network, March 2016 with CCG communications and engagement channels mapped to each stage.

Definitions - Communication and Engagement

The Arc of Citizen Engagement (New Local Government Network, The Place Based Health Commission report, March 2016) outlines the different approaches within community engagement. All are important approaches but the most rewarding and meaningful for the people involved are involving, collaborating and empowering. They focus on building confidence in the individual and move towards developing community resilience. The way the CCG works, and our priorities, must be shaped and implemented through an ongoing relationship with patients, the public and stakeholders.

In order to engage, we need to effectively communicate. **Communication** is the process of sending and receiving messages between two individuals (Shannon and Weaver, 1948). In business, it is defined as a two-way process of reaching mutual understanding, in which participants not only exchange (encode-decode) information, news, ideas and feelings but also create and share meaning.

The Engagement Cycle

We are committed to embedding communication and engagement at every stage of the commissioning cycle. The Engagement Cycle (David Gilbert, InHealth Associates 2013) provides principles we will follow when commissioning services. The cycle explains how patients, the public, staff and stakeholders can work together throughout the commissioning cycle; and how patient, public and stakeholder views can genuinely influence commissioning decisions on a daily basis. Choosing appropriate engagement purposes and activities at any stage of the commissioning cycle



Communications and engagement principles

We will make sure we are:

- Accessible and inclusive to all people in Kingston
- Clear and professional
- Targeted
- Open, honest and transparent
- Accurate, fair and balanced
- Timely and relevant
- Two-way; listening and provide feedback
- Evidence-based [Behavioural insights - BIT EAST framework, good practice]
- Sustainable to ensure on-going conversations and mutually beneficial relationships

Appendix 5: Key messages

Sustainability and transformation

Read in conjunction with the South West London STP Communications and Engagement Strategy 2016 (SWL Commissioning Collaborative)

- Our population is growing and ageing, with increasing complex mental and physical healthcare needs - we need to do more to help people live healthy, independent lives for as long as possible.
- Quality of care varies enormously across SWL depending on when and when patients access services.
- Pressures on the NHS are compounded by cuts to local authorities and social care budgets.
- Cost of providing care is rising far quicker than inflation and the money we are allocated.
- 3 big challenges we need to meet: Improving health and wellbeing; Improving care and quality; and Improving finance and efficiency.

Kingston Coordinated Care

- Part of Kingston's response to the sustainability and transformation challenges we face nationally across the health and care sector.
- Our ambitious programme to integrate health and care services for adults in Kingston.
- Inspired by the Voice of the Customer: 80 services users and patients, +100 health and care staff, + 30 workshops resulting in +600 key insights.
- 4 key themes from Voice of the Customer: Understanding, Coordination, Control and Quality.
- Working with our partners, we have successfully delivered the first phase of three strategic initiatives; Active and Supportive Communities, Integrated Customer Journey and Joint Health and Social Care Commissioning.

Primary Care Commissioning

Read in conjunction with Kingston CCG's Primary Care Strategy - 'Achieving excellence in primary care'.

- Kingston CCG took on full delegated responsibility for primary care commissioning from 1 April 2016.
- Unique opportunity to shape the way in which primary care develops locally; empowering Kingston's health and social care system to improve out of hospital services and support a transformational shift of healthcare delivery from being predominantly hospital based, to community and primary care based settings.
- The vision for primary care in Kingston is: "...to deliver the highest quality primary care measured by health outcomes, patient experience and staff morale."
- We co-produced our Primary Care Strategy with communities in Kingston, holding a number of public engagement events.