

WILSON PROGRAMME BOARD

Date of Meeting: Thursday 8 June 2017

Agenda No: 9

Attachment: 10

Title of Document: Community Communication and Engagement Strategy for the Wilson	Purpose of Report: Discussion and Approval
Report Author: David Curtis	Lead Director: Dagmar Zeuner
Contact details: Wilson Community Development Manager : XXXXXXXXXX	
Executive Summary: This strategy sets out the approach to Community Communications and Engagement to support the development of the new 'Health and Wellbeing' campus proposed in Mitcham. Keys to success: <ul style="list-style-type: none"> Community ownership and leadership of the community aspects of the site. A planned approach to keeping all relevant stakeholders involved and up to date with progress towards the development of the 'Health and Wellbeing' Campus. Consistent and appropriate messages on an on-going basis. 	
Key sections for particular note, areas of concern etc. (paragraph/page): none	
Recommendation(s): The Board is asked to review and approve.	
Committees which have previously discussed/agreed the report: none	
Financial Implications: Potentially resource intensive of personnel and time – Will be clearer of financial implications once wide engagement starts.	
Organisational implications: <i>(CCG Governing Body / LBM Cabinet / CHP / NHSPS)</i> There will be two comms and engagement strategies. This strategy is for the community workstream overseen by LBM and then the wider and overarching comms plan/ strategy for the whole of the 'Health and Wellbeing' campus project is being developed, led and owned by MCCG. Both plans need to mirror use of language, be consistent and complement each other.	
How has the patient/user's voice been considered in development of this paper: In developing this strategy I have drawn on my local understanding and experience of managing Healthwatch Merton to ensure the voice of the local people is central to the strategy so they will be able to influence, shape, inform and design the delivery of the community workstream for the Wilson 'Health and Wellbeing' campus .	
Other Implications: <i>(including patient and public involvement / Legal / Governance / Risk / Diversity / Staffing)</i> N/A	

Equality Assessment: It is well documented the inequalities within East Merton and potential access, language and cultural issues faced particularly by BAME communities and other vulnerable groups. This strategy has been drafted with this in mind to particularly seek to elicit the views and participation of these and other disadvantaged sections of communities in East Merton by ensuring our reach and access to them comes via the organisations and local leaders they trust and already engage with.

Information Privacy Issues:

N/A

Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution)

N/A

Community Communication and Engagement Strategy for the Wilson

1. | Purpose:

This strategy sets out the approach to Community Communications and Engagement to support the development of the new 'Health and Wellbeing' campus proposed in Mitcham.

Development of the new 'Health and Wellbeing' campus will take place over a period of years and the requirements will therefore change considerably from pre-build through to fully functional and operational delivery.

Keys to success:

- Community ownership and leadership of the community aspects of the site.
 - A planned approach to keeping all relevant stakeholders involved and up to date with progress towards the development of the 'Health and Wellbeing' Campus.
 - Consistent and appropriate messages on an on-going basis.
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2. | The approach:

The approach adopted to communicate with and engage local people will vary depending on the purpose and outcomes required.

Practical activities will need to take place to realise the vision we have for the 'Health and Wellbeing' campus in East Merton.

The technical language around this area of activity is difficult and prone to misunderstanding. It is important therefore for all of the people collaborating to deliver the project, to have a clear understanding of the terminology being used.

The following working definitions of terms used are explained here:

- **Co-production** – refers to working collaboratively with partners and lay people from the earliest possible stage in the project to the end point. The aim is to provide all people with an equal voice in the design, planning and delivery of the project. This challenges previous expert/non-expert models of working. It assumes that all different perspectives have an equal value.

The purpose of co-production for this project is to provide people with the opportunity to contribute and influence the Wellbeing services in a way that will help to deliver the services that local people want.

- **Engagement** – has a number of differing but related meanings. Principally, it refers to building and developing relationships with individuals and communities. For the purposes of this project it also refers to specified periods of time when the project is seeking to ‘engage’ with a wider audience that includes; patients, carers, services users and the local public both to provide information and to hear people’s views and opinions to shape planning.

Engagement requires that information is provided to the people involved, both about ‘what’s happening’ and ‘what’s possible’. It also requires the provision of information about how people’s views influence decision making processes and priority setting within project delivery. The output from an engagement period includes a report, which is published to contributors and the wider local public to foster transparency in project decision making processes.

- **Communication** – this critical activity supports delivery of the project. In this context it refers to all four elements of communication processes:
 - a sender/s
 - the message/s to be communicated
 - modes of transmission for sending/receiving message/s
 - a receiver/s.

Communication is on-going and two-way. Providing information and listening and acting on feedback.

This project will aim to deliver information to the right audiences in ways that people can understand it. It will also help people to participate as fully as possible, by ensuring that people can contribute to the project in ways which are meaningful and easy for them. The project will gather, record, analyse and use all feedback as appropriate and relevant within the life span of the project.

- **Involvement** – refers to specific activity with local people, partners and collaborators as the project evolves. In particular, it will mean undertaking more ‘in-depth’ work to explore how a service may be re-designed from a patient, carer and user perspective. It will also include health professionals views, as feedback from people delivering services on the ‘front line’ is an especially necessary perspective in service design.
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3. | Communication strategy:

We will aim to:

- 1) **Inform:** Give information to inform people about what is happening e.g. news media, pamphlets, posters, response to inquiries.
- 2) **Consult:** Ask people for their opinions. There may be times when it is very relevant to consult communities informally and formally about the Wilson 'Health and Wellbeing' Campus. We heard within the Community Conversations that people get frustrated when no notice is taken of what they have said, so it will be important to go back and let communities know what we have done with what they have said.
- 3) **Involve:** Work directly with people to ensure their concerns and aspirations are consistently understood and considered.

The way we plan to do this:

Communication method	Description	How it will work	Type	Action
Feedback	Capture of all work and conversations in written form	Write up of feedback and then emailed to all those involved	INVOLVE	Email directly to those involved, any community connectors and for them to share widely with their stakeholders. Disseminate more widely via Healthwatch Merton
Inform	Letting people know what is happening e.g. each phase of the project - when building is due to start	Briefing update on the whole site every three months on progress. Shared via Healthwatch Merton and networks. Press releases on a planned basis Leaflets through doors of local premises etc	INFORM	Identify who will be responsible for this
Formal consultation	Formal consultation through the planning process	Public meetings and planning notices	CONSULT	Planning Officers to advise on stages of formal consultation and the process to be used
Reference Group	(Voluntary Sector, local community groups and organisations who have been part of the Community Conversations plus others with invested interest)			
Informal consultation	Seeking views of the Reference Group on specific ideas as the programme progresses.	Through an online platform to enable shared communication about the project and beyond. To be used for messaging and communication between group and project leads.	CONSULT	Ongoing
Touching Base	Formal meeting	2 sessions a year each	INVOLVE	1 st Involve meeting to be used

	<p>making use of the existing voluntary sector groups INVOLVE meeting will be wider with invite to all local community groups and organisations who have been part of the Community Conversations plus stakeholders incl. fire brigade, police etc.. Used to test out ideas, understand concerns, seek input to the development</p>	<p>lasting min 2 hours.</p>		<p>for this purpose late 2017 and to be designed and led by the Wellbeing Mobilisation Group</p>
<p>Targeted Groups</p>	<p>Seeking specific input from identified target groups at different identified times throughout the life of the 'Health and Wellbeing' Campus development</p>	<p>Target groups identified to engage with at variable times throughout the project. i.e. specific services and service design for particular group</p>	<p>INVOLVE</p>	<p>On-going</p>

4 Engagement strategy:

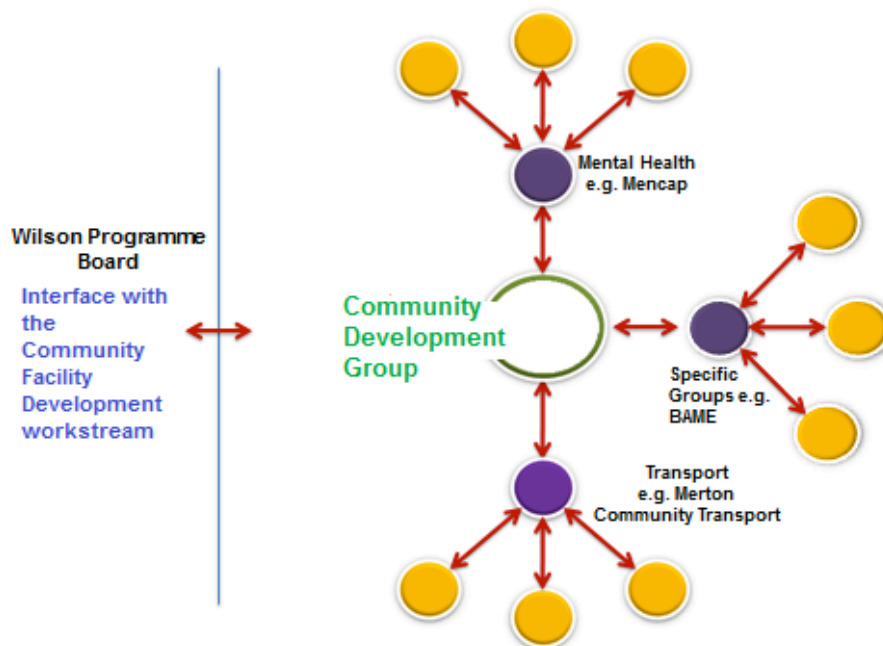
To move forward on the basis of 'real' community engagement and empowerment needs the full support and commitment of the Programme Board.

Ultimately this is about community control of and accountability for decision making in the set up and running of the Wellbeing (Community) function and direct influence on how services are delivered on the site.

What will be the catalyst for this?

The vehicle for this will be a Community Development Group (CDG). This would be made up of local community and voluntary sectors groups who will take forward the development of the Wellbeing (Community) services/design.

A movement building approach will be taken based on work around community organising and empowerment



Purpose of the Community Development Group is to support, influence and drive the Community workstream:

- Use the messages from the Community Conversations to develop and articulate the vision for the Wilson 'Health and Wellbeing' campus.
- Mobilise the community to take action around the development of the 'Health and Wellbeing' campus and more widely to improve health and wellbeing in East Merton
- Access capital and revenue funding to ensure the community function is viable and sustainable

- Involve and communicate with local people and stakeholders
- Form and/or be part of the SPV option chosen
- Take action now so that by the time the Campus opens there is a thriving range of ways it will be used to improve Health and Wellbeing in East Merton
- Develop an approach to measuring the value and impact of the community function on the health and wellbeing of local people.
- Hold the Programme Board accountable for delivery of the 'Health and Wellbeing' campus.
- Develop a coproduced action plan on engagement
- Support engagement of local people to influence design of campus
- Support engagement of local people to influence how services are to be delivered on site

Community Development Group membership:

Members will be selected on the basis of the connection to the community; relational capacity; time available to actually build the movement for change; skills of community organising; willingness to commit to development as a group. Potential members are:

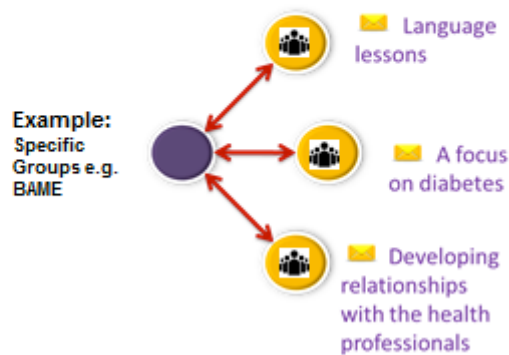
- MVSC (Voluntary sector leads)
- Disability (MCiL)
- BAME
- Access – (Community Transport)
- Young people (Catch 22)
- Older people (Age UK)
- Estates mobilisation (Phipps Bridge, Pollards Hill)
- LGTB
- Mental Health (MIND)
- Advice & Information (CAMAL)
- Public Health
- Funding adviser

Reach of the Community Development Group:

An example of the expectation of reach a member of the Community Development Group could have would be a representative of BAME who could access targeted seldom heard groups such as the lead from the Tamil community to:

- Mobilise a group of Tamil people who want to improve their English and set up a group led by volunteers who are happy to have shared conversations – so building community connections. This group might transfer to the 'Health and Wellbeing' Campus when built
- Focus on tackling diabetes with the Tamil community who have expressed the wish to develop a relationship with the health professionals and tackle the increasing rates of diabetes in their community. This would be work with and in East Merton.

Community Reach



5. Development of Action Plan:

It is envisaged that several communication and engagement delivery action plans will need to be developed that reflects this sequencing in four defined phases:

- Pre-build [year 0 -1]
- During build [year 1-3]
- Building and Services [years 2-3]
- Sustaining and evolving [years 2-5]

The initial action plan is intended as a framework to be developed and further refined over time, and tailored to each phase

Initial overview community action plan to start (further action plans developed by Wellbeing Mobilisation Group)

ACTIVITY	Start date	End Date	Responsible
Pre-build [year 0-1]			
Community Conversations	Sept 2016	Feb 2017	Mari
Initial Community communication and engagement plan	May 2017	June 2017	DC
Health and Wellbeing overarching Communication and Engagement strategy/plan	June 2017	June 2017	MCCG
Full Stakeholder analysis	June 2017	July 2017	DC

Young Health Inspectors Project delivery plan	June 2017	On going	DC, CR
Design brief for Logo competition (To be agreed when competition starts)	June 2017	June 2017	DC
Recruit Community Development Group (CDG)	July 2017	Aug 2017	
Map events and awareness activity			WMG, DC
Community Network and Asset Mapping			WMG, DC
Mapping volunteering opportunities			WMG, DC
Development of community building strategy			WMG, DC
Develop long term strategy plan and contingency			WMG, DC

AG – Anjan Ghosh

DC – David Curtis

CR - Chelsea Renehan

WMG – Wellbeing Mobilisation Group

* This plan is subject to alterations