

Health and wellbeing communication and engagement plan for Rutland 2022-27

Supporting the role of the Rutland Health and Wellbeing Board and successful delivery of the Rutland Joint Health and Wellbeing Strategy 2022-27

DRAFT

Status	Draft
Version	0.9
Lead author	Sandra Taylor
Date	June 2022

Contents

Purpose	3
The plan is part of the wider integrated health and care system.....	3
The Rutland Health and Wellbeing Board (HWB) as an enabler for health and wellbeing	5
Scope of communications and engagement in this plan	5
The objectives of this plan	7
1. Ensuring people can access the information they need to maintain their health and wellbeing and navigate change	7
2. Raising the profile of the Rutland Health and Wellbeing Board.....	9
3. Involving the public and professional stakeholders in service design and change	9
Overall principles and approach	11
Key outcomes of the plan	13
Outline delivery plan 2022-23.....	15
Appendix 1: Summary of the Rutland Joint Health and Wellbeing Strategy 2022-27.....	17
Appendix 2: Public feedback relating to communications and engagement	19
Communications-related feedback.....	19
Engagement-related feedback.....	20
Appendix 3: Rutland’s Communications and Engagement Strengths, Weaknesses, Opportunities and Threats (SWOT).....	21

Purpose

Health, care and wellbeing-related organisations in Rutland are working together, through the Joint Health and Wellbeing Strategy (JHWS), to make Rutland an even healthier place in which to live. This includes working to provide high quality services for all, to respond to inequalities which affect some health outcomes in our communities, and to ensure that people have access to the right information, advice and help at the right time. Another important dimension is to empower people to play a full role in looking after their own health across their lifetime, and to provide them with opportunities to get involved in shaping the local priorities and services they need.

This communication and engagement plan aims to **enhance the health and wellbeing of people in Rutland** by **facilitating effective health and wellbeing communications and engagement**.

The plan is focused on communication and engagement involving two key sets of stakeholders:

- residents and patients of Rutland; and
- stakeholder agencies and their workforce.

It has been developed by a working group of Rutland Health and Wellbeing Board partner organisations and informed by what the public have told us about their needs and wishes from communications and engagement.

Different partners have different requirements on them for communications and engagement, and different resources, drivers, working practices and aims from this activity. Therefore, delivery of this plan will be a journey in which they will be evolving shared ways of working, along with the public, including the development of a common language around communications and engagement.

We propose to engage with the public and the workforce on this draft plan between the April and October HWB meetings, including by presenting key aspects to interested groups such as the Patient Participation Groups, to further enhance and inform the plan before it is finalised.

The plan is part of the wider integrated health and care system

In line with the NHS Long Term Plan, health and care services are designed and delivered collaboratively at three levels, with services managed as close as possible to the communities they serve while allowing for an efficient, effective and safe operating scale:

- The Integrated Care System level equates to the area of Leicester, Leicestershire and Rutland (LLR) and provisions strategic services such as acute hospitals.
- LLR has three 'Places' – equating to individual Local Authorities, with Rutland being a Place in its own right. Places have a key role in maintaining health, integrated care services closer to home and reducing inequalities.
- The third level is Neighbourhoods – the scale at which primary care services are planned. Rutland is both a Place and a Neighbourhood.

In parallel with their health and wellbeing strategies, systems and places are each developing complementary communications and engagement plans. **This document is the**

communications and engagement plan for Rutland as a Place and Neighbourhood, and complements the ICS communications plan, its 'People and Communities Strategy' (LLR Integrated Care Board, 2022).

In designing this plan, we have been guided by ten practical national communication and engagement principles¹ which have been published as part of 2021 [LGA and NHS guidance](#) on building a strong Integrated Care System (ICS). The principles aim to set out how each level of the ICS (system, place and neighbourhood) should aim to work closely with people and communities for the best outcomes:

 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.

The plan also responds to the '[Thriving Places Guidance](#)' (LGA and NHS, 2021, pp21) which asks that place-based partnerships “**systematically involve professionals, people and communities in their programmes of work and decision-making processes**”, and that these arrangements should:

- “be a source of genuine co-production and a key tool for supporting accountability and transparency of the system”;
- “establish a shared understanding of the community’s needs”;
- “build relationships with all communities, including excluded groups and those affected by inequalities” (also to meet Equality Act 2010 obligations); and
- “use continued engagement to measure if partners are improving experiences of care and support”.

We also used two further important elements to inform this draft plan:

- a review of what the public told us about their needs and wishes from health and wellbeing-related communications and engagement in the course of recent JHWS consultation and engagement (see Appendix 2); and

¹ LGA and NHS (2021) [Building strong ICSs everywhere – working with people and communities](#)

- an analysis of current communications-related strengths, weaknesses, opportunities and threats as viewed by colleagues in the Rutland health and care system involved in this activity (summarised in Appendix 3).

Key aspects of the public's feedback have been as follows.

- **Communications**
 - difficulties in finding out what services and opportunities are available to them to support their health and wellbeing;
 - a wish to have access to the information they need to care for themselves and make timely and informed choices; and,
 - not wanting to see an over-reliance on digital channels which excludes those who are not online.
- **Engagement**
 - a willingness among many to share their experiences and views of care to help to inform and shape service improvements.

The Rutland Health and Wellbeing Board (HWB) as an enabler for health and wellbeing

The Rutland Health and Wellbeing Board is pivotal to health and care change in Rutland. It is a statutory committee of health and care partners who work together to understand Rutland's health and wellbeing needs and to facilitate these needs being met. This includes by directing their respective resources towards mutually agreed, evidence-based change, as set out in the Joint Health and Wellbeing Strategy 2022-27. The HWB meets quarterly in public session, its papers are published online and key items of business are regularly reported in the local press.

This plan aims to increase the visibility and public profile of the Board so that it can play a fuller role in making the public aware of how proposed health and care changes will benefit them, and can encourage more feedback and involvement from members of the public with first-hand experience of key services.

The key responsibilities of the HWB are as follows:

- To guide and deliver the **Joint Strategic Needs Assessment (JSNA)** for health and wellbeing which brings together a wide range of data and insight to inform policy and commissioning decisions affecting the local population.
- To prepare and deliver the **Joint Health and Wellbeing Strategy (JHWS)**, informed by the JSNA, to respond to the specific health and wellbeing needs of the local community.
- Supporting suitable and sufficient provision of health services, including through the **Pharmaceutical Needs Assessment (PNA)**.

Scope of communications and engagement in this plan

To deliver its objectives, this plan covers several types of interaction, as set out in the 'ladder of engagement' below. There is not yet consistent terminology across different frameworks used to describe types and levels of interaction, particularly for the most substantive types of involvement, so it is important to define the anticipated scope of interactions within this plan. The definitions we have

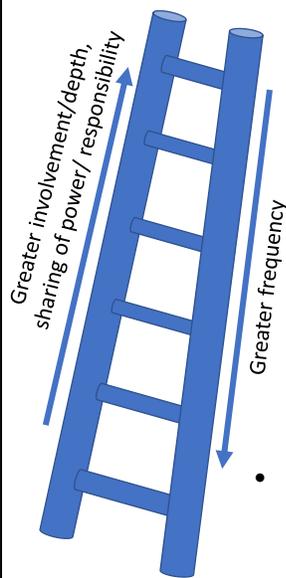
adopted aim to align with those used by [Think Local, Act Personal](#), which has extensive experience in this domain and promotes the meaningful participation of people in shaping services.

The lowest rungs of the ladder adopted here are **educating** around maintaining health and **informing** the public about services and opportunities. Informing and educating are fundamental communications activities and will account for a lot of what this plan delivers.

In line with the [Thriving Places Guidance](#), a key ambition of this plan is to build on this foundation by more routinely enabling service users and the workforce to use their experience in richer ways to help to shape and enhance services. Higher up the ladder, therefore, are progressively richer forms of dialogue aiming to harness the experiences and creativity of the public and the workforce in the design and delivery of successful services. There are not clear-cut lines between these higher rungs on the ladder of involvement. Instead, the ladder offers a representation of a sliding scale that aims to help the participants in any given dialogue to be clear on the scope for influence and balance of responsibilities that is entailed.

Consultation is a structured and formal dialogue which usually takes place well into the design of a plan, policy or service and is constrained in its scope. **Engagement**, in turn, entails richer and more free flowing dialogue, the learning from which can be used more flexibly to inform and shape outputs. **Co-design** involves people with lived and professional experience having a greater influence in shaping approaches and services, but still at this stage without responsibility for strategic decision-making or delivery. At the top of the hierarchy, **co-production** involves a more equal relationship between those using and providing services, in which the public as experts by experience have an even greater role and responsibility across more of the lifecycle of a service.

A ladder of public and professional involvement



- **Co-producing** – a more equal relationship between the people who use services and the people responsible for them. Experts by experience work with experts by profession from design to delivery, sharing strategic decision-making about services. They may also share in delivery. This can be with different levels of focus, for example designing how a whole service works, or as stakeholders in how shared accommodation is run.
- **Co-designing** – People who use services take a significant and more equal role in helping to design or improve them, based on their experiences and ideas. They have genuine influence, but are not responsible for strategic decision-making or delivery.
- **Engaging** - two-way, richer, more exploratory and open-ended dialogue, for example: understanding user experiences and points of view to inform proposals or an early version of a plan or project. Informs the work done by 'experts by profession'.
- **Consulting** - formal and structured two-way communication, often using questionnaires to confirm what ideas or approaches have the greatest public support. Consultation often seeks views and inputs to plans or proposals that are at a fairly advanced stage of development.
- **Informing and educating** – sharing accessible information with people for a variety of purposes, including: sharing knowledge about maintaining health; raising awareness of services and how to access them; motivating people to take positive action. Information may be universal or tailored, e.g. to groups facing greater health challenges or who are less likely to take up preventative services.

Informed by the Think Personal, Act Local ['Ladder of Participation'](#)

In this journey, engagement and co-design opportunities are likely to be the key forms of rich dialogue initially enabled by this plan, while together building up collective understanding of using these

approaches effectively, and of the potential of co-production. Co-production, at the top of the hierarchy, requires sustained commitment and continuity also from participating service users, and is likely to lend itself particularly well, for example, to decision-making in the social care arena (where indeed it is already used) where people may be directly shaping their own lives.

The ambition and extent of what can be achieved in engagement has a number of dependencies including: working cultures, funding, staffing capacity, skills, and public appetite. This is addressed further below.

The objectives of this plan

The three core objectives of this plan are as follows:

1. To ensure that people have the information they need: to feel empowered to play a full role in maintaining their own health and wellbeing; to access health and wellbeing services to support them in living well; and, to take part in helping to shape services.
2. To increase the public's understanding and awareness of the role of the Rutland Health and Wellbeing Board in shaping the conditions for local health and wellbeing.
3. To more fully involve the public and professional stakeholders in informing the design and delivery of strategies, plans and services to respond to individual and local needs.

The rationale for these objectives, how they will be progressed and how they relate to the ladder of participation is set out below.

1. Ensuring people can access the information they need to maintain their health and wellbeing and navigate change

The issue

People have told us that they want to play a full role in looking after their own health and wellbeing, and that they need the right information and advice to enable them to do this. This includes information that supports healthy lifestyles, eg. relating to community life, getting active, looking after your mental health and more.

In parallel with public feedback about challenges in accessing health services, a consistent message from the public is that many people currently find it difficult to find out about health and wellbeing services and other opportunities available to them in Rutland. At the same time, not all of the services commissioned to promote health and wellbeing are always used to full capacity, even though the need for them can be demonstrated using local data. Lack of information about sources of support could affect people negatively, for example during times of change. They might miss out on accessing advice or services that could help them to manage change, leading in some cases to avoidable deterioration in their circumstances or even to crisis.

When they are facing concerns such as parenting challenges, anxiety, a new diagnosis, money worries or caring responsibilities, people need information which is relevant, clear and timely. They might access this directly, or approach organisations such as the Council, Visions Children's Centre, GP practices or

Citizens Advice, all of whom need to be aware not only of their own services but also what is available from others.

Another important purpose for communications is to keep the public up to date with how services are changing. Current health and care services are often quite different than services were a few years ago, but these changes have not always been clearly communicated to the public (eg. a shift to day surgery rather than overnight hospital stays for planned care, potential for self-monitoring of e.g. blood pressure rather than GP visits for this, more people going straight home after hospital with 'reablement' at home while they recover rather than rehabilitation in a local hospital ward).

How we will use different types of communication to ensure people have access to the information they need

By working together on effective communications, we can help to make it easier for people to find out about the support and opportunities that are available to them wherever they live in Rutland and whatever their circumstances:

Educating and informing

- Health and care stakeholders will work collaboratively to publicise and promote services and opportunities to the public in an accessible, coordinated and inclusive way, innovating to reach key audiences, including those facing inequalities leading to worse health outcomes.
- We will use different communications channels to maximise our reach, develop self care skills and promote services and opportunities, including websites such as the Rutland Information Service, social media, print media and face to face opportunities, complementing and amplifying each others' campaigns. Wherever possible, we will enhance existing communications routes rather than creating new ones.
- As a key shared platform, we will seek to make the Rutland Information Service better known, more accessible and easier to access on a mobile phone as this is how a growing proportion of people now access local information, including relating to their health and wellbeing. This has a dependency on funding.
- We will develop tools including a visual brand and hashtags for Rutland partners' collective health and wellbeing messages to make communications more memorable and deliver greater impact.
- We will equip a wide range of front line workers across Rutland to signpost people to appropriate health and wellbeing services through a project called 'Making every contact count', including self-service guides to services for professionals.
- We will use communications to evolve people's 'mental maps' around health and social care services so that they feel better informed and more able to make choices, should they come to need these services.

Engaging, co-designing and co-producing

- We will involve the public and colleagues in the design of information platforms and campaigns to ensure that they meet the needs of different groups in Rutland.
- We will work with the public and professionals and use the [principles of behaviour change](#) to shape what information and advice is delivered and how, so that this is more likely to inspire people to follow up or make a change.

2. Raising the profile of the Rutland Health and Wellbeing Board

The issue

Rutland's Health and Wellbeing Board (HWB) brings together local leaders from health, social care and the voluntary and community sector, who work together on behalf of the public to improve the prospects for local people to live long and healthy lives. Although they already meet in public and invite questions from them, and their meetings are often reported in the local press, they are still relatively little known. They would like the work of the HWB to be more visible to the public so that more people feel better informed about how services are shaped, what is likely to change over the next 5 years, and how they can get involved in this.

How we will use the different types of communication to raise the profile of the HWB

Educating and informing
<ul style="list-style-type: none">• We will enrich the information available about the Health and Wellbeing Board and its role through dedicated web pages and print media.• We will use a range of pre-existing channels and newsletters to promote awareness of the Board, its members, its strategy and the progress being made on behalf of Rutland people.• At minimal cost, we will develop tools including a visual brand and hashtags for the Health and Wellbeing Board to give it a stronger public identity.• We will make it easier for people to find out about the Joint Health and Wellbeing Strategy and what it means for people.• We will produce accessible communications materials to disseminate the main business of the HWB.• Working with wider partners, we will look to align our communications about the HWB and Strategy with the other LLR 'Places' and the LLR system level so that it is easier for the public to be clear on how the different elements of the health and care system now fit together.
Consulting
<ul style="list-style-type: none">• We will consult the public and professionals so that their views are taken into account in key HWB decisions, including for the Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy and the Pharmaceutical Needs Assessment.• The HWB will promote wider health and wellbeing consultations so that the public are aware of the opportunities available to them to have their say and influence how policy and services are shaped.
Engaging, co-designing and co-producing
<ul style="list-style-type: none">• The HWB will champion richer engagement with the public and workforce as integral tools in the design of policies and services.• They will provide challenge to the local health and care system around the depth and nature of involvement of the public and workforce in new proposals.

3. Involving the public and professional stakeholders in service design and change

The issue

There are areas of good practice in Rutland in designing services hand in hand with service users and rich engagement to understand what works, but engagement approaches that involve patients, service users and the workforce more deeply are not yet routine across all services.

At the same time, the public have told us that many of them actively want to be involved in the design and improvement of services, so that their lived experience can help to inform service design. It follows that there is more scope for the workforce and members of the public with lived experience to work together to problem solve and design service improvements together.

Increasing public involvement is an additional ask on individuals and teams and will need some level of resources to be allocated to building capability and capacity, and also to ensuring that members of the public participating in substantive engagement processes do not find themselves out of pocket as a result. This is addressed further below.

How we will increase the involvement of the public and professional stakeholders in service design and delivery

Educating and informing
<ul style="list-style-type: none">• We will make it easier for people to find out about opportunities for them to have their say or to get involved in the design of local health and wellbeing services (whether through consultation, engagement, co-design or co-production).• We will make it clear which levels/types of engagement are being undertaken so that the expectations of all participants are clear.• We will communicate about the impact that the involvement of the public and workforce has had on plans and services, validating everyone's investment in this work ('You said, we did' – and, where the public and workforce are involved in shaping and delivering solutions together, 'We said, we did'.)
Consulting
<ul style="list-style-type: none">• Alongside richer, more interactive forms of engagement, formal consultation still has its place, particularly to invite views at the latter stages on more fully-formed strategies or proposals.• Where we use consultation, we will work to ensure this is meaningful by consulting on proposals in line with government best practice and the four Gunning Principles. These are: that consultation is only legitimate if it takes place when proposals can still be influenced; enough information is provided for intelligent consideration; there is adequate time to consider and respond; and, conscientious consideration is given to the responses before a decision.
Engaging, co-designing and co-producing
<ul style="list-style-type: none">• We will put together a business case for developments strengthening the local capability and capacity around deeper forms of engagement in health and wellbeing and shape plans in this area based on available resources.• We will bring together a shared toolkit for good quality engagement that is realistic in its approach, building on established and recognised good practice in this domain.• Resources permitting, we will incrementally increase the amount and depth of joint working with the public and workforce to solve service challenges, working creatively within the constraints presented by time and resources, prioritising openness, active listening and creative problem solving.• We will build skills and confidence incrementally in engagement, starting at a small scale, with the workforce and members of the public learning together.• We will progressively instil an operating culture in which engagement, co-design and co-production as appropriate become routine parts of service design and change. We will use

different types of engagement to develop a shared understanding of the needs and potential of our communities and workforce, prioritising the voices of those with lived experience, whether as service users or professionals, and work together across different stakeholders to shape and improve services.

- We will use engagement to reduce health inequalities, targeting, involving and better understanding key populations who may be less often heard and who face specific disadvantages.
- We will apply principles which respect the time and contribution of those feeding in – for example, we must keep in mind previously gathered intelligence, and work to ensure that opportunities are accessible to all and that individuals are not out of pocket as a result of their participation. Where relevant, as an accelerator, we will seek to engage with pre-existing groups of individuals with lived experience in a given area rather than generating sets of participants from scratch each time (eg. via carers support groups, disability forums, etc).
- We will work to achieve continuous improvement in this area, learning both from what has gone well and what has not been so successful.

Overall principles and approach

A collaborative approach

We will take a **collaborative approach** to communications and engagement, and aim for **continuous improvement**, learning from local experiences and looking outwards to wider good practice and learning. In doing this, we will aim to make best use of the different communications resources and assets across different partners.

We will also work mindful of the fact that each organisation has its own requirements, norms, cultures and expectations around communications and engagement.

In our joint work, not everything will go perfectly, and the resulting opportunities to learn will help to inform future practice.

Communications and engagement are integral parts of service design and delivery

This plan aims to embed an approach across the health and wellbeing community in which it is everyone's job to communicate and engage as an integral part of what they do. In particular, communications and engagement will be seen as integral to the planning of change, and promotion of services, not an add-on. The working group will work to support the development of this culture by establishing or identifying suitable guidance, toolkits and training opportunities. At the same time, projects or services will be responsible for organising their associated communications and engagement activities, and linking these into the wider network's activities, rather than this being the responsibility of the communication and engagement working group or communications leads.

The following principles will inform communications activities:

- **Clarity.** Brief plain English. Avoiding jargon. Acronyms avoided and explained if required.
- **Communicate in varied and appropriate formats and channels, chosen based on who needs to be reached.** Variety of communications channels to reach intended audiences, not disadvantaging those who are not online. Using different communication styles and channels for different age groups. Employing Easy Read and other visual approaches such as animated presentations and video

recordings where beneficial. Also considering who conveys messages as well as how they are conveyed, as that can increase credibility and impact.

- **Coordinate our communications activities to avoid audience fatigue.** Being selective about what are the high priority campaigns relative to Rutland's needs, and coordinating activity across partners so that messages are amplified not duplicated. A shared communications forward plan for key campaigns will facilitate this.
- **Informed by the need to reduce inequalities.** Tailoring communications approaches to reach more people who are disadvantaged, including in terms of their health, their income or their ability to access services.
- **Use and build on national and regional campaign resources.** We will align with wider communications campaigns, actively using Public Health and NHS campaign resources, and tailoring these campaigns to local circumstances.
- **Understand the audience, and what interests and inspires them.** Engage with audiences to understand how best to inform and empower them to maintain their health and wellbeing.
- **Use behavioural insights to shape effective messages.** Communication activities will be informed by better understanding what encourages people to act on information or make a change.
- **Evidence-based.** Using data and user insights, including from engagement, consultation, co-design and co-production, to inform communications.

The below principles, in turn, will inform richer engagement activities

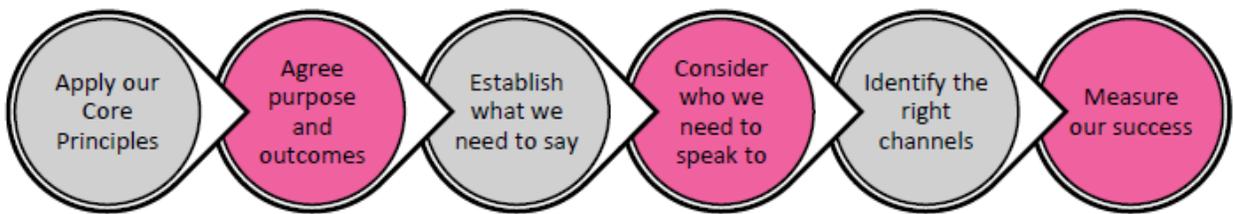
- **Timely.** Engagement is appropriately timed for meaningful input to change processes and helps to inform decisions.
- **Clear.** Again, plain English will help everyone to feel equal in contributing. Avoiding jargon and acronyms, and explaining them if they are required.
- **Transparency about the scope to change.** Being clear up front about what type of engagement is proposed, how decisions will be made, any limiting constraints and what is and is not negotiable.
- **Two-way.** Placing the emphasis on listening. Mutual opportunities for everyone to gain a more rounded perspective.
- **Responsive.** Public feedback also guides what issues are prioritised for engagement.
- **Building on wider experience and expertise.** Including using toolkits from projects/areas with well-established and leading engagement practice.
- **Prioritising lived experience.** Those with first-hand experience of situations or services have the most to contribute to understanding them.
- **Engaging with existing groups of interested people where appropriate.** If there are existing groups with relevant experience (eg. Patient Participation Groups, peer support groups for specific long term conditions), they should be included in engagement. These approaches need to be validated to ensure that relevant first hand experience is prioritised.
- **Being inclusive and accessible.** Working to reach people who are less often heard, at times and in places that are accessible by target groups. Using methods that make it easier for people to contribute and to feel comfortable doing this.
- **Engaging using different methods.** Employing a variety of engagement approaches to capture different inputs from different groups. Some may prefer workshops, others a one to one discussion.

Consider approaches that engage people’s creativity, e.g. drawing ‘rich pictures’ to capture aspects of a situation figuratively, considering a letter or poem conveying lived experience.

- **Respecting people’s time and resources, and their privacy.** Valuing pre-existing intelligence rather than repeating research. Sustaining trust by respecting the Data Protection rights of those feeding in and being clear about anonymity, how long data from engagements will be kept and how it will be used.
- **Squaring the circle.** Reporting back in a timely and systematic way on the difference that people’s inputs made.
- **Over time, changing the culture around the balance of influence.** More equally valuing both the expertise of professionals and those with relevant lived experience.

A six-step approach to planning communications and engagement

To provide a consistent approach across communications and engagement for health and wellbeing, we will encourage partners to apply RCC’s six step approach to communications planning as set out in the RCC Communications Strategy:



Key outcomes of the plan

Successful delivery of this plan aims to deliver the following key outputs and outcomes/impacts. At this stage, it is more straightforward to identify outputs than outcomes or impacts as we do not yet know in detail what will be supported through communications and engagement.

Objectives
1. Ensuring people have access the information they need to maintain their health and wellbeing and to navigate change successfully
Outputs
<ul style="list-style-type: none"> • Shared communications calendar with prioritised campaigns. • Joint and coordinated communications campaigns. Campaigns informed by behavioural insights and/or public engagement. • Trends in numbers of followers of key Rutland health and wellbeing social media accounts. • Visits/visitors to relevant website including the Rutland Information Service and Rutland Health PCN website. • Number of front line staff briefed under ‘Making Every Contact Count’ to use key information sources to make health and wellbeing recommendations to people.
Outcomes/Impacts

- More positive qualitative feedback about people's awareness of how to find the services they need in Rutland.
- Improved take-up of target services contributing to JHWS aims eg. shingles vaccination, weight management services, exercise referral.

2. Raising the profile of the Rutland Health and Wellbeing Board

Outputs

- Number of visitors to HWB web pages, followers of HWB related social media
- Number of HWB health and wellbeing related posts
- Public attendance at HWB meetings
- Questions received to HWB meetings
- Media coverage of HWB meetings

Outcomes/impacts

- Qualitative feedback on new approaches (complaints/compliments, social media responses, etc) indicating whether the activity is responding to community needs.
- Wider outcomes/impacts are a contribution to the effective delivery of the JHWS and other HWB responsibilities, reported elsewhere.

3. Involving the public and professional stakeholders in service design and change

Outputs

- Locally defined/selected engagement/co-design/co-production toolkit
- Number of co-production and co-design exercises undertaken
- Number of people with lived experience involved in different forms of engagement

Outcomes/Impacts

- 'You said, we did' changes – impacts of engagement.
- Qualitative feedback from engagement projects on the quality of engagement.
- Project-specific insight into whether/how engagement enhanced solutions.

Outline delivery plan 2022-23

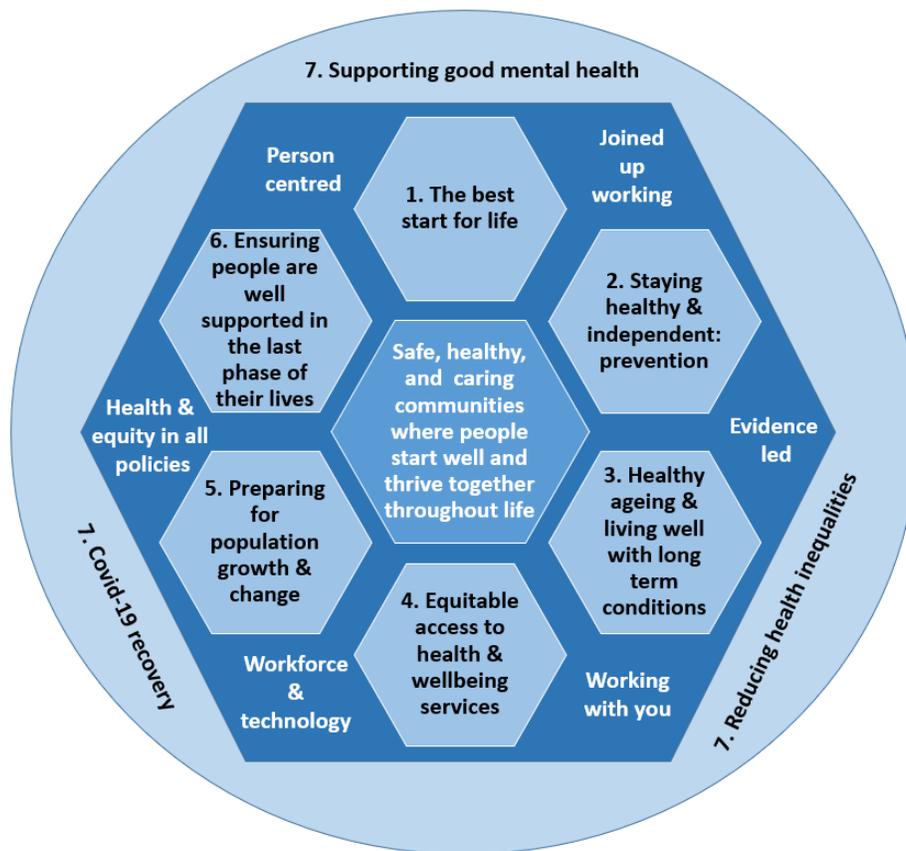
Action	Lead	Timetable
0. Readiness to deliver the plan		
Sustain communications working group through year 1 of the plan to support establishment of new ways of working.	Working group	2022-23
Strengthening this plan through engagement with the public and professionals	Working group	Jul-Sep 22
High-level audit of communications and engagement assets across involved partners (skills, resources, channels and tools) to help to plan coordinated approaches to communications (assets and gaps/opportunities).	Working group	Jul-Sep 22
Agree scope to coordinate with system/ICS level communications activity and mechanisms – e.g. access to citizen panels.	LLR leads working together.	Jul-Sep 22
Identify and deliver some ‘quick wins’ for local communications	Working group	Jul-Oct 22
Reporting to IDG and HWB on communications and engagement activity and performance.	Working group	Ongoing
Annual report taking stock of overall performance and change	Working group	2022-23 Q4
1. Ensuring people have access the information they need to maintain their health and wellbeing and to navigate change successfully		
Coordinate with ICB and places on a visual brand for health and wellbeing in Rutland	Working group	
Agreed approach for collaborative communications across health and care in Rutland. Including investigating mechanisms to engage Rutland’s villages in improved communications. Also to include communications management	Working group	Q2 2022-23
Shared, rolling communications campaign calendar with selected campaigns prioritised and/or in common across the year – design, maintain, deliver.	RIS lead	Establish Jul-Sep 22 then ongoing
Training: Progress training opportunities including behavioural insights, social media.	Working group	2022-23
Link to local actions building digital confidence.	TBC	
Enhance the Rutland Information Service (RIS) as a key shared source of information about local services and opportunities. <ul style="list-style-type: none"> Develop RIS social media presence – bringing content to the online places people visit. Website technical code refresh for accessibility and ease of use via a mobile phone. Using website usability testing to increase the effectiveness of RIS content. 	RCC Public Health	2022-23
2. Raising the profile of the Rutland Health and Wellbeing Board		
Web content conveying the role and purpose of the HWB and inviting public involvement.	RIS lead	2022-23 Q2

Visual identity for the HWB – papers, web page, social media.	TBC	2022-23 Q2
Social media account for HWB health and wellbeing news/messages with shared hashtags.	RCC comms	2022-23 Q2
Ongoing promotion of HWB activity including public engagement opportunities in health and wellbeing change.	RIS lead	Ongoing
3. Involving the public and professional stakeholders in service design and change		
Business case setting out options for engagement activity depending on level of resourcing.	Working group	Q2 2022
Potential LGA support to develop approach to increasing engagement	Better Care Fund lead	TBC
Modest prioritised programme of engagement activity for year 1 of the JHWS supporting delivery of JHWS priorities.	Working group with priority and action leads	Jul-Aug 22, then deliver
Establish an engagement approach, including a toolkit for partners to use, drawn from wider best practice. To include: <ul style="list-style-type: none"> • Approach to compensation where required. • Existing groups who could be engaged. • How to reach less often heard groups and groups facing inequalities. 	Working group to identify	Q2 2022
Engagement training.	TBC	Dependency on resourcing.
Sharing of 'you said, we did' outcomes via the HWB and/or Rutland Information Service.	RIS lead	As required

Appendix 1: Summary of the Rutland Joint Health and Wellbeing Strategy 2022-27

Overall aim

The central aim of the JHWS is **‘people living well in active communities’**. The strategy aims to nurture **safe, healthy and caring communities in which people start well and thrive together throughout their lives**. To deliver this aim, the five-year strategy has seven inter-related priority areas for action, supported by seven guiding principles or enablers.



Seven priorities for action

The seven priorities for action are set out in the above diagram:

1. Best start for life.
2. Staying healthy and independent: prevention.
3. Living well with long term conditions and healthy ageing.
4. Equitable access to health and wellbeing services.
5. Preparing for population growth and change.
6. Ensuring people are well supported in the last phase of their lives.
7. Cross-cutting themes.

Seven Guiding Principles and Enablers

- **Person-centred.** People told us they want a strategy that treats them as individuals and supports them to live independently with good health and wellbeing, building on their abilities and potential.
- **Joined up working.** We will build on Rutland's track record of integration and partnership to deliver the best value for Rutland, working together inclusively across sectors and communities to improve outcomes.
- **Evidence-led.** We will use a wide range of data to understand the health and wellbeing challenges of Rutland. We will learn what works by evaluating services and talking to service users. We will renew the Rutland Joint Strategic Needs Assessment (JSNA), using new Census data available from April 2022, to inform targeting and funding decisions.
- **Working with you.** We will develop a communications and engagement plan to ensure that changes are informed by listening to what local people, including those from seldom heard groups, need from health and wellbeing services. Professionals and service users will work alongside each other to inform service design and improvement.
- **Workforce development.** Our workforce is vital to driving change and improving health and wellbeing in Rutland, but it is under pressure due to growing needs. We will continue to develop our integrated workforce, making Rutland an attractive place to work and thrive.
- **Information sharing, supported by technology.** We are committed to using technology and appropriate information sharing to guide, inform and improve patient care.
- **Health and equity in all policies and plans.** The Health and Wellbeing Board will ask all partners to consider the potential impact of all their plans on health, wellbeing and equity, so that more opportunities are taken to make Rutland a healthy place for all.

Building on previous joint working, this strategy provides a new opportunity for a wider range of partners to work together on key priorities to improve health and wellbeing across Rutland as part of the evolving LLR Integrated Care System.

Some actions will be delivered at system level (LLR), and these will be carefully reviewed through the newly developed LLR Integrated Care Partnership and translated to Rutland by the HWB. The HWB will also evolve its approach to ensure effective support, monitoring, engagement and co-design during implementation of the strategy.

Inevitably, needs and priorities may change over time. For this reason, the HWB will review action plans on an annual basis to ensure these priorities are still the right ones. The overall action plan will be supplemented by a specific implementation plan for each financial year with clear commitments and timescales from the various participating partners.

Appendix 2: Public feedback relating to communications and engagement

The [What matters to you?](#) report commissioned by the Council from HeathWatch Rutland in 2021 brought forward a range of feedback about communications, while the public consultation on the draft Joint Health and Wellbeing Strategy received feedback about increasing public involvement in designing plans and services. Key themes are highlighted below, with examples of what people said.

Communications-related feedback

Difficulties in finding out what services and opportunities are available to them to support their health and wellbeing;

- Information is always a problem; some people know about some things and not about others. We really must get that sorted.
- I think there are things to do and join but they are not advertised. People don't know [about them] (young person)
- What we need is a central person or point of contact for signposting. Someone who knows both about health services and social services who has all the info [...] Like a liaison officer that we could go to (parent).

A wish to have access to the information they need to care for themselves and make timely and informed choices

- The Rutland County Council COVID support letter was brilliant – it gave loads of support
- During one of my annual check-ups about 3 years ago they said, I was borderline with diabetes and offered me a course. I learned so much. It was a whole year, meeting monthly at Empingham community centre and it was fantastic. There were 25-30 people there, all singing the praises, saying how much they had learned. It was run by someone from the NHS in Leicester and should definitely carry on being offered locally.
- We want to learn about preventative things to stop things happening (parent).

Not wanting to see an over-reliance on digital channels which could exclude those who are not online

- We have a community centre in Greetham and the village shop is excellent for keeping people informed. We also have a village newsletter.
- [Rutland Radio] used to be very good. If you got into somebody's car nearly everybody would have Rutland Radio switched on. Now it's gone 'internet only', so people can't listen to it in their cars.
- Libraries can be an important local hub for information to keep people involved but they are closed, of course, as well [due to COVID-19].
- Informed Parish Councils could disseminate this information in their parish newsletters but they would need briefing.
- I should like to take this opportunity to say that we must not expect or rely on patients using emails, texts and websites. I should also like to stress the need for clearly laid out text, with vocabulary that is in everyday use, when any information is provided in a written form.

Engagement-related feedback

A willingness among many to share their experiences and views of care to help to inform and shape service improvements.

In the Joint Health and Wellbeing Strategy consultation, people were asked what role they could play in helping to deliver the strategy. In addition to looking after their own health and that of those around them, the most frequent answers related to an appetite for greater engagement:

- Willing to provide comments and support.
- Continue to give customer feedback with a background in dealing with the disadvantaged.
- To be proactive in communicating what is working or not working in our local community.
- I don't know - what are the options for me to get involved?
- By providing effective feedback on any problems to our GP practices, hospitals and other health services, and to the Board.
- Being aware of all the changes being made and responding; following Healthwatch; belonging to PPG.
- Keep everyone in the loop, invite the public to meetings to ensure we can all support the six priorities.
- Provide a patient oriented perspective and work as a volunteer with commercial and healthcare experience to help strengthen the Rutland HealthPlan. Appoint a patient advisory panel to work with RCC HWB and LLR ICB on the county's plan.
- Via actual experiences.
- I encourage RCC to continue to interact with your constituents as these strategies are developed into specific plans.
- I would be willing to support by providing feedback and by volunteering
- Critical comment only.

Appendix 3: Rutland's Communications and Engagement Strengths, Weaknesses, Opportunities and Threats (SWOT)

<p>Strengths</p> <ul style="list-style-type: none"> • Health and care a theme the public cares about • Future Rutland Conversation – the public have already fed in views • ‘What matters to you?’ – surfacing consistent findings across engagements. Helps guide confident next steps • Long tradition of positive health and care integration - close working across teams already, good mutual understanding across services • Successful joint Covid vaccination campaigns • Existing links into seldom heard groups – e.g. travellers, armed forces • Boosting each others’ comms already, albeit reactively • Rutland Information Service – c1000 diverse local opportunities advertised • Skills, knowledge and resources of partners including comms channels 	<p>Opportunities</p> <ul style="list-style-type: none"> • New census data due out – Rutland insights • The collaborative process of building a joint comms/engagement plan • Progress to build on e.g. digital progress during Covid • Feedback indicates the public want to be more involved in shaping services • Healthwatch Rutland’s expertise and links • Multi-channel communications to reach more groups, including non digital • Routes into less heard groups • Appetite of HWB and partners to engage and involve • Nudge techniques, behavioural science – potential to have more impact • National guidance on Place includes co-design – encouragement to embed • Potential sources of future funding • Leics CC Public Health campaigns – potential to adapt for Rutland
<p>Weaknesses</p> <ul style="list-style-type: none"> • Insufficient communication to date about available services and progress – people don’t know what is there or how/why it is changing • No shared brand for health and wellbeing in Rutland – impression of many apparently unconnected services/changes • Some public information is out of date • Are the people with the most lived experience being heard? • Limited co-production so far – not the norm • Over-reliance on digital channels? • Don’t always reach everyone or approach them in the best way e.g. seldom heard groups, digitally excluded, young, learning disabilities • Limited coordination between stakeholders with shared aims • No existing pool of citizen volunteers to call on 	<p>Threats</p> <ul style="list-style-type: none"> • Have done a lot of engagement recently – need to follow up on this or could lose trust/willingness • Inequalities can be hidden in Rutland and may not get the attention needed – need to understand and involve all • Public wants to be involved at a policy level – we also need to engage around a more practical level • Potential reluctance for change among parts of the public • Lot of potential ‘asks’ of the public –the ‘fight for people’s attention’ – will need to be creative and prioritise well • No additional resources confirmed • Not straightforward to change human behaviours through communications • Reaching everyone – not everyone has access to digital information