Tool 19: An Engagement & Communication Checklist

This document is part of the Home Care Outcomes-based Commissioning Toolkit developed by the National Commissioning Board for Wales to assist home care commissioners and providers to move the home care service towards a more outcomes-based approach. This is an outline document **(which is yet to be completed)** that will be developed further as the project moves forward.

1 Core Material: Overarching principles of this toolkit

The provision of social services in Wales is governed by the Social Services and Well-Being (Wales) Act 2014. The Act is accompanied by a Code of Practice and guidance on the exercise of social services functions and partnership arrangements. The Code of practice stipulates that:
"In order to seek to promote the well-being of people who need care and support and carers who need support, local authorities need to understand what matters to people and the personal outcomes they wish to achieve".

The provision of health services in Wales is the remit of NHS Wales under the direction of the Welsh Government. Local Health Boards have responsibility for all commissioning and provision of health services in their area. The Welsh Government have produced an Outcomes Framework for the NHS in Wales that it describes on its website as follows:
"*The NHS outcomes framework includes only outcomes and outcome indicators that have been determined to measure health related well-being. A delivery framework is in place to support the delivery of health and well-being by health boards and health trusts ".*
Generally, the toolkit identifies that there are three models of outcome-based commissioning:

- **Model 1: Outcome Based Care Planning**: (Using outcomes as the basis for planning and reviewing a care package).
- **Model 2: Reward for Achieving Outcomes and customer satisfaction**: Again, Individual focused but concentrating on the financial aspects of meeting outcomes.
- **Model 3: Population based accountability for Outcomes**: Responsibility for the provider(s) for meeting the outcomes of a group of people across a defined geographic area.

1.1 Purpose of this tool

This tool provides commissioners, reablement and home care providers with information and a basic tool to use to increase engagement and inclusive communication styles with both staff and people who use services when seeking to move to an outcomes based approach to the commissioning of home care and reablement services.

Research shows that where staff engagement scores are high, scores are also significantly higher for individuals and communities satisfaction levels

Please note that this tool has been designed to include **all three of the outcomes-based commissioning models generically** when considering how to raise levels of engagement and communication for both staff and people who use services.

2 Introduction: An overview of Employee & Community Engagement

The principles of the Social Services and Well-Being (Wales) Act (2014 Act) require very significant changes to the way social care services are planned, commissioned and delivered, that are characterised by a stronger emphasis on:

- Increased citizen engagement and ensuring voice and control for people who need care and support, and carers who need support.
- Ensure that providers from whom local authorities whom commission or procure services encourage and enable the involvement of all people in designing the shape of services and how they will operate to deliver well-being outcomes, and that providers involve people in the evaluation and review.

In addition, improving medical engagement is a priority for the NHS in Wales.

NHS organisations are committed to working closely with BMA Cymru Wales to develop strategies for improving engagement between doctors and NHS organisations over the next three years, at which point the measure will be repeated, with progress reports being published on an annual basis.

Sharing a fundamental belief that patients and communities receive better and safer healthcare where excellent engagement exists, NHS organisations and BMA Cymru Wales have both signed up to supporting the NHS Wales Core Principles, which represent the foundation for working together to improve healthcare.

2.1 Importance of engaging staff

The UK Government has sponsored Engage for Success, an initiative to promote staff engagement across the economy. The Engage for Success website has many examples of organisations outside the NHS & Social Care which have had successful approaches to staff engagement. The manufacturing, retail and hospitality sectors are especially active on this issue.

Formal schemes are not of course the only way recognition can be shown. Even simple "thank you" gestures can have an impact, especially if they come from line managers, although tokenistic or patronising gestures can backfire. In many cases, the cost of events can be partly offset by working with external stakeholders. Where, due to high levels of staff engagement, staff are generating efficiency ideas, the savings arising from these are, in some cases, used to fund improvements for staff.

John Lewis is well known as an example of an employee-owned enterprise with high levels of staff engagement. It has built up its approach over many years and, although it is not possible to 'transfer' its structure wholesale into Social Care or the NHS, lessons can be learned from its experience. For example, honest and clear communications retain staff confidence, and staff ideas are essential for innovation.

Ensuring that commissioners, home care and reablement staff are able to move towards an outcomes based approach and the changes in policy, practice and outlook that this shift requires.

2.2 Importance of Community Engagement

Community engagement refers to the many ways in which a 'community' is involved in, or participates in the delivery change and development.

This can be at various levels, ranging from being consulted about a plan or community needs, to very high levels of involvement, such as decision- making and agenda-setting.

Most community engagement is about influencing decisions, rather than determining decisions and actions. Most commonly, engagement is represented as sending newsletters (which would be at the lower level – informing) and user feedback forms (which would be consulting).

Other informing activities can be advertisements, community meetings, and booths at events. Other consulting forms of engagement include focus groups, user panels, opinion polls, surveys, forums (that ask for feedback rather than decision-making), and suggestion boxes.

However, engagement can also mean participating more actively in decision-making, such as having community members participate as board members, in local forums and events, workshops and action groups, and as committee appointments. Another level of participation is to have community members involved with service delivery, as mentors, as researchers and as mystery shoppers.

There are many potential benefits for all concerned, for example, when organisations engage with people:

- Organisations can learn from their service users (or potential users), ensuring that services provided are fit for purpose.
- They can improve relationships with the community.

- They can enhance the business reputation and their influence by demonstrating their closeness to their target group.
- Organisations may find ways to reach groups who might not otherwise access their services.
- Customer satisfaction can be improved.
- Engagement can also provide staff with a greater sense of purpose and fuller sense of how their work impacts on the community.
- Many older people also want to engage and be a part of their community, and have a say in things that affect them.
- Older people involved can feel an increased sense of purpose, ownership or usefulness, increasing their confidence and enjoyment of life, and improving their health and wellbeing.

Engagement is most likely to be successful when:

- Careful consideration and planning is given to overcome potential barriers to engagement for vulnerable people and organisations.
- All possible efforts are made to include those not normally included in consultations – those least likely to be heard or to participate.
- The process is genuine and cyclical in nature, meaning that the results of engagement are actually used to influence the organisation's future actions and direction, while participants are informed about the impact of their contributions.

Moving to an outcomes based approach for commissioners, reablement and home care services requires the engagement of the local community to ensure that new and existing service users understand and appreciate the model being implemented.

They may also provide useful insight that will help with the design and delivery of an outcomes based service, for example, they may help in identifying and categorising the different types of outcomes at people wish to achieve.

When seeking to introduce a population based approach outcomes based model consultation with local communities on which outcomes should be used will be particularly important.

2.2.1 The Importance of Co-Production

In considering your approach to engaging with staff and/or the community it is important to ensure your approach is based on the principles of 'Co-production'. This is not just a word, it's not just a concept, it is a meeting of minds coming together to find a shared solution. In practice, it involves people who use services being consulted, included and working together from the start to the end of any project that affects them.

There is a difference between co-production and participation: participation means being consulted while co-production means being equal partners and co-creators. A distinction has also been made between co-production and co-creation. In co-production, people who use services take over some of the work done by providers

and commissioners. In co-creation, on the other hand, people who use services work with professionals to design, create and deliver services.

Co-production has been broken down into the following:

- co-design, including planning of services
- co-decision making in the allocation of resources
- co-delivery of services, including the role of volunteers in providing the service
- co-evaluation of the service.

Some people argue that co-designing services (managers and citizens working together in the planning stages of projects), while important, must be accompanied by co- delivery (involving people in actual service provision).
It can also be useful to think about there being different levels of co-production. For example:

- descriptive – where co-production already takes place in the delivery of services as people who use services and carers work together to achieve individual outcomes, but activities cannot challenge the way services are delivered, and co-production is not really recognized
- intermediate – where there is more recognition and mutual respect, for example where people who use services are involved in the recruitment and training of professionals
- transformative – where new relationships between staff and people who use services are created where people who use services are recognised as experts in their own right.
  There is respect for the assets that everyone brings to the process and an emphasis on all the outcomes that people value, rather than just those—such as clinical outcomes—that the organisation values.

For a culture of equality to be fostered, everyone involved in co-production will need to get to know each other. There can be complexities around this issue because of the unequal power relationships between professionals and people who use services, and between people who use services themselves
.
It can take time and considerable patience to address these issues. Training and support will be a key part of achieving this and ensuring that there is equality in the principles and practice of co-production. If people who use services are brought into the process without this, they will be at a disadvantage in their relationships with professionals, therefore taking the principles of Co-production into account with your engagement strategy is of vital importance.

Experienced and well-trained people who use services bring a lot of value to co-production, particularly in terms of more equal and potentially more challenging relationships with professionals. This can sometimes lead to them being dismissed as ‘the usual suspects’. However, they do have the capacity to make a particular contribution to the leadership of co-production initiatives.

3 An Engagement tool: Involvement Process Map

Detailed below is a 'step-by-step' guide to using an engagement tool entitled an 'Involvement process map'. This model is to be used pragmatically. Users are encouraged to use the model loosely - to use elements that are useful for their specific situation and dip in and out different stages.

3.1 What is it?

This engagement tool guides people through the process of involving customers in the design and review of services and performance management.

3.2 What is it for?

This map can be used:

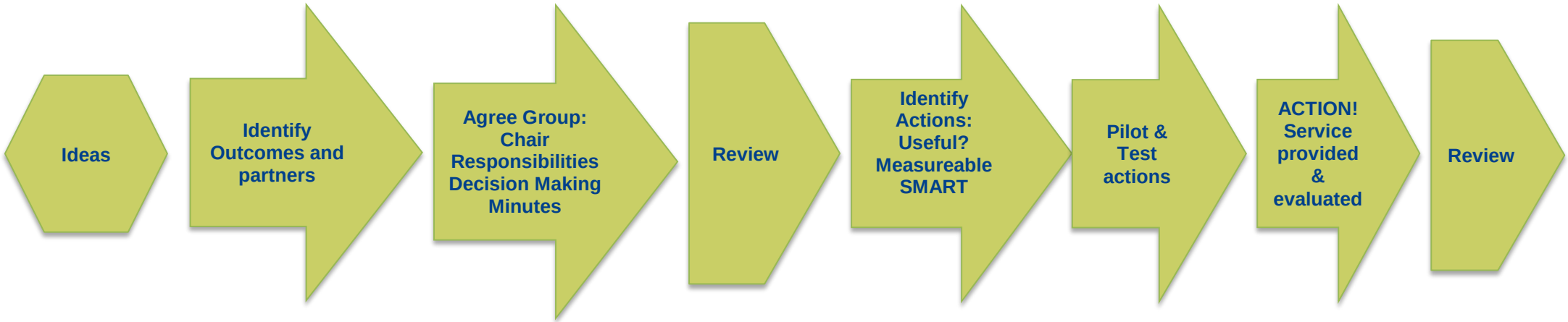
- For setting up a new group or service.
- For helping logical progression in groups.
- for making new policy or service designs.
- For decommissioning a service.
- For simplifying an existing process or system.

3.3 How does it work?

(Please refer to the bullet points below and the diagram on the next page).

- Identify where you or your group are on the process steps.
- Reflect through the process steps (if necessary) to compare your group's journey. Evaluate and define what you might need to do further.
- Get your group to a position where it is willing and able to move forward. Explain the process to those involved so they know where it goes.
- Start moving forward, aiming for best practice and avoiding worst practice (blue and black boxes).
- Review progress after each step and check against agreed outcomes.

Involvement Process Map



Best Practice	Commitment from everyone involved	Range of methods used to involve customers in design	Monitor performance with customer input
	Responsibility shared by partners	Analysis of strengths, weaknesses, opportunities & threats (SWOT)	Record feedback from both customers and providers
	Customer involvement from the beginning	Transparent decision making	Use the feedback in redesign of services
Worst Practice	**Refusal to change 'We know best'**	**Services designed to suit providers**	**Agreed actions ignored by partners**
	Tokenistic customer involvement	**Purely policy based evidence**	**BEWARE: Unintended negative outcomes**

3.4 Using this tool

After the case is made for change, an initial review should be made to define where you are in the process using the following steps.

3.4.1 1. Set out and define purpose

Let's say for example that you want to design an employee engagement strategy that seeks views on delivering an outcomes based home care service.

Be aware of everyone who needs to be involved, including customers.

Agree a steering group and identify a process and actions to achieve the outcomes. All members of the group should take responsibility to ensure the group functions as a steering group, rather than a mechanism to simply congratulate or critique.

Review responsibilities and actions of partners. Do you have the right people on board? Keep involvement open, you could become aware of new possible partners along the way who could help achieve actions. Review the set-up and go back if the result is not satisfactory.

For example, a typical set of communication objectives might be to:

- Build awareness of the project among a wide but defined group of commissioners of providers of home care and service user groups.
- Secure the commitment of a defined group of stakeholders to the project aims.
- Encourage participation of service users, carers, family members and members of the partnership.

Underpin your communication strategy with a clear statement of principles. Some of the principles may be self-evident, e.g. to be honest, inclusive and cost-effective.

Make sure your messages are well-defined and succinct. The following questions are a good start:

- What is the project or service?
- Why is it happening?
- What difference will it make?
- How can people get involved?

It is vital to know who you are communicating with, and for what purpose. Have a clear idea of your key audiences and user groups. It's easy to end up with a long list, so rank them according to importance and influence relative to your communication objectives.

Where you must make choices, concentrate on communicating with your most important and influential stakeholders.

3.4.2 2. Design and test

Find out what already exists through evidence gathering and benchmarking. If evidence doesn't exist, explore the best way of getting it. Gather a range of evidence, as with each method, certain groups of people will be less likely to participate. For example, a meeting will capture only the opinions of individuals who are able to attend. Be aware of unintended consequences and political considerations of what you do.

Pilot and test your actions and see how they work. Review the test results with planned outcomes. If it is not satisfactory, go back to the start of the stage or review your planned outcomes.

3.4.3 3. Action or implementation

Make it happen. This can happen through incremental steps. Evaluate results and adjust your actions if necessary. Go back to the start of a stage, or to the beginning of the process, if necessary.

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The checklist on the next page will support you in developing your engagement and communication strategy and activities for undertaking a pre- consultation engagement. To ensure clear, coherent, consistent and credible communication, we encourage all partners to use this checklist to co-ordinate and contextualise targeted communications.

4 Engagement & Communication Checklist

	Yes/No	Comments
Have you identified who will be responsible for your communications strategy?		
Have you identified a communications lead in your project group or service?		
Do you need additional help or resources?		
Have you identified who else has a communications role to play?		
Do they need any training?		
Have you identified and agreed who will “front’ the organisation (including managers) and ensure they are media trained?		
Have you put in place clear mechanisms for ensuring that all relevant people are well briefed?		
Have you set communications objectives, both over-arching and relating to specific stages in your development plans i.e. pre-consultation phase/formal consultation phase?		
Have you identified your target audiences, including specific groups?		
Have you decided how to reach “seldom heard” groups?		
Have you identified the people with influence in the community and arranged to meet with them?		
Have you identified a range of appropriate communications tools you can use to reach different audiences?		
Have you drawn up a timetable for communications, based on key stages in the progress of your development plans?		

	Yes/No	Comments
Have you costed your communications programme?		
Has a budget been allocated?		
Have you set up channels for feedback from your various audiences?		
Have you agreed how to record comments made at events?		
Have you considered how to respond to both individual comments and more widespread concerns?		
Have you agreed how to measure the success of your communications?		
Has someone been given responsibility for collating the relevant data?		
Have you agreed how you will feedback the results/outcome of the consultation?		

5 Good practice examples

The Raglan Project in Monmouthshire is a project looking at how to deliver a high standard of relationship-based home care to people with dementia. It is replacing task-based care with flexible care that is focused on the social and emotional needs as well as the physical needs of the person being supported.

Five full-time salaried staff work on a fixed rota with 12 to 15 people with dementia. Before the care begins, staff members establish a relationship with the person receiving care. Staff are then given the freedom to decide for themselves how the relationship and care should be managed – and their decisions are supported rather than controlled by management.

Feedback from interviews, care management reviews and the journals that each staff member completes provides evidence that the project is consistently successful.

It has been possible for people with complex care needs to stay at home rather than moving to permanent residential care or hospital. People who had disengaged from their local community and were neglecting themselves have been supported back to independence and re-engagement with their local community.

Community-based social events that were established for all sections of the community are now independent and self-sustaining.

There is also is clear evidence that staff have better morale, health, wellbeing and job satisfaction. Sickness has remained at 0 per cent for 18 months.

In summer 2013, Southwark Council explored ways to transform home care and improve customer's experiences. It started by convening a series of stakeholder/user meetings to create a vision of what quality of life in home care looks like, what the values are that underpin this and what the ideal behaviours should be. The discussions started with the views of customers and their carers, and continued around the theme 'relationship-centred' care and were shown to work in home care.

From the discussions, it was identified that home care providers are crucial in fostering the right conditions for a relationship-centred approach to the delivery of care alongside better working conditions. Both are necessary to deliver improvements in the quality of care. To achieve this, the council recognised that it would have to change its commissioning practice to support the providers to change, as well as try to influence a change of attitude towards home care workers.

One of the other conclusions of the 'visioning' work was that home care services as they currently exist and are commissioned need to be valued as part of a wider system.

So, the relationship that home care has within the wider community health services, and activity in general practice and hospitals, is crucial to consider. These relationships are an important part in valuing home care and its workforce. As a result, Southwark has changed the language it uses to describe home care and now calls it 'integrated community support'.

The vision and values that emerged from the discussions were put to Cabinet, who agreed that they should drive a new commissioning strategy for home care in Southwark that would honour the Ethical Care Charter and raise the bar for home care.

The exercise showed that by using existing models and work already done by other organisations as a starting point, it is possible not to reinvent the wheel. The work done in Southwark is the foundation for a wider culture change programme and a new way of commissioning home care.

6 Other materials

Think Local Act Personal (TLAP) offers a compelling case for working collaboratively to create strong and empowered communities, and argues that this needs to be central to the transformation of the health and care sector.

Their research report entitled 'Engaging and Empowering Communities: a shared commitment and call to action', designed and agreed by leaders including people who use services, professionals and carers, describes the conditions that are needed to create strong and inclusive communities.
Engaging and Empowering Communities: a shared commitment and call to action

The NHS improvement agency has developed a toolkit that is not based on statutory or clinical guidance but a resource that may prove useful as a means of communications and engagement professionals when an organisation is involved in a health or social care system-wide change or transformation programme.
This toolkit can be read in conjunction with the NHS England guidance – 'Planning and delivering service changes for patients'.
Toolkit for communications and engagement teams in service change programmes

Engage for success are a not for profit organisation that provide advice, support and guidance for both manager and staff in developing effective employee engagement strategies.
They have developed a wide range of resources and tools that are freely available that have been designed in consultation with over 350 UK businesses exploring engagement beyond the mission of the organisation, along with best practice advice on the measurement of engagement in the sector.
Also included are several case studies on the approach to engagement presented through the lens of the four enablers of engagement.
Practical Employee Engagement tools and Resources

Community Places have designed a Community Planning and Engagement toolkit for commissioners and providers that supports individuals to think through the following questions and issues that will help in the planning and design of community engagement.

- What level of participation is it hoped will be achieved?
- How to identify the stakeholders?
- Communications.
- Stage of the engagement process.
- Resources.
- Are there any limitations?
- Timely feedback and next steps.
- Tools to help choose a method.
- Methods.

The toolkit also provides guidance on the issues to consider when planning and designing community engagement. It focuses on quality and effectiveness, process planning and designing engagement tailored to the particular issue, level of participation to be achieved, timeframe and range of stakeholders affected.

Community planning toolkit

The Chartered Institute of Personnel and Development (CIPD) offer a range of resource materials intended to support managers in learning how to foster an open and transparent dialogue between employers and employees.

Communication and consultation