NHS
England
Dorset
ICS Discovery
workshop analysis

djs research

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Introduction

Background

The System Transformation Group at NHS England is working with Integrated Care Systems (ICSs) to strengthen their communications and engagement. The System Transformation Group has developed an initial overview of what they think a good public engagement approach looks like for an ICS. This draws on a mix of existing guidance, stakeholder feedback and emerging good practice. The following ten areas have been identified as forming part of a good public engagement approach:

- Transparency on decision-making: ICS, local partnership/place, organisation level
- Public information about vision, plan, progress and performance
- Regular flow of communication updates across channels
- Proactive and systematic dialogue with public representatives
- Voluntary sector and Healthwatch involved as key partners and enablers
- Understand existing information on public and patient experience and aspirations
- Redesign services in partnership with citizens and communities
- Reach out to the unengaged to properly understand communities
- Focus on patient and community empowerment.

In October 2018, a self-assessment survey was conducted with a system wide group of stakeholders to gather feedback on how the Integrated Care System in Dorset is performing in these ten areas. The survey was primarily conducted online via Survey Monkey, with a further 11 surveys conducted via telephone. A total of 57 stakeholders participated in the self-assessment. All survey responses were qualitative in nature; for example, in the online survey, respondents were given ‘free text’ boxes in which they were asked to write their responses.

Within the self-assessment survey, stakeholders were asked to reflect on the public engagement within and across the ICS in Dorset, reflecting on what they think is working well and what they think could be done better.

DJS Research, an independent market research agency, was commissioned to analyse the findings from the stakeholder survey. A thematic analysis of the survey responses was produced (the ‘Self-Assessment report’), looking at the perceived strengths and weaknesses of each of these ten areas; identifying where respondents feel there is most scope for improvement and where there is most good practice.

This report was used both for the event and activity planning and for feedback during the improvement workshop.

Discovery Workshop Format

On the 8th November 2018, NHS England and Our Dorset held a ‘Public Engagement Discovery Workshop’. The workshop provided an opportunity for stakeholders to work together to focus on proposed suggestions or actions to further improve the system wide public engagement and communications across Our Dorset ICS.

This workshop is the first in a series of discovery workshops planned by NHS England with a view to support areas to strengthen their action plans for engaging communities.
The programme for the workshop day was as follows:

**Presentations:**

- Welcome and overview of the day
  - Frances Aviss, Public Engagement Lead, NHS Dorset CCG
- Introduction to NHS England’s Public Engagement Discovery Project
  - Frances Newell, Head of Engagement and Communications (Public Engagement), System Transformation Group NHS England
  - This section included a five-minute table discussion where attendees were asked to discuss their expectations for the day.
- Overview of Our Dorset’s Integrated Care System
  - Tim Goodson, Chief Officer, NHS Dorset CCG
- Discovery Project Self-Assessment Outcomes
  - Our Dorset Engagement Leads

**Action Planning Sessions:**

Following the presentations, three action planning sessions were held, each looking at one of the three key areas for improvement as identified within the Self-Assessment report:

- **More, and better collaboration**
- **More, and better communication**
- **Use of existing information**

Each session lasted approximately 45 minutes and followed a format of:

- 15 minutes to consider a series of posters displayed on information boards. The posters were taken from the self-assessment report and highlighted the areas for improvement (see Appendix p27-37 for copies of these posters). Attendees were asked to capture suggestions or actions on post-it notes and attach these to the posters.
- 25 minutes for a facilitated conversation about each area for improvement, with a focus on suggestions and actions.

DJS Research has been commissioned to analyse the feedback gathered during the Discovery Workshop and produce this report, which is to be considered by the Our Dorset Implementation Planning Group in Dorset, with a view to producing an action plan for system wide implementation. The final report and action plan will be circulated to everyone who attended the Discovery Workshop and made available online.
Report structure

The structure of the report is:

- Workshop expectations
  - Summary of key themes arising from brief table discussion during the opening presentation session
- Cross-cutting theme
  - Detail of an overarching theme that cuts across all three key areas
- Findings from both the post-it notes and facilitated discussions on each of the three key areas for improvement
  - More, and better collaboration
  - More, and better communication
  - Use of existing data.

It is clear from both the initial survey findings and the comments made during the discovery workshop that there is some overlap between the three areas of collaboration, communication and information, and that the different areas are interlinked. At various points during this report, similar themes can therefore be found in more than one of these three key areas.

It is also worth noting that throughout both the stakeholder survey and the discovery workshop, a number of the areas identified for improvement and ensuing discussions relate more to the system overall than engagement and communication specifically. As these discussions are relevant and inter-linked with the process of engagement and communication, all findings are included in this report.
Workshop expectations

The following section details the findings from the initial five-minute table discussions held during the opening presentation section on the attendees’ expectations for the day. Attendees were asked to discuss the following question:

“What do you hope the outcomes from today will be?”

Discussions and verbatim comments were captured on flipcharts.

It should be noted that from the comments, it appears whilst some attendees did focus on answering this specific question, other discussions centred on some of the potential strengths and weaknesses of the communications and engagement of the Dorset ICS, and of potential issues going forward. All comments have been analysed and several key themes emerged from these brief discussions:

A better understanding of engagement activities

Several attendees were hoping the workshop would provide them with a chance to better understand the engagement activities across the ICS, and to learn from best practice. For example:

- “Learn about what has worked and what doesn’t work so well, and to learn from mistakes.”

A couple of attendees had questions around how the impact of engagement activities would be measured, and at one table (Table 5), some specific questions were raised around the local engagement activities including:

- “What counts as engagement? Does it have to be big?”
- “Why is this being co-ordinated nationally, not local?”

How to improve engagement with communities

Numerous comments showed a desire for the workshop to share best practice and provide ideas on how to engage with communities, in particular to share some potential new approaches to engagement.

For example:

- “Examples of new ways of working”
- “How people prefer to be engaged with?”
- “Here to test doing things in a different way.”

Within these discussions, several comments were made around the need to engage with, and listen to specific groups, principally minority and ‘silent’ groups, for example:

- “Ensure voice of minorities are heard.”
- “Methods of engagement beyond people with personal interest in their care needs.”

At one table (Table Three), this initial discussion focussed on a desire to understand the best ways to involve and engage with young people in the process.
There was some discussion around the importance of considering the reason for engagement and the target audience of any engagement and communication activities, for example:

- "What is a community – how to define?"
- "One size doesn’t fit all”...“Dorset is a ‘divided’ county – urban/rural etc.”

Most effective ways to communicate messages to the public

Across a couple of tables, questions were raised and comments made around the best ways to feedback and communicate with residents, and the need to clarify communications and key messages to the public. Some suggestions were made that the focus should be on improving the narrative in order to:

- Develop understanding on why changes will improve their level of care
- Dispel myths and misunderstandings
- Help lower concerns and anxieties around the changes amongst the wider public.

Co-production of engagement

A couple of attendees spoke during this discussion of the need for an integrated framework for engagement, and that engagement should be co-produced with ICS partners.

A two-way conversation

A minority of attendees were hoping the workshop would provide an opportunity to network and to have ‘two-way discussions’.

The rest of this report details the findings from the three action planning activities.
An overarching theme

Before looking at the three areas for improvement individually, one key theme emerged that cut across all three areas, and therefore this is presented separately here:

Simplify language

The need to simplify the language used in communications and engagement activities was raised at various points during the discussions and particularly on numerous post-it notes. The impact of complicated and ‘professional’ language is that it will build barriers and that if people do not understand communications, they will lose interest. Some attendees commented that if public sector employees struggle to understand the language, the public are definitely not going to understand.

The suggestions made by attendees around simplifying language include:

- Removing all acronyms, especially as these keep changing
- Testing the reading age and accessibility of every system publication that is aimed at the public
- Developing a common language, with consistent use of terms
- Using organisations outside the NHS to ‘test’ if information is clear

For example:

- ‘Unengaged’, ‘hard to reach’ – this terminology can switch people off
- ACRONYM AMNESTY! Less jargon.
- Language! What does data/insight mean? = Opinions, Knowledge?
More, and better collaboration

The first of the three areas as covered in the action planning activities is ‘More, and better collaboration’.

The principle findings from the initial survey suggested that:
- Wider stakeholders, including third sector organisations and Local Authorities should be truly involved in the decision-making in a more active and strategic way
- Lower levels of staff should be more involved

The workshop attendees were shown some of the findings from the survey (see Appendix, p27-37) and asked for opinions and suggestions on how collaboration could be improved. The posters and discussions covered the topics of:
- Transparency of decision making
- Involving key stakeholders strategically
- Leadership of Engagement and Communications and collaboration between teams
- Reaching the unengaged
- Re-designing services in partnership with the community

The following details the key themes emerging from the comments made by attendees:

**To achieve strategic collaboration, a willingness to share power is essential**

Several attendees suggest that having different partners ‘in the same room’ is sometimes considered to be evidence of collaborative working, whereas it is a willingness to trust and share power that is actually essential for true collaboration. Several comments suggest that the ICS is seen as an NHS enterprise, led by the CCG, and that other partners are not considered equal decision makers. For example:
- "Imbalance of power – it feels like being ‘invited’ to the party or taking a petition.”
- "Collaboration links with co-production. Co-production is about sharing decisions and power.”
- "Collaboration is sometimes seen as all being in the same room. I think once we have a truly collaborative vision, we will sometimes need individual partners to get on with stuff and trust each other.”

In order for more sharing of power, attendees suggest there needs to more clarity and transparency from the start around priorities, responsibilities and how collaboration will be used to make decisions, e.g.:
- "Can’t have co-production without education – we don’t articulate priorities and what we’re collaborating on?”
Inform and engage staff at all levels, and engender a mind-set of collaboration

There is a sense that the ICS is seen as being owned by those at ‘the top’, and is not something that all levels of staff feel a part of. Attendees would like to see this improved by both improving communication to staff around the ICS and by involving more staff at lower levels in engagement and collaborative working.

For example:

- “They are so busy firefighting. Messages don’t filter down – senior managers feel it is!”
- “Staff feel something is happening ‘up there’”.
- “This is important, needs to be ‘owned’ by all staff in organisations.”

Specific suggestions around how to improve understanding and collaboration with staff are that:

- Staff objectives are aligned with the shared vision
- Emphasis placed on training the workforce for collaboration in order to create a mind-set of collaboration
- Provide staff with contact details of people at similar levels across the different organisations and encourage junior staff to link with peers in other organisations.
- Involve frontline staff in engagement activities, and increase awareness on how staff can involve patients in developing services

It appears that the majority of comments about staff are aimed at staff within NHS organisations; however there were also a couple of specific comments around the need to improve understanding amongst and communication with Local Authority staff.

Develop and improve relationships with stakeholders outside of the NHS

In general, attendees agree with the initial survey findings that more should be done to improve relationships with wider stakeholder groups, both in terms of more strategic collaboration or by simply involving them more in the process. In particular, the following stakeholder groups were identified as groups with which work should be done to improve relationships:
Local Authorities

Suggestions around improving collaboration with Local Authorities include:

- Building links with individual councillors as well as LAs as corporate identities
- Increasing the visibility of Local Authorities within the ICS, particularly at public ICS events

Private sector

There appears to be willingness from parts of the private sector to be more engaged and involved in the process, and this is considered a potentially ‘untapped resource’, for example:

- "We need to look wider when it comes to engagement. A lot of private sector colleagues also want to help."
- "Involve major organisations from the private sector to support design thinking."

Voluntary sector

The voluntary sector is described by attendees as feeling like “a second tier” partner, and the general opinion seems to be that VSOs involved in the ICS are not seen as equal partners.

In order to improve relationships and collaboration with this sector, attendees suggest the following is needed:

- Funding, resource and support is provided to Voluntary Sector Organisations
- The expertise of the voluntary sector needs to be better recognised, and their services should be more valued
- A strong commitment to equality of relationship at every level, not just ‘top table’.

One attendee from the third sector commented that from their perspective, "we recognise we need to do more to influence. We have plans to merge and collaborate with other third sector organisations."
Healthwatch

The findings from the initial survey suggested that Healthwatch sometimes has an uneasy relationship with the NHS, and this is perhaps an area that would need improving in order to encourage increased collaboration and equality of partnership.

Although no specific suggestions were made on how to improve this partnership, a couple of workshop attendees did comment on this relationship:

- “NHS staff often feel like Healthwatch is looking for the bad rather than positives in services.”
- “Healthwatch role is not particularly to offer praise but to pass on public opinion.”

Other organisations and groups

Attendees also identified the following specific groups/organisations that they feel the ICS should also work more with:

- “I heard yesterday that there are also HWB groups with whom we can work?”
- “Co-opt Voluntary and Patient Boards onto place-based ‘collaborative boards’”
- “Co-production should include Housing, education, voluntary organisations and local people focussed on local services, not buildings.”

Improve collaboration between Engagement & Communication teams

In addition to discussions on collaboration with wider stakeholders, the need for more collaboration between the different Engagement and Communication teams was also raised.

Enable collaboration of E&C leads

There was some question over whether there should be a single, system wide engagement plan and team, and whether collaboration would be made easier if engagement leads are actually employed by the ICS rather than individual organisations.

If one team is not considered feasible, there were specific suggestions around how the different Engagement and Communications (E&C) teams could work more closely together:

- E&C leads from each partner organisation to spend a dedicated amount of time working together on system-wide projects
- E&C leads to attend system-wide training, such as on co-production
- ICS partners to share engagement events
- Produce ICS-wide communications
- Produce a single system-wide campaign about the value of integrated care
- Share systems, such as social media, CRMs, digital tools
- Hold regular system-wide engagement meetings
Agreed definitions/guidelines
Several attendees commented that it would be helpful for the ICS to agree some standard definitions of co-production, and that the consultation institute guidelines could be used to do this. One attendee suggested:

- "Consider charter for engagement, information and involvement for all ICS organisations, with commitment to the public on use of data, feedback, how information will be used etc."

Improving ‘reaching the unengaged’
A key finding from the initial survey is that more needs to be done (or done better) to reach the unengaged. Within this, three suggested improvements were to:

- Move away from the ‘same voices’
- Target specific groups
- Collaborate and create a joined up approach

Workshop attendees were asked to comment on these areas, in particular whether they had any examples of where this is being done well and whether they had suggestions of potential ways of improving engaging with the ‘unengaged’. The following themes emerged from the comments:

Involve the same voices AND other voices
A couple of attendees disagreed with the notion from the initial survey that there should be a ‘move away’ from the same voices, and instead feel that these ‘same voices’ should be valued (along with encouraging new voices):

- "Not ‘move away’ from the same voices, as they bring context and knowledge, rather involve more and more diverse people across Dorset."

Target specific groups
Some attendees identified specific groups to target, namely:

- Young people
- Schools/parents
- Mother and pre-school groups
- PTAs

There was also some discussion around the fact that groups who are least likely to access healthcare at present, i.e. people who are in good health and often who are in employment, should be considered as ‘unengaged’.

Question existing internal assumptions
Some attendees feel that internal assumptions around groups being ‘hard to reach’
or ‘unengaged’ are potentially misguided, and that it is the system that does not know how to reach them, or how to engage with them in the right way, for example:

- “Groups and communities are NOT hard to reach. You need to learn how to reach them and engage on their own terms.”
- “It is the system that is hard to engage with (it is flawed – we only engage with interested people). Links with the voluntary sector who work everyday with these groups.”

**Share networks and existing knowledge**

In order to ensure work is not duplicated and resources wasted, attendees suggest existing knowledge and networks are shared between teams:

- “Use existing knowledge on the best practice for engaging that group.”
- “Share networks. One organisation’s unengaged might not be another organisation’s unengaged.”

**Go out to communities and use new methods**

There were numerous suggestions on different channels that could be used to communicate and engage more effectively with communities, but in essence these are all linked to engaging with people in their own environments. For example:

- “Use websites targeted to the youth, e.g. Chathealth, Kooth”
- “Reach out more, e.g. comms out to supermarkets.”
- “Z cards and fact cards at every patient contact point – hospital, practice, community”

Specific individuals and groups within the community were also seen as valuable channels through which to reach those who are least likely to engage:

- “Use people as signposts in the community to services and projects, e.g. people well known in the community.”
- “Inform local communities so information is passed on to hard to reach groups, e.g. Frome Town Council signposters”
- “PEG members should be given greater responsibility to spread the word.”

**Improve understanding and communicate benefits**

Attendees commented here that people won’t engage with the system if they don’t understand what it means to them, and if it is important to them (this finding is covered in more detail in the section on Communication):

- “What is important to people, not what is important to organisations.”
- “No-one is interested in the strategic infrastructure.”
Improving ‘re-design in partnership’

Attendees were specifically asked to reflect on how to improve the area of ‘re-designing in partnership with communities’. The principal suggested improvement is to ‘empower communities’:

Several attendees stressed the importance of taking a locality, or place-based community approach, and that communities need to be mobilised to own their own sustainable solutions. For example:

- “Engage local communities on what they think the issues are and what are the solutions. Develop sustainable solutions which are determined, owned and delivered by local communities. Linked to place, linked to health and well-being, linked to environment.”
- “Prevention can be achieved by sharing power and resources to local communities to build their own services.”

However, it is important that this is done in the right way in order to ensure success:
Barriers to collaboration

During the workshop, attendees mentioned the following potential barriers to collaboration that should be considered:

- Lack of resources within the system to dedicate to collaboration
- National NHS timetables and expectations can make effective collaboration difficult
- The difficulty in engaging with Local Authorities while they are going through LGR
- Financial collaboration is a challenge
- Legislative barriers to integrated governance systems
- NHS/LA structures hamper shared or joint ownership

Examples of good practice

Several specific examples were shared of good practice relating to collaborative working and/or co-production (verbatim comments):

- Work currently going on in North Dorset to co-design a GP practice – Carers Support accreditation scheme based on best practice in Wiltshire
- Today is a good example of engagement working together
- The Better Together programme showed that it requires both operational/locality conversion and strategic conversations to make the problems and solutions real
- A very effective way of engaging with communities (strategic and community partnerships) did exist until recently. Investing in professional community workers was (and could be again) an effective model and ultimately cost-saving.
- Examples like Shine Project to be observed and rolled out
- #Myhealthtoo
- Mental health acute care pathway (good example of co-production)
- Christchurch, Shaftesbury and Weymouth – MDT’s – social prescribing
- [Co-production] done in smaller pockets, e.g. dementia care
Key theme: More, and better communication

The second of the three themes covered in the workshop is ‘More, and better communication’.

The findings from the initial survey suggested that:

- more communication is needed to increase awareness of the ICS amongst both public and staff
- the narrative needs to be strengthened and that communication needs to be more meaningful
- messaging and communication needs to be more consistent
- improvements could be made on the transparency of decision making, such as improving the website content and making board meetings more visible.

The workshop attendees were shown several posters detailing these findings (see Appendix, p27-37) and asked for opinions and suggestions on how communication to both the public and staff could be improved.

The key themes that emerged from the action planning sessions on ‘Use of existing information’ are detailed below.

Focus on the messaging

Numerous comments were made around the need to better consider the content of all communication, in particular to make the content more relevant for its intended audience. The key themes around this area are:
Complex, or unclear messaging can lead to incorrect assumptions being made by those receiving these messages, therefore it is crucial that all messages are simple and easy to understand. For example:

- "Clear and clean communication. Present the message as simply as possible for everyone. What is the message, why, how."
- "Simple messages. What are we doing? Why? How?"

People are most likely to take an interest if change directly affects them, and if they understand how change will, or may affect them. Therefore communication needs to focus on telling the story of “What’s in it for me?”

As a way of explaining how change may affect individuals, ‘real’ people and real stories should be at the heart of communications. Attendees emphasised the importance of using human interest stories or case studies in order to communicate how changes will affect individuals. For example:

- "We need a story that everyone can tell. More stories about Agnes/Ethel."
- "Case studies to show the human impact of ideas/changes."

In general, it was felt that most people are not interested in ‘what’ it is but more about how they will be affected and what is working well. Messages should therefore be about results and success stories and not about processes. Similarly, it was deemed that awareness needs to be raised about services and health messages, and not about “technical infrastructure.”

Some attendees suggested that it is important to be honest about changes and to acknowledge the public perception, even when it may not be true. For example:

- Need to recognise ‘perceived loss’ even if not ‘real’.

Finally, a couple of attendees felt that it would be useful to improve communications about the ICS, in particular publicising who the key individuals are within the ICS, who is doing what work, providing clear contact information, and making the timings and locations of meetings clear, e.g.:

- "Make online profiles to the position not the person so the public know where to find the information, e.g. CEO@dorsetccg."

**Improve and develop communication channels**

Attendees identified several different ways of improving and developing communication channels:

**Accessible communications and events**

It is clearly important to consider the accessibility of both communications and publically-accessed events or meetings. Whilst it is felt some good work has been done on ensuring communications are as accessible as possible, comments were made around the need to ensure information is not only available in digital form and that easy read formats of all communications are made available. There was a sense that there is sometimes an over-reliance on online communication, and that
it is important to recognise that this may not be accessible to all of society. Several comments focussed on the need to hold face-to-face discussions to understand what people really need, and a couple of attendees felt that the times and locations of meetings should be more varied (i.e. not always 9-5 in Council Offices).

Use social media more
Conversely, some attendees feel that much more could be done through social media, for both communication and as a feedback tool.

Take a place-based approach
Comments suggest it is important to use a place-based approach to communications, using locality based communication channels on a regular basis, such as local media, parish magazines, GP newsletters, local club magazines etc.

Involve individuals and organisations in the community
There were several suggestions around communicating to communities through champions or campaigners, potentially from the volunteer sector, for example:

- "Use informed champions to spread our good news or constructive developments, to spread the news and dispel the myths. Keep your champions informed and up-to-date. Champions can be local people or volunteers – PPGs, Parish Council, local volunteers. They can be people the community trusts, so will believe.”

Other individuals or organisations that could be used as a way of communicating messages include elected members from the Local Authority, the voluntary sector, local employers, all levels of educational establishments and community groups.

Communicating with and to Public Health and other NHS organisations that work across multiple CCGs was also mentioned as being important.

Improve communications to staff
As mentioned in the section on Collaboration, there is a sense that staff are not well enough informed or engaged at present. This is also seen as a missed opportunity for communicating with the general public as ground level staff could be a powerful communication channel if they are equipped to tell the story. All partners need to encourage and facilitate people at all levels to be involved.

Tailor communications to specific groups
There was some suggestion that audiences should be segmented, based on factors such as demographics and channel usage, and that communications should then be delivered differently to different groups. For example:
"Do not assume young people use the same methods/tools for social media as adults. How they use them is different, be careful entering their space."

Two-way communication

Communication should also be two-way as much as possible – always offering a feedback option to ensure people are listened to and not just communicated to.

Engagement and Communications teams

Several suggestions were made around how the Engagement and Communications teams could be changed in order to better meet the challenges. The key themes amongst these suggestions are:

Join up partner communications and engagement?

There was some suggestion that it may be useful to join up partner communications and engagement, and potentially to have one single team. If this is not feasible, then separate teams should work together to ensure there is 'one voice' across the different partners, and potentially co-produce communication materials. A dedicated communications and engagement lead across the system is also seen as a positive step towards joining up activities.
Use sharing platforms for contacts and activities

Another positive step towards joining up activities is to use a sharing platform, such as SharePoint, to share both stakeholder contacts and different engagement activities amongst the wider partners. In addition, an ICS library should be developed, particularly of case studies of real people, and attendees feel that this should be done in partnership (and not be the responsibility of only one organisation).

A champion and ambassadors

There was some desire to see the creation (or identification) of communication and engagement ambassadors, or ‘public engagement champions’, who can focus on developing confidence in the communications to the public, e.g.:

- "Need a charismatic champion and face to lead public facing communications"

Create a sense check group

It is seen as important for the communications and engagement teams to ensure they are regularly checking the work they do, and one attendee suggested that the ICS should:

- "Develop a communications sense check group with Public Engagement Group members, Voluntary Sector representatives, DAPRC representatives, DREC representatives etc. Ensure both LAs and NHS sense check comms/information productions."

Examples of good practice

A couple of examples were shared of good practice relating to good communication and engagement (verbatim comments):

- DHC mental health retreat video – patients service users telling their story (not structures/how)
- DCC survey about council services – online/Your Dorset community
- We have members of the public on the Digital Transformation Board
- We have a Crowd in the Cloud for digital.
Key theme: Use of existing information

The final of the three themes covered in the workshop is ‘Use of existing information’.

The findings from the initial survey suggested that existing data is not being used in as meaningful ways as it could be, and that data should be shared and joined up to allow for a view of the whole pathway. It was recognised that partner organisations do collect a lot of data, but it is not clear if this is being understood and applied as well as it could be.

The workshop attendees were shown several posters detailing these findings (see Appendix, p27-37) and asked for opinions and suggestions on how data could be better used and shared. The key themes that emerged from the action planning sessions on ‘Use of existing information’ are:

Collate existing information

Attendees suggested that existing information from different partners should be collated and then this information should be used to identify common data sets and themes. One of the key issues identified in joining up data is that currently there is no system in place that allows the sharing of data across organisations. It was therefore suggested that partner engagement systems should be joined up and a central repository for data created:

In addition, attendees suggested that if possible, data from all different sources should be combined to help inform the bigger picture, such as:

- Information from GP surgeries
- Data on living circumstances/mosaic data
- Combine patient experience with evidence of outcomes
- Complaints data “used to form next step”

A couple of comments suggested that dashboards could be used to help share data, both between organisations and with the public:

- “Locality dashboards to share publically.”
- ”Dashboard of collective web analytics to see the benefits and effect.”
Enable the sharing of information

There were several suggestions around ways in which the sharing of data could be enabled, in particular:

- **Simplify/share consent**, for example adding “common wording to all GDPR contents to enable the use of information across the ICS”, and creating an ‘Information/Engagement Charter’.

- **Encourage a culture change** around the sharing of information. Attendees emphasised the importance that all partners share a willingness to integrate data, and to work together collectively.

Attendees also suggested that the **process of sharing or cascading of information** should be improved, both internally within organisations and externally with organisations within the wider system, for example:

  - "Lot is shared at exec level but need conscious effort to cascade."
  - "CCG to issue quarterly updates to partners to disseminate."
  - "Actively encourage local business to link into and take our RSS feeds for information."

- **Maximise the use of existing skillsets** by bringing the different data analysts together to discuss how to improve sharing of information and mitigating the duplication of effort.

- **Use common collection methods**, for example simplifying the number of patient health indicators and all agreeing on which ones all organisations use.

- **Start small**, potentially start joining up data in one area (suggestion of starting with a focus on prevention and healthy living), and then show how data can be brought together and used better.

- **Work is being done**

  A couple of comments suggest work is being carried out to enable sharing of data (verbatim comments shown here):

  - "ICS – accessing data in a single place – a Data Warehouse. New initiative – need to get early successes out there, tell some good stories, awareness of this?"
  - "Dorset Care Record – people will be able to contribute their own data, could include experience data.”
Concerns/barriers to data sharing

It is worth noting that there were some concerns raised around balancing data security with sharing data.

Ensure data is used in meaningful ways

A large number of comments were made around how attendees would like to see more of a focus on the **fundamental reasons for collecting data** in order to gather data that can be used in more meaningful ways:

- Data collection should be **improvement-focussed** (not punitive) and focussed on **outcomes** not targets
  - For example, not only collecting patient experiences of services but also how well services improve health
- It is important to be **clear about the question** we are trying to answer, and truly understand the question
- Ensure we are **collecting the right information** to answer the question:
  - In order to change behaviour, we need to understand people’s motivations
    - "**NOT BMI information, more important just to get people moving**"

Other suggestions around ensuring data is used in more meaningful ways include:

- Ensure priorities and outcomes are re-set based on what is learnt about what people actually want
  - E.g. "**people are more bothered about quality of life than longevity**”
- Give emphasis and value to stories
- Test and validate data
- Link data to action
- Combine efforts on what questions to ask

The downsides of data

A fairly large number of comments and questions were raised that suggest some attendees are unsure how useful data actually is, and that different factors should be taken into account when considering using data to inform decision making:

- One size doesn’t fit all: data collected may only relate to particular groups of people
- Insights gathered from different studies may be different and contradictory
- Interpretation of data can be biased and based on preconceived ideas or experiences
- Data has a ‘shelf life’ and can be “fluid, transient and quick-silver”
  - “Views change over time, they are not fixed.”

Letting the public know

A key finding from the initial survey is a sense that the general public do not feel they are being listened to, and that more work needs to be done to show that information that is collected is being used. Attendees at the Discovery Workshop were asked to reflect on this finding, and overall three key areas for improvement were identified:

Use communications wisely:

It is considered important to focus on what is communicated to the public to both have a positive impact and to ensure the public feel they have been listened to. Attendees felt communications should be used to:

- Publicise outcomes
- Address concerns
  - Not just messages to say ‘it will be fine’
- Manage expectations
- Change behaviour
- Explain what is actually happening or planned

Complete the feedback loop:

The importance of demonstrating that feedback has been listened to and applied, particularly to those people who took part in any consultation is seen as key – it is crucial to ensure the ‘feedback loop’ is completed. Demonstrating that feedback has been listened to will also help to encourage participation in future consultations. For example:

- "More communication when people have given their views. You said we did, you said we didn’t because…”
- "Consultation doesn’t finish when people have given their opinion.”
- "This should be the norm.”
Improve communication and feedback channels:

Several attendees suggested that the channels used for communication and for gathering feedback should be more relevant to how people actually live their lives, and not only be through NHS/LA routes. For example:

- Don’t place too much emphasis on digital communication as this does not work for everyone
- Use more relevant channels, such as “yoga classes, men’s sheds, work places and supermarkets” to reach those that access healthcare infrequently
- Make feedback mechanisms more ‘young people friendly’ and provide information to young people in a format they understand.
- Recruit people and volunteers to get messages out – mobilise the people of Dorset to own their own data.

Examples of good practice

A couple of examples were shared of good practice relating to using existing data (verbatim comments):

- Postal survey – Council B&P (no longer in Dorset)
  - Corporate planning
  - Service planning
  - Better targeting
  - Shared with police and partners
  - CVS shared
- In the case of Poole Voluntary Services, they applied a key question: ‘where are we most likely lonely older people?’ They triangulated results with local perceptions to provide additional insight.
- Mental Health feedback – make changes to services, information in public domain.
- Dorset for You has some good stuff, all previous survey results are on there.
Appendix: Posters shown during action planning sessions

More, and better collaboration

Both in general and within almost all the specific areas discussed, the main suggested improvement is to collaborate more and to do this better:

- Truly involve wider stakeholders in the decision-making in an active way
- Involve third sector organisations in a more strategic way
- Involve Local Authorities more
- Involve lower levels of staff more

Key area for improvement: Collaborative working

Respondents from outside the CCG report a feeling that the ICS still feels like an NHS enterprise, with decision driven by CCG.

Several suggest that this could and should be improved by:

- Actively involving other partners in decision-making (rather than purely informing them)
- Involving more stakeholders – LAs and third sector at a strategic level
- Improve partnerships
  - Involve staff at lower levels staff more
  - More sharing of resources
- Improve collaborative working
  - Greater transparent integration between Health and Social care systems (although this is seen as perhaps a different conversation)
Area for improvement

More, and better communication

- More communication is needed to increase awareness of the ICS amongst both public and staff
- Strengthen the narrative: communication needs to be more meaningful – create a story and communicate progress
- Simplify all messaging
- Join up messaging and ensure communication is consistent
- More proactive dialogue and communication

Area for improvement

Existing Information

- Use existing data and insights in more meaningful ways
- Join up data to allow for a view of the whole pathway
The process is changing behaviours (slowly)

Respondents feel that forming the ICS has started to change behaviours in some way – towards more collaborative working, being more open and involving wider stakeholder groups in the decision-making process.

Behaviour changes

- A commitment to openness and engagement
- Move away from top-down/command and control approach
- Increased focus on collaborative working
- Involvement of wider stakeholder groups

Key areas for improvement: Communication

More and better communication

- Increase communication to the general public; there is a lack of understanding of the ICS
- Improve communication to staff; outside of senior teams, there is a lack of understanding amongst staff of what is being done and why
- Create more meaningful communication; residents and staff need to understand the difference this will make to their lives
- Simplify messages; clear, plain English
- Joint communication
Other suggested improvements

Board meetings should be held more often and should be more public – live streaming and/or open to the public.

Improve governance/accountability on decision making

Website:
- Link all public statutory board meetings to governance section on Our Dorset website.
- Make board meeting information easier to find

Voluntary sector need capacity, resource and support in order to be more involved

Information is available and accessible

All respondents commenting feel that all the information listed has been made available to the public, particularly led by the CG3, and that it is generally accessible.

Several feel the messages are more at a localised level and a minority question whether the overarching messages are really getting through.

Examples of where providing public information has been working well include:
- STP plans widely published in particular
- Annual reports recently made more accessible
- Good coverage of plans and progress on websites (e.g. Our Dorset website)
- CSR consultation
- Videos with real life examples (e.g. new Weymouth hub)
- Social media coverage
- Local media

…but are people aware (and do they really need to be?)
**Suggested improvements**

**A joined up communication strategy** is desired in order to create more proactive dialogue, rather than current reactive communication.

### More meaningful messaging
- Around a quarter of respondents feel the public information provided is not meaningful enough:
  - Need to provide information on benefits of ICS to patients
  - Need a clear, compelling story about the difference it will make to people lives

### Increase awareness of partnership
- Around a quarter of responses relate to a lack of awareness of the information available and of the ICS partnership amongst the public, and amongst staff.
- Awareness individual plans is higher than the ICS partnership range of programmes.

### Improve accessibility
- A minority of respondents feel the public information is too difficult to understand:
  - Too much jargon
  - Too much technical information

### Joined up, consistent information
- A minority mention that information should be more joined up and that it currently tends to come from individual organisations.

**A joined up communication strategy continued...**

### Joined up approach and response
- Suggestions that the ICS need to develop joined up responses – develop a more strategic proactive communication strategy and process.

### Tell the public more
- There is a sense that the general public is not aware of dialogue taking place, and are not as engaged as they could/should be:
  - ‘Most people do not know about it’

### Proactive dialogue not reactive communication
- There is some feeling that communication tends to be reactive, and not as proactive as it should be with these representatives:
  - ‘Dialogue is different to broadcasting’

### Build better relationships
- MPs mentioned by several respondents as often being a struggle to get involved.
- Also build better relationships with:
  - Local media
  - Community ambassadors
  - Lay representatives
**Communication across channels**

**A joined up approach to communications**
The most consistently suggested improvement is for the ICS to take a more joined up approach to communications. Other suggestions include using methods to really engage the wider public and staff.

Over a third of respondents suggest a more joined up approach to communication is needed:
- Joined up communication to increase awareness of ICS
- Strengthen the vision amongst staff and public
- Better knowledge sharing
- Public are hearing different information from different boards/bodies
- Agree key messages proactively rather than reactively
- Communications lack a sense of joined up thinking

Other suggestions include:
- Be innovative about finding ways to really reach and listen to the wider public and staff
- Simplify communications and use real world examples
- Use other channels more such as local media and GP practice newsletters
- Making website more user-friendly

**VSOs and Healthwatch organisations are considered a valuable resource**

Several participants commented that the Voluntary Sector and Healthwatch are valuable sources for reaching residents, particularly hard-to-reach groups. A couple of participants feel there is a need for greater awareness of these benefits across the system.
Voluntary sector and Healthwatch: Suggested improvements

Develop a systematic approach and engage with these voluntary groups and Healthwatch at a strategic level.

'Should do more'
Just over a quarter of respondents feel that engagement should continue and comment that more could be done to improve these relationships.

Develop a systematic approach
A few respondents feel a systematic approach to engagement would be beneficial:
- Engagement is generally with individual organisations, not necessarily with the LCS

Engage with groups at a strategic level
Over a quarter feel that VSO and Healthwatch relationships are often limited, and are not strategic:
- Often limited to information sharing
- Not given seats at the ‘top table’
- Involvement seen as a token gesture/add on

Improve Healthwatch relationship
A couple of CCG/Local Authority respondents feel that the relationship with Healthwatch could be improved:
- Healthwatch not always willing to work with/support CCG and can be quick to criticise
- Recognise that it is difficult for Healthwatch to balance independence and being a key partner/enable

Organisations are collecting lots of data
Overall, respondents feel data is an area that Dorset does well, although responses tend to focus on the fact that opportunities for feedback are provided and that information is available, rather than giving examples of where insight is applied.

Individual organisations have own mechanisms in place

Majority of comments, particularly from the CCG/NHS respondents, suggest that organisations are 'data driven'.

Individual organisations have own mechanisms in place to gather feedback:
- Social media monitoring
- Complaints data gathered
- Meet with Healthwatch and PPGs
- Patient experience data
- CCG mentor survey
- Risk reporting

Other positive examples:
- King’s Fund pilot
- CCG JAF process
- STP Engagement Network

CSR as ‘excellent example’:
- Insight into public thinking
- Highlighted areas of concern
- Comprehensive process
- Data fed into recommendations

Is information just gathered or is it understood and applied?

Several respondents simply state that ‘opportunities are provided’ and information is available with no mention of how this is understood or used.
Join up data and use insights better

There is a feeling that there is a 'mountain of data' within individual organisations, and that it is not joined up and is not always being used in a meaningful way.

**Use data better**

Existing information needs to be used more and in more meaningful ways:

- Several questions whether insights are being used to inform policy making and design services.

**Share information**

Joined up data would reduce duplication and allow for a view of the whole pathway, and not just that of the footprints of individual organisations.

- A single repository for insight data is needed
  - Some evidence this is a work in progress
**Existing information: Suggested improvements**

**Join up data and use insights better**
There is a feeling that there is a 'mountain of data' within individual organisations, and that it is not joined up and is not always being used in a meaningful way.

**Let the public know**
There is a sense that the general public do not feel they are being listened to – more work needs to be done to show information that is collected is being used.

**Redesign services in partnership: Suggested improvements**

**Do it more and do it consistently**
The most consistently suggested improvements is for the principles of co-design to be applied more often, and across the whole system. There was also a desire for better system-wide understanding of both engagement and the patient experience.

**Do more/apply to all redesign**
Respondents feel that more co-production should be carried out, and potentially these principles should be applied to every piece of redesign.

**Develop consistent, agreed approach**
Respondents feel there should be a more consistent approach to this engagement, ideally an agreed standard.

Good practice resources and approaches should also be shared between organisations.

**Other suggestions**
- Measure experience of the whole pathway /whole system
- Involve staff
- Involve Local Authorities more
- Raise awareness of activities
Reaching the unengaged:
Suggested improvements

All respondents answering feel more should be done (or done better) to reach the unengaged. Several recognise this is inherently difficult, particularly with scant resources.

**Move away from ‘the same voices’**
A third of respondents feel more should be done by getting out to speak to different groups, however there is some concern that not enough is being done to ensure it is not just the same voices being heard.

**Target specific groups**
Six respondents (mainly from outside the CCG/NHS) feel specific groups should be targeted:
- Children and young people
- Disadvantaged/troubled families
- Care home residents (and relatives/carers)
- Concentrate on areas of greatest need

**Collaborate: A joined-up approach**
Five respondents (all CCG/NHS) want more collaboration:
- Create a joined up strategy
- Share relationships and work
- Maximise resources and reduce duplication

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Patient and community empowerment:
Suggested Improvements

**More education and joined-up working**
The majority of respondents feel more needs to be done in this area – more education, more system-wide working and more work to deepen understanding of barriers and what is working.

**More education**
- More education on self-care
- Move from health to educational and social setting
- Target schools and involve young people

Evaluate
depth of understanding

**More education on self-care**
Education on when and how to use health care

**More system-wide working**
System-wide approach to supporting and involving carers and volunteers

Develop joint solutions (e.g. with Primary Care Homes, GPs, community partners...)

**Deeper understanding**
- Develop more understanding around behaviour change
- Used data to identify people and areas to target
- Evaluate impact of initiatives
**Communication & Engagement leadership: What is working well?**

**Commitment and a shared vision**
Overall, respondents feel the communication and engagement leadership is strong, particularly in holding and communicating a shared vision and that there is a senior level commitment to engagement and communication.

**CCG/NHS respondents**
- All respondents from CCG/NHS who commented feel the communication and engagement leadership is strong.
- Key areas of strength are:
  - A shared vision and single voice
  - Senior level support for communication and engagement – considered integral part of operation
  - Regular meetings with Engagement and Communication groups across partner organisations

**Non-CCG/NHS and anonymous respondents**
- Around half of the anonymous respondents and/or those outside the CCG/NHS/LA either didn’t comment or were unsure about what is working well in this area.
- Of the half who feel this area is working well, the key strengths are perceived to be:
  - Enthusiastic team
  - Senior commitment to engagement
  - Visible senior leaders
  - Strong focus on communication

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**Comms & Engagement leadership: Suggestions for improvement?**

**Strengthen the narrative and communicate progress**

- **What could be done better?**
- **Communicate more with public, esp. on progress made**
- **System wide leadership, not just of individual organisations**
- **More consistent and simplified messaging**
- **Create a relatable story – strengthen the narrative**
- **Involve staff more; strengthen staff buy in**
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