

# Building common purpose

Learning on engagement and communications in integrated care systems



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The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales. We represent hospitals, community and mental health providers, ambulance trusts, primary care networks, clinical commissioning groups and integrated care systems.

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# Executive summary

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COVID-19 has demonstrated the critical importance of integration and partnership working. The pandemic created a common purpose that in many areas broke down barriers and enabled services to be transformed for the benefit of patients, local communities and staff. Over this period, partnership working has been strengthened, with organisations across health and care coming together to address shared challenges. This is now the 'new normal' and key to putting the health and care system on a stronger footing.

The pandemic has accelerated a journey that was already underway in the English health and care system – one that was set out in the NHS Long Term Plan and which placed NHS, local authority and other partners on the pathway to more integrated ways of delivering care. The introduction of integrated care systems (ICSs) and improved working at 'place' and 'neighbourhood' level has been at the heart of this drive.

One of the critical enablers of partnership working is effective engagement and communications. As with other areas of health and care, the pandemic has helped to remove divides between communicators working in different organisations within the system.<sup>1</sup>

More than ever, there is a clear sense of 'common purpose' as the NHS and its partners work towards delivering the widely supported ambitions of the Long Term Plan, while managing the ongoing demands from coronavirus.

In just a few months, every area of the country will be part of an integrated care system, with a 'system by default' approach increasingly in place throughout the country. As April 2021 nears, we wanted to shine a light on those local systems that

have achieved success in communicating and engaging across the partners that comprise the system, and with their local communities and the full range of health and care professionals.

Led by a working group of ICS and other NHS and local authority communications leaders, this document has drawn on the insights of system leaders and senior communicators working throughout health and care. We have identified five success factors that are required for high-performing engagement and communications at system level. These are:

## **1. Embed a strategic approach to engagement and communications**

Systems that have achieved notable success in partnership working have embedded strong engagement and communications at the heart of decision-making and system transformation work. They recognise that it is a key enabler of change and in building common ambition across partner organisations, professions and geographies, as well as to demonstrate momentum. Both are fundamental to ensuring the voices of patients, service users, communities and staff are involved and that their insights are used to inform planning and decision-making.

A strategic approach to engagement and communications is fundamental to achieving better outcomes, such as stronger partnerships and relationships, increased trust and improved participation.

## **2. Adopt systematic approaches to continuous relationship building**

Strong engagement and communications are regarded as part of the glue that holds together sustainability and transformation partnerships (STPs) and ICSs. To make these partnerships work, it is critical to recognise the strategic importance of relationship building among the partners and the influencing skills required of leaders at all levels.

Systems that have had success in building strong relationships do so on a planned, systematic and continuous basis. Part

of the answer here is getting governance and co-production processes right so that all can see clearly how decisions are made – transparency breeds trust. This also requires all leaders to invest time in building relationships systematically and to make the space for others to do so, reaching across institutional, professional and hierarchical boundaries to find common purpose.

### **3. Develop a shared vision and narrative and make it real**

A compelling narrative that all system partners buy into and which is well understood and supported by the public and staff is among the hallmarks of a thriving integrated care system. Getting all partners to agree on their shared ambition takes time and planned effort. Done successfully, this will be something that all those involved feel part of and own. Ultimately, clarity of vision and purpose at system level, with coordination of engagement and communications activity across a system, will support the delivery of effective communication at local place and neighbourhood level.

The endeavour must be shared 'with' people, not done for or to them. Just as important is making the narrative 'stick', demonstrating through action that it is real. Stories of hope matter and staff in particular want to know they are doing the things that will make a difference. Articulating stories that demonstrate steady improvements in the lives of service users, communities and staff is among the most important roles that engagement and communications leaders play within the partnership. This involves supporting leaders across the partnership to develop the shared narrative, engaging communities and communicating systematically at all levels across the system, and within places and neighbourhoods.

### **4. Embed open, transparent and two-way engagement approaches**

Health and care systems belong to the communities and people they serve. Many local systems have developed effective approaches to engaging with patients, staff and the public. A broad and strategic engagement strategy is important to

build confidence and trust. This should encompass a focus on transparency and the provision of clear public information about vision, plans and progress.

It should also involve working in partnership with local Healthwatch and the voluntary and community sector; politicians and local councillors; designing services in partnership with users, carers and staff; reaching out to the unengaged, particularly those affected by inequalities; and a focus on community empowerment. Innovative approaches such as citizens panels, which are online, agile and demographically representative, should be encouraged.

## **5. Develop engagement and communications leadership, capacity and expertise**

Partnership engagement and communications is complex and requires strong leadership at all levels – across systems, within places and in neighbourhoods. As integrated care systems have developed, different areas have developed different approaches to how they structure, resource and network their engagement and communications functions across organisations. It is important to develop these functions and networks, ensuring roles are clear and that they have the right leadership, capacity and expertise. As we found, this should include strategic thinkers, strong relationship builders and expert storytellers that understand the nuances and commitments required to contribute to and sustain effective partnership working. As with the wider public sector, diversity of thought and leadership will be as critical in these roles as elsewhere if the ambition to turbocharge health and care is to be realised.

Effective pooling and coordination of resources and expertise across organisational boundaries is key and stands out as a critical enabler in systems furthest ahead in their integration journey. Senior health and care leaders should ensure the communications and engagement teams of all organisations in the system understand and contribute to effective partnership working, alongside their institutional responsibilities, so as to collectively support improvement in population health.

## Where next?

Partnership working has been the hallmark of the health and care response to COVID-19. It has provided a strong foundation to reset the way the NHS, local government and voluntary sector work together and engage with the public, staff and partners to deliver a step change in health and care. Strong engagement and communications can help to build effective partnerships and enable integrated care systems to achieve their aims of more joined up-care and improved population health.

Every part of the country is different and has specific challenges, but we hope the insights in this publication provide pointers for local systems looking for a framework from which to build their approach.

The central message from our work is that engagement and communications is a key enabler of partnership and system working. It can play a crucial role in supporting integrated care systems, and the partners that make them up, to achieve stronger relationships, more open and transparent ways of working, greater trust, more engaged staff and, ultimately, better outcomes for the public.

For health and care communicators and engagement leads, we hope this document identifies some of the key ingredients that will enable them to take advantage of the opportunities that system working offers.

To summarise the findings, we have developed the following model for shared purpose public engagement and communications:





# Introduction

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Since 2016, health and care organisations in England have been working together to make the biggest national move to integrated care of any major western country.

The vehicles for this move – integrated care systems (ICSs) and their forerunners sustainability and transformation partnerships (STPs) – bring together NHS organisations, local councils and the voluntary sector to improve the health of their populations and redesign care. They are a pragmatic and practical way of delivering the ‘triple integration’ of primary and specialist care, physical and mental health services, and health with social care<sup>2</sup>.

The NHS Long Term Plan set the ambition for full coverage of ICSs in England by April 2021, requiring the current network of STPs to mature at pace. Making the transition to integrated care is a complex challenge, dependent on the active support and involvement of staff, communities and local partners.

COVID-19 has demonstrated the critical importance of integration. The pandemic created a common purpose that in many areas broke down barriers and enabled services to be transformed. Many NHS and care leaders report that COVID-19 has strengthened partnership working<sup>3</sup>, particularly at neighbourhood and place levels, with organisations coming together to address shared challenges.

STPs and ICSs are made up statutory organisations and need to work across institutional and professional boundaries to achieve their aims. They must build relationships, create common purpose and establish collective priorities. Their success rests on organisations working as a collective and mobilising the energy of communities and staff.

This publication turns the spotlight on the role of engagement and communications in developing thriving integrated care systems. It finds that strong engagement and communications is a crucially important enabler of system working. It paints a picture of ‘what good looks like’ and outlines key factors that make for successful partnership engagement and communications.

## Methodology

The research for this report was led by a working group of senior health and care communications and engagement professionals in England, chaired by the NHS Confederation (see acknowledgements for the full list of members).

Informed by the experiences of the 14 systems which were designated as ICSs at the time of the research in 2019, the publication draws on reflections from ICS leads as well as their engagement and communications directors. It also reflects the views of communications leaders from provider trusts, clinical commissioning groups and local authorities.

Telephone interviews were conducted with 35 individuals from systems and organisations across England in 2019 (see appendix 1). A literature review was conducted to explore good practice on partnership engagement and communications, partnership working and change management.

The key themes and messages from the above were tested with more than 100 senior health and care communications and engagement leaders, as well as two workshops with ICS/STP leaders in late 2019. We also shared the emerging findings with the communications directors of the major teaching hospital trusts (the Shelford Group) and are grateful for their input.

The report was due to be published in late March 2020 when the UK went into lockdown as a result of the pandemic, and the decision was taken to delay the publication. The report's recommendations have been updated in line with recent developments, but no additional primary research has been undertaken.

# Engagement and communications in integrated care systems

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Across every system, communications and engagement activities take place at different levels: within neighbourhoods, in places and across systems (see the box on page 11). Most direct public and staff engagement and communications work will be led directly by the organisations within the health and care partnership.

For successful system working, the principle of subsidiarity is key, with those closest to the issue taking the lead, supported by the broader partnership as required.

At the system-wide level, the task is to support places, neighbourhoods and the organisations that deliver health and care. At this level, the following communication and engagement functions are possible:

1. **Strengthening** the partnership, bringing together partners to build common purpose and improve relationships.
2. **Communicating** the partnership's shared vision and values, highlighting progress and celebrating the achievements of staff.
3. **Ensuring** a systematic approach to coproduction and engagement with patients and citizens, backed by transparent decision-making.
4. **Supporting** transformation initiatives of system-wide importance – for example, to address variations in standards or improve population health.
5. **Coordinating** campaigns on cross-system themes – for example on social isolation or mental health.

6. **Helping** create 'learning systems', contributing to spreading good practice and encouraging continuous improvement.
7. **Supporting** communications functions working at place, ensuring the best collective use of skills and capacity and availability of mutual aid.
8. **Ensuring** a systematic approach to engaging the range of stakeholders across the geography, including with democratic representatives.
9. **Flowing** information to partners on issues of national or regional importance.
10. **Helping** to ensure that national and regional policy is informed by system experience.

### The three levels within integrated care systems

- **Neighbourhoods** (populations circa 30,000 to 50,000 people) – served by groups of GP practices working with NHS community services, social care and other providers to deliver more coordinated and proactive services, including through primary care networks.
- **Places** (populations circa 250,000 to 500,000 people) – served by a set of health and care providers in a town or district, connecting primary care networks to broader services including those provided by local councils, community hospitals or voluntary organisations.
- **Systems** (populations circa 1 million to 3 million people) – in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.

Source: NHS England and NHS Improvement (2019), *Designing regular integrated care systems (ICSs) in England*.

## Form follows function

Different approaches have emerged for how ICSs and STPs organise and deliver their system-wide engagement and communications activities. This is explored in detail in the final section of this report, but in summary, they tend to fall into one of four broad operating models:

1. A standalone ICS engagement and communications team working with organisational teams operating at place.
2. A combined ICS/clinical commissioning group/provider engagement and communications team (shared service).
3. An agency-style approach, with a 'place' lead acting as an account manager and a shared team resource working across the whole system.
4. No dedicated resource, but responsibility allocated to either provider trust, CCG or council engagement and communications teams.

# Findings: Key features of high-performing engagement and communications within partnerships

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Based on our research, we have identified five key success factors in high-performing engagement and communications at system level. Systems that have achieved success in their integration journey were found to have:

- embedded a strategic approach to engagement and communications
- adopted a systematic approach to continuous relationship building
- developed a shared vision and narrative that is continuously implemented and reinforced
- embedded open, transparent and two-way engagement approaches that build trust
- developed engagement and communications leadership, capacity and expertise.

The findings show how engagement and communications can support transformation and system development, and support integrated care systems to achieve their objectives.

# Embed a strategic approach to engagement and communications

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Effective engagement and communications was widely cited as part of the glue that holds together STPs and ICSs. This was a recurring theme in interviews and workshops with system leaders and communicators. Getting the function right was seen as a critical enabler of effective partnership working and fundamental to achieving health and care systems' strategic objectives.

Interviewees across the board pointed to the need to identify and share a common purpose across partner organisations, professions and geographies, as well as demonstrate momentum. This was deemed critical to building a 'coalition of the willing' (an often cited phrase) and making change real.

In the more advanced systems in particular, engagement and communications functions was regarded as fundamental to strengthening partnerships, increasing trust and improving participation.

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Communications and engagement is a strategic function; making sure we're at the top table to ensure the voices of patients, the public and staff are involved right at the very beginning. Then it's about translating that out through those groups to make sure they understand what it is we're proposing and give them an opportunity to have their say. This allows them to have a voice in what it is that we are proposing.

**ICS Engagement and Communications Lead**



Engagement and communications teams make an important contribution to efforts to improve population health, redesign care and improve health and wellbeing. In particular, as highlighted in our research, they help to ensure that decision-making is informed by a full range of perspectives.

“

We've got to articulate sufficient stories that tell the story of system transformation and improvement, while being authentic about the challenges which relate to people's lives, in an accessible way.

**ICS Chair**

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The way to improve the money is to improve quality – I want to get everybody engaged in trying to do things better. And if we can get everybody engaged in doing things better, the money will start to improve.

**STP Lead**

Our research found the systems that have achieved notable success in partnership working have embedded engagement and communications at the heart of decision-making and system transformation. In practical terms, this means that engagement and communications specialists were involved in strategy development and implementation, included in conversations at an early stage, and embedded into system transformation workstreams.

Among the system, trust and CCG leaders we spoke to, there was broad agreement on the strategic value of engagement and communications. Yet despite this, there was a sense among communicators that this did not always translate into practice. Indeed one ICS communicator told us that the strategic value of the functions was recognised in moments of crisis, but quickly shifted to being seen as purely operational once the crisis had been resolved.

Many of the interviewees for this report felt that ignoring the strategic contribution of engagement and communications runs the risk of undermining the ability to deliver transformative changes.

## Key takeaway

Strong engagement and communications is vital to building common ambition across partner organisations, professions and geographies, as well as demonstrating momentum.

A key part of this is ensuring the voices of patients, service users, communities and staff are involved and that their insights are used to inform planning and decision-making. A strategic approach to engagement and communications is fundamental to achieving better outcomes – such as stronger partnerships and relationships, increased trust and improved participation.

## Case study: Embedding a strategic approach to engagement and communications in Greater Manchester

Greater Manchester's local councils have a long history of working together. This record of cooperation led to the development of the Greater Manchester Combined Authority and city-wide devolution in 2014. As a result, NHS communications teams work in partnership with other communication teams across the region to ensure that engagement and communication are strategic, consistent and completely embedded across the system.

Despite reduced capacity across the teams, planning and proactively sharing campaigns and reactive communications together means there are no surprises. A long-term, jointly shared communications and engagement strategy has clear priorities, with focus directed to a different priority at different times, as opposed to tackling all priorities continuously and at the same time.

On a practical level, a communications network exists and meets face-to-face each month. The network consists of three groups so that projects can be chunked up most effectively. While finding the time to work on things together

can be tricky, it is essential to be able to build and share the story and gain people's support and trust – whether it is the general public, the chief executive or the voluntary sector.

The communications network is complemented by an engagement framework which all partners have signed up to. Engagement is two-way and consistently carried out with regularly and rigorously-tested processes. This approach provides insight from the public which influences strategy and priorities. The Greater Manchester Population Health Strategy is one such example.

There is no formal obligation on the partners, which means that investing in, nurturing and maintaining relationships across and throughout the communications teams has been fundamental to successful working. A respect for each other's boundaries, working with teams rather than around them, and ensuring that people feel they are heard as well as listened to, has been key to the development of a vision for Greater Manchester, which all senior leaders are signed up in support of.

# Adopt systematic approaches to continuous relationship building

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Relationship building and influencing skills are critical to system working. Systems that have had success in building strong relationships do so on a systematic and continuous basis.

Partnerships are best seen as “processes to build relationships and get things done”<sup>4</sup>; a means of pulling together the power of others, as one STP leader explained.

The move towards integrated care is predicated on strong partnership working between the NHS, local government and voluntary sector. Yet partnership working, as almost all respondents in our research attested, is challenging. At the heart lies sustained efforts to build relationships and cultivate trust, founded on a common view of shared goals and priorities.

It is important that all elements of the partnership understand the role they play in achieving a shared goal. CCGs, NHS trusts, primary care networks, local authorities (covering issues from social care to housing and leisure) and the voluntary sector all need to meaningfully participate in discussions on system-wide engagement and communications. If partners feel equal, the process of achieving change will be smoother and ultimately faster.

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Relationship building is crucial. A lot of time is spent investing in maintaining relationships. This is key because we have no mandate. It's a partnership and if people choose not to play it will fall apart.

**ICS Engagement and Communications Lead**

Analysis from The King's Fund in 2018 found that the ICSs furthest ahead in their work had given priority to strengthening relationships and trust between partner organisations and their leaders.<sup>5</sup> This research similarly identified a systematic approach to relationship building as a distinguishing feature of systems furthest ahead in their partnership endeavours.

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You have to be able to have open and honest conversations with partners – that's why we've gone to informal meetings so we can get to know each other. You can't build a relationship between organisations unless the people within the organisations know each other and trust each other.

**County Council Leader**

Research participants (both communicators and system leaders) that were part of the most advanced systems emphasised the legitimacy of investing time on building alliances and partnerships, and crucially, in maintaining them. Relationship building was stressed as a continuous investment rather than a one-off act and was seen as the way to mobilise support. Communications leads across STPs and ICSs commented on the need to rely on relationships to get things done due to “operating outside of their authority”.

Workshop delegates and interview respondents noted that for partnerships to work, it is important to understand the different perspectives, accountabilities and structures of each partner organisation.

In particular, interviewees were clear that local government support and involvement are essential to effective system working and that strong working relationships between NHS and local authority engagement and communications teams are vital to achieving this. One county council leader argued that conversations need to move away from NHS and local government standpoints to rallying around the question “what is the partnership and what is the best outcome for the partnership and residents at the end of it?”.

Research by Britain Thinks in 2017<sup>6</sup>, which gathered the views of elected members and local government officers, identified four key ways that this sense of joint endeavour could be created:

- Build a shared direction of travel, recognising this often needs to cover a longer time frame than traditional NHS planning cycles.
- Hold conversations early and regularly about areas of collaboration, such as public health and prevention.
- Align teams so that efforts and messaging are consistent.
- Involve people who have an understanding of both local government and the NHS, embedding them across system workstreams.

## Key takeaway

The systems furthest ahead have invested time and effort into building relationships and fostering trust at all levels. All systems should adopt a systematic approach to continuous relationship building across the system, and at place and neighbourhood level.

Relationship building and influencing skills are critical. Engagement and communications leaders often have good experience, knowledge and expertise to help leaders across the system do this successfully.

## Case study: Adopting a systematic approach to continuous relationship building in the North East and North Cumbria

Working as a virtual team, North East and North Cumbria ICS communications team navigate a complex matrix of relationships on a daily basis. Recognising and identifying the stakeholders and main audiences for each of the ICS workstreams has been key to effective engagement and relationship building across the system.

The engagement and communications team set out a list of 'must dos' which remain the backbone to the success of their systematic approach. Working as a system and getting the relationships in place with the right people, and 'owning' those relationships and the NHS stories which go with them, has been fundamental. Drawing up a tactical plan which allows for continuous engagement and communication with populations at local level means that all of the organisations within the system are able to

tell their own local story. But not being afraid to be loud and proud about the NHS and explaining how partners are working together for the benefit of the local community remains vital.

Each of the workstreams within the ICS has its own key stakeholders and influencers, so that engagement and detailed co-production from the start has been possible. Broader public engagement involves promoting the vision, consistent messaging and the 'good news' stories, tailored to be relevant to different locations and populations.

Looking to the future, the team at North East and North Cumbria ICS is setting its sights on new technology to strengthen relationships with staff, public and stakeholders. They aim to use this to better understand their audiences and to reach them more effectively.

# Develop a shared vision and narrative and make it real

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A narrative that is backed by all the partners in the system and supported by staff and the public is identified as key to being a thriving integrated care.<sup>7</sup> Getting all partners to agree on their shared ambition through a compelling narrative takes time and planned effort but is critical to successful partnership working. It provides clarity on shared purpose and collective priorities, making it easier to mobilise action.

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We need to collect and collate the evidence about how transformation improves efficiency, quality and the outcomes of the system. This way you get buy-in from those who lead with their hearts and those who use their minds. Then you need to communicate and engage in a sustainable and systematic way.

**ICS Leader**

The vast majority of interviewees for this report identified a shared narrative and vision as a 'must-do' for effective communications and engagement at system level. It helps demonstrate the art of the possible and why working in partnership can help to deliver better outcomes for the public, staff and local communities. A unifying system vision and narrative must also complement those at local place level. Communications and engagement leaders support the development of a narrative and communicate the implementation of a vision. But it is the responsibility of all leaders to own and champion this and show how it is becoming a reality throughout the system.



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Leaders need to agree one message and then hold it to account. It's really damaging if one part says something and another says something else. If we start looking disjointed, the public will lose trust.

**STP Engagement and Communications Lead**

System leaders and communicators, as well as their counterparts in NHS, local government and voluntary sector organisations, expressed the importance of narratives focusing on the clinical and other health benefits for patients, the public and staff, rather than the architecture or “wiring” of the partnership itself. Leaders need to be able to describe the shared mission and point to the manual setting out how the partnership works, but the two should not be confused.

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Nobody cares about your structure. They don't understand about commissioners or providers. They don't understand that there hasn't been a shared medical record – they just assume that everyone can see everything. They are totally uninterested. A lot of CCG and ICS communications tend to start with telling you about the structure and it turns people off.

**STP Leader**

Many systems have paid particular attention to the use of language, recognising that language can exclude – both within and outside of the partnership – and become a stumbling block in and of itself.

Interviewees broadly spoke of having one story and many messengers. It is important for all partnerships, and staff within them, to have responsibility for owning and communicating the narrative and making it relevant.



We're about building the story, sharing that story and gaining belief in the story. We articulate what we're trying to achieve and how we're doing it to help people believe in what we're doing to bring them with us, whether it's the staff, chief executive, stakeholders or general public.

**ICS Engagement and Communications Lead**

### **Practical pointers on system narrative development from NHS England and NHS Improvement workshops with ICS leaders**

1. **Agreeing a shared narrative and vision takes planned effort and is part of agreeing common purpose across organisations.** Differences in words often mask differences in priorities, so the process of getting them right can be as important as the outcome. The investment of time creates clarity and speeds up decision-making in future.
2. **Take time to properly understand your audiences.** The public, staff and partners will have strong views on what has happened before and what should happen next. You need to understand your context and different perspectives – the existing narrative – in order to communicate effectively.
3. **Constancy of purpose is critical.** With any transformation work there will be developments that require systems to adapt and adjust direction. But to give others confidence to follow, leaders must show determination to stay the course.
4. **The words you use really matter.** An inspiring narrative will be actively inclusive – not exclusive – cutting across organisational, professional and geographic boundaries. It will reflect the priorities of your audiences, speaking to them directly about things they value in a way they understand and, crucially, remember.

Continued...

5. **Start with your audience and avoid the common mistake of “talking about what you do at work”.** Most members of the public are not concerned with the workings of the NHS and find its jargon bureaucratic and unfriendly. Many staff are cynical about the rhetoric of transformative change. They know change tends to happen slowly. Leaders need to be able to articulate the systems’ collective mission, as well as point to how the partnership works, but they should not confuse the two.
6. **Answer the question: so why should we trust you, your system or organisation?** Values, intent and integrity are the bedrocks of any narrative. Be straight with people about difficulties and explain personal commitment. Put transparency and co-production at the heart of decision making. Equally, results also count. Narratives about the future are important but trust is nurtured by building a visible track record.
7. **Build ownership of the narrative across the system and nurture this over time.** A narrative must express an endeavour that all those involved are part of and own – one that is shared “with” people, rather than done “for” or “to” them. This applies to service users and communities, but also to institutions and all care professions whether in commissioning, provision, primary care, local government or the voluntary sector. Be vigilant for key partners that feel unsupported.
8. **A narrative only sticks if it is real – and is seen to be so. But the process of transformation means this will be an emerging picture.** It is better to over communicate, setting out each step of the journey and example of change. Use stories to give people hope that they are doing the right things and show steady practical progress regularly.
9. **Use your communications to role model change.** Celebrate the contribution of all partners. Encourage collective learning and build understanding across them. Applaud the spread of improvement as well as innovation. Show staff the people in the system who are making great things happen.
10. **With all communications, start and finish with why.** While the daily work or transformation is about process improvement, integrating care is about improving population health and delivering better services and achieving better value for the taxpayer. Keep coming back to this point.

During our interviews, the issue of branding came up on several occasions. Partnership branding can be challenging. As the NHS Identity guidelines note:

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Partnerships will always be a challenging issue when it comes to branding as, in the majority of cases, either all the partners want their organisations to be visually represented or they want a new identity for the partnership. Both of these approaches can be confusing to patients, the public and stakeholders.

A branding expert consulted for this paper emphasised the importance of being pragmatic and putting the audience first. “Which [partner] brand will make people trust you?” she argued, suggesting that partnerships should leverage the brand with the greatest brand equity to foster trust.

Branding and reputation are important for individual organisations as they need to attract good employees and build confidence in services provided to the public. Staff rightly want to feel proud of the institutions they work for and organisations need to foster this.

It has been useful for some systems to have an inclusive visual identity – owned by all NHS and non-NHS partners – and to use this to highlight collective values and the achievements across a geography. They have shown that this can complement the institutional brands of the organisations that comprise each system.

As we shift towards system collaboration and a ‘system by default’ model, organisations are likely to increasingly want to highlight their collective achievements with their partners for their communities as a key part of their identity.

## Key takeaway

A compelling narrative that is well understood and supported by the public, staff and local partners is among the hallmarks of a thriving integrated care system. Getting all partners to agree on their shared ambition takes time and planned effort. Just as important is making the narrative stick by demonstrating delivery. Engagement and communications teams have a pivotal role to play in helping to socialise the narrative, and supporting leaders to communicate it effectively throughout the system.

The system “plumbing” and “wiring” need to be clear but is not of wide interest to patients, the public and staff – they are more interested in how change will affect them. Therefore, articulating stories that demonstrate progress and how partnership will improve the lives of service users, communities and staff is among the most important roles that engagement and communications leaders play within the partnership.

## Case study: Developing a shared vision and narrative in the West Yorkshire and Harrogate Health and Care Partnership

Over 100 communications and engagement colleagues work in collaboration across the West Yorkshire and Harrogate Health and Care Partnership. The team and projects are split into six district areas. To build and sustain a shared vision and joint narrative for their system, they meet as a network every three months and enjoy a model of distributed leadership.

Significant energy goes into developing the communications and engagement network to make sure that colleagues are updated, receive regular training and are sighted and engaged across all projects. Strong relationships have been built right across the team with the result that developing a shared partnership vision and narrative has been successfully achieved.

Crucially, the partnership's senior leaders have an intrinsic understanding of the value of strategic communications and engagement. By working closely with the ICS director, the communications and engagement strategy is refreshed to support the

partnership's strategic plan. The communications and engagement team is then empowered to create and deliver communications and engagement plans to support each objective, raise awareness and seek local political support.

Openness and honesty are among the system's strategic objectives and are reflected in the communications strategy and all messaging. That way, team members can proactively signpost audiences to communications and messages that are consistent and already available. Another strategic objective – collaboration – is also mirrored in the way teams and networks communicate messages across the partnership.

Understanding and respecting audiences, particularly frontline staff, is considered fundamental to communications in West Yorkshire and Harrogate. Using a range of channels – such as podcasts, blogs and vlogs – means consistent, shared messages are received by a wide audience.

# Embed open, transparent and two-way engagement approaches

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History shows that health and care plans often succeed or fail on the strength of their engagement with staff and communities. The NHS has sometimes been criticised for only engaging with the public on a piecemeal basis – about a particular service change, for example. Our interviews revealed a strong feeling that partnerships needed to break this cycle and move to a model of continuous engagement. This has been echoed as a key learning point from the first wave of the COVID-19 pandemic.<sup>8</sup>

NHS organisations can learn from local councils that have expertise and knowledge on community engagement – it is important for system partnership boards to build on this.

The importance of engagement was a strong theme throughout our interviews and workshops. Systems that have achieved success in working in partnership with their local communities, staff and partner organisations were shown to focus on continuous two-way engagement.

## Engaging with staff

Systems often cited staff as their key audience and have taken steps to ensure that health and care professionals understand their collective ambition across the geography.

“

If I could find the silver bullet to get staff engagement better organised, I think that would help hugely in terms of the overall communications and engagement process.

**STP Chair**

“

Staff [as an audience] is increasing because a lot of what the ICS is doing is about asking staff to work in different ways.

**ICS Engagement and Communications Lead**

Despite this, many interviewees acknowledged that a more systematic approach to staff engagement and communications is needed, with few, if any, partnerships feeling that they have got the balance right at the moment.

Furthermore, focus was usually placed on NHS staff rather than those across the entire partnership. This, for example, would become evident when messages that were intended to be sent out across different local partners were issued with NHS jargon or written primarily for an NHS audience.

“

All we do is try to make it easier for people to work together. But actually, on the ground, our staff will be working with people every single day; a nurse will be working with a social worker, who'll be working with a voluntary organisation. They'll all be doing that around one particular patient. That's actually all the STP is doing at a bigger level. So, I want people to start telling their stories.”

**STP Leader**



Clearly using the collective experience and insight of staff to drive system transformation is essential – they know what works. While system leaders recognise the benefit of bringing these voices to the fore, there remains a need to do more at every level.

“

We focused on staff and making sure they were informed about the ICS. The roadshow was a great example of working well across the system to reach different groups of staff. It was run as drop-in sessions at which we spoke about the developments that were going on that would affect them e.g. digital shared records and the IT behind the system to make it easier. We also got lots of suggestions from attendees on where they thought things could work better.

**ICS Engagement and Communications Lead**

Staff are also citizens in their local communities – they have both a professional and personal stake in how services are run. They will play a key role in the public’s understanding of what is going on across the health and care system.

“

Across our patch, we have 50,000 health and care staff. They are our audience as system staff, but they are also residents in the main. They are our population and the people who work in our system.

**STP Leader**

# People, communities and the voluntary sector

Enabling people to be part of the conversation, decisions and solutions is mission critical to the task of integrated care. Several systems mentioned different approaches to meaningfully engaging with people and communities, including via citizens' panels and deliberative events, as well as through partnerships with local Healthwatch and the voluntary sector.



We often make lots of assumptions about what people want and are often wrong, so it's important to understand what people want and what drives them. Otherwise, we run the risk of investing lots of time and effort into making a change that people are just not going to use

**ICS Engagement and Communications Lead**

Since 2016, a lot of work has been done to improve system public engagement. Several systems have taken on board the need to be more transparent, and the NHS and local government have worked together to learn from each other.

But more needs to be done. In the last parliament, the Health and Social Care Select Committee called on all systems to meet the highest standards of openness and transparency in the conduct of their affairs "by holding meetings in public and publishing board papers and minutes".<sup>9</sup>

Ipsos Mori research commissioned by NHS England and NHS Improvement found six key ingredients for successful engagement with people and communities. These back up findings outlined in this report and appear fundamental to successful engagement at system level:

1. A shared and agreed vision for engagement that is clear about the desired impact and that is owned and supported by senior system leadership.
2. An open and transparent approach to involving people and communities, for example public board meetings, clear governance arrangements and channels for engagement.

3. Mobilisation of the knowledge, skills, resources, networks and relationships that can be used by wider partnerships to tackle shared priorities.
4. Strategic engagement with the voluntary, community and social enterprise sector.
5. Engagement approaches designed to involve a good cross-section of the local community.
6. Ability to tap into what matters to people locally, rather than the machinery behind the ICS.

“

We engage all the time, but we need to do it with purpose. As we prepared for the publication in 2016 of our STP, we published a compendium of all the engagement we had done with the public over the years. That way people could see that we had developed the plan based on four years' worth of engagement.

**ICS Leader**

There are many good examples around the country. In Nottinghamshire for example, the voluntary sector has been instrumental in improving services. The Stroke Association has worked with Nottingham and Nottinghamshire ICS to strengthen the patient voice. This has involved recruiting stroke survivors, patients and carers from the area to sit alongside clinicians and professionals as partners to identify areas for change and determine future ambitions for transformed stroke care. The whole pathway has been reviewed with a focus on scaling up prevention activities and understanding what personalised care means for patients in their post-acute rehabilitation period. This model of good practice for patient engagement has been adopted for other reviews of clinical services.

## Key takeaway

Many systems have developed meaningful approaches to engaging with patients, staff and the public – for example, through citizens’ panels and deliberative events, as well as through local Healthwatch organisations and the voluntary sector. In order to achieve success, stakeholders, staff and the public need to be involved from the outset. Communication and engagement are a two-way process and systems need to get input from invested groups from the start.

### Case study: Working through partners in Sussex

Like many areas, Sussex ICS worked with local Healthwatch as well as its People’s Panel and engagement networks to gain rapid insights into residents’ experience and concerns during the national COVID-19 lockdown in March – mainly using online surveys. The feedback fed into a range of actions, including pharmacy guidance, communication in community languages, support for British Sign Language users to access primary care, and a COVID-19 bereavement resource.

The ICS has developed a ‘Big Conversation’ to bring recovery engagement work under one umbrella and give a collective focus across the system. The emphasis is on digital engagement, plus working with trusted intermediaries in the voluntary and community sector to help hear from diverse groups and communities.

Source: NHS England and NHS Improvement (2020), Short guide to socially distanced engagement.

# Develop engagement and communications leadership, capacity and expertise

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Partnership engagement and communications is a complex, multifaceted task, requiring excellent leadership. Interviews for this report highlighted the need for strategic thinkers, strong relationship builders and expert storytellers that understand the nuances and commitments required to contribute to and sustain effective partnership working. Added to that, a cohesive network of communications and engagement professionals across the partnership was deemed mission critical.

As integrated care systems have developed, different areas have developed different approaches to how they structure and resource their engagement and communications functions. It is important to ensure that the right resource is in place across the partnership. Communications and engagement leads raised the need for “form to follow function”, with systems needing to be clear on what they are trying to achieve.

Resource and capacity at system-wide level has been a significant challenge, especially where there are short-term contracts in place or staff performing more than one role. Taken together, NHS trusts, CCGs and local councils have significant communications and engagement capacity and expertise. Effective pooling, coordination of resources and recognising and using skills and strengths across organisational boundaries will be key to the success of system working.



What a powerful resource it would be if people gave up sovereignty of their communications and engagement resource.

**STP Chair**

As with other elements of transformation, a key way of encouraging teams to work together more effectively is on a project basis. Partnership is created through the delivery of real work. For example, around the country, we have seen system-wide communications campaigns on topics ranging from suicide prevention and social isolation to health and care recruitment drives. These show the value of engagement and communications teams pooling resources to deliver system-wide messages on behalf of all partners.

## Operating models

Integrated care systems have adopted different approaches to the structure of their engagement and communications teams. There is an opportunity to learn from what is working in some systems.

We have found ICS engagement and communications functions typically organised into one of four operating models:

1. A standalone ICS engagement and communications team.
2. A combined ICS/CCG/provider engagement and communications team (shared service).
3. An agency style approach, with a 'place' lead acting as an 'account manager' with a shared team resource working across the whole system.
4. No dedicated resource, but responsibility allocated to either provider trusts, CCG, or council engagement and communications team.

The predominant models were the shared service approach (2) and no dedicated team (4). There were differences of opinion across system and place level about whether there should be dedicated engagement and communications at ICS level or whether this should be distributed in local place and neighbourhood organisations. Several systems were operating with the 'no dedicated resource' model.

As we have noted, form needs to follow function and the structural approach matters less than the need to develop engagement and communications leadership, capacity and expertise. The task is to ensure that the right resource is in place across the partnership, regardless of where the capacity and expertise formally sits.

### The operating models in focus

Of the structures presented, the following configurations seem to be achieving success:

**Model 1:** There is a team of engagement and communications professionals dedicated to the work of the ICS who focus on the priorities identified by the leadership and lead on projects on behalf of the system. The team is currently made up of 4.5 FTE with plans to rise to ten FTE. They work with workstream teams and generate opportunities to do things differently and provide strategic advice to the executive.

**Model 2:** In this ICS, the engagement and communications lead and their team are based within the CCG engagement and communications team. Their work covers both CCG work and ICS priorities, but there is an ICS engagement and communications group which meets weekly, made up of colleagues from partnership providers and councils. This is used to share work and involve partners in the work of the ICS.

**Model 3:** In one ICS with this model, there is an engagement and communications lead for the partnership. The work and team are split into six district areas, each with their own engagement and communications lead. These leads work with colleagues from across partnership organisations, including local councils, trusts, CCGs and Healthwatch. This model also includes secondments from third sector organisations in the partnership, such as Macmillan Cancer Support and the Stroke Association. There is also a joint network meeting every three months.

**Model 3:** There is an executive lead for communications on the board of the ICS, supported by a head of communications for the ICS who draws on the capacity of the partner organisations. By being involved in the partnership board and having strong relationships with the leaders across the organisations, there is an ability to formulate a robust communications strategy. However, it was noted that it is harder to resource the communications and engagement work needed for cross-cutting workstreams/programmes.

The type of model will depend on local circumstances. Many systems believe there is sufficient capacity in organisations across the partnership to draw on to deliver effective engagement and communications at system level – the challenge to solve is how best to organise this.

For those for whom resource and capacity were not cited as their biggest challenge, most spoke of the tension between system and organisation work. This was primarily attributed to needing to persuade engagement and communications staff working in partner organisations to devote the time to support the work of the wider partnership. Again, this comes back to the importance of relationship building and ensuring that all parts of the partnership are aligned with the vision and direction of travel. Many systems interviewed for this report said they regularly convene meetings of communication and engagement leads from across partnerships to consider pooling resources more effectively.

“

There's no traditional authority because I'm not their boss. It's tricky to engage people when they've got a full-time job and they're asked to do something else as well.

**ICS Engagement and Communications Lead**



## Skills and competencies for integrated working

It is clear from the ICS leaders interviewed for this report that they increasingly require engagement and communications leaders to have expertise and skills in key areas such as relationship building, influencing, negotiation and diplomacy.

Communications professionals traditionally have expertise in a range of technical skills, such as stakeholder management, media relations, digital and social media, and staff engagement. These will always be in demand and are a vital part of a communication leaders' toolkit, but increasingly those interpersonal skills will be fundamental to enabling partnership working. Several saw their role as brokering partnerships and being the glue that holds the partnership together. At the heart of their role are excellent leadership, relationship building and influencing skills.

“

We're in a world where persuasion and influence are increasingly important – these are the skills that will be needed.

**ICS Engagement and Communications Lead**

“

I'm looking for strategic communications and engagement. As a system leader, I'm not terribly interested in press releases, for example, but what I am interested in is gauging people's opinions about how integrated out-of-hospital care should look. I'm interested in people's opinions about what stroke services might look like. Of course, you still need technical skills, like pre-consultation engagement.

**STP Chair**

For many, being able to influence at all levels within an organisation as well as within partner organisations was seen as the most challenging aspect of the role. Maintaining these relationships was seen as a core part of the job. In practical terms, this often means taking time and effort to build and nurture relationships, such as through (informal) face-to-face meetings/coffees, sharing information early and showing support with resources.

“

System working is incredibly hard; it's the hardest space I've ever worked in and isn't for everyone. You have no jurisdiction. All you can ever do is influence and work with the relationships you've built – this isn't just comms but everyone who works in the ICS. Progress is so slow, but a small step forward is all it takes to lift your spirits.

**ICS Engagement and Communications Lead**

In addition, our interviews and workshops pointed to a much greater emphasis on engagement skills, with communications supporting this activity.

“

Engagement needs to be much more about engaging with people for a purpose. We're engaging staff because we want them to feel empowered to deliver change; we're engaging the public because they've got ideas and insights and are invested in what we're doing. We've got to recognise that and that requires a different set of skills.

**ICS Leader**

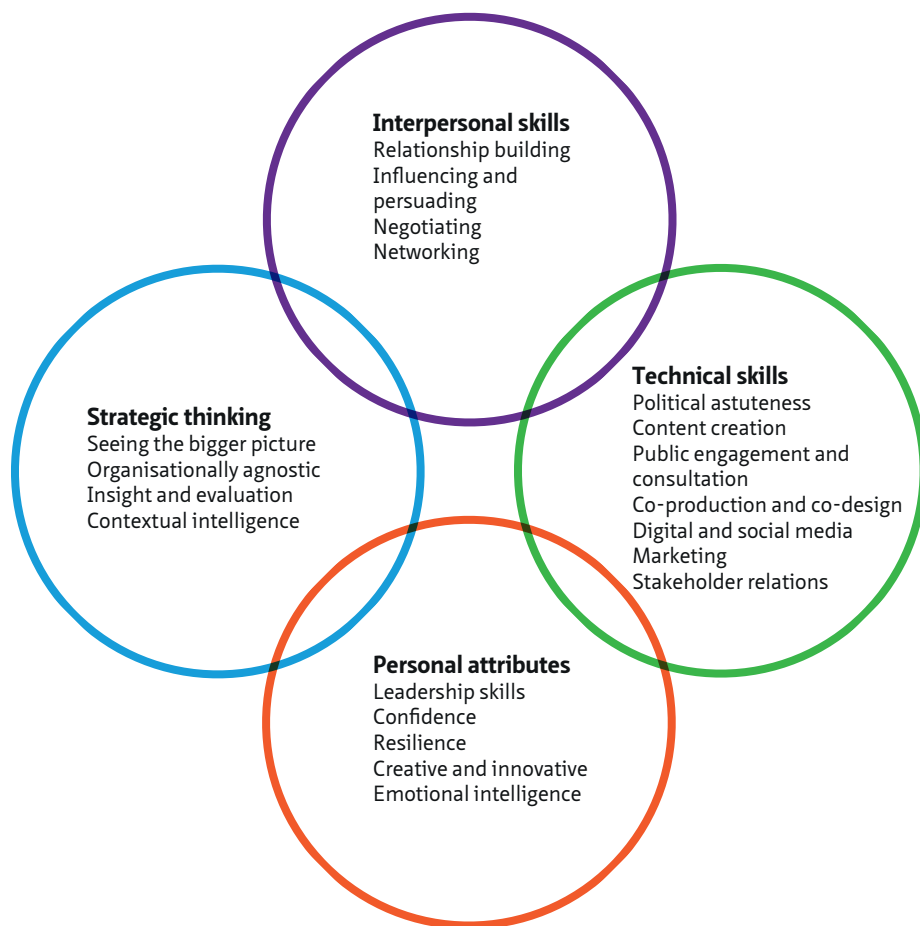
The way the NHS and other public services communicate is significantly changing. As the Government Communications Service highlights, “the top-down ‘broadcast’ mode of communications is over”.<sup>10</sup> Skills around public and staff engagement, generating insights from the views of the public and analysing that data, were identified as key.

“

There's a real shift away from media handling to content creation; taking control of your content and your channels is something that people still need to get their heads around. The best communicators are those who understand change communications and can explain the bigger picture. These are going to be some of the key skills for the future within the NHS.

**ICS Engagement and Communications Lead**

The most commonly cited competences raised in our interviews and workshops are captured in the diagram below.



As with the wider public sector, diversity of thought and leadership will be as critical in these roles as elsewhere if the ambition to turbocharge health and care is to be realised.

## Key takeaway

As integrated care systems have developed, different areas have developed different approaches to how they structure and resource their engagement and communications functions. The structural approach matters less than the need to develop engagement and communications leadership, capacity and expertise, and the need to ensure that the right resource is in place across the partnership to support work across the system, in places and neighbourhoods.

Partnership working will require engagement and communications leaders to increasingly demonstrate a different range of skills in areas such as relationship building, influencing, negotiation and diplomacy. These will be in addition to the vital technical expertise and skills that will always be needed.

## Case study: Valuing engagement and communications leadership, capacity and expertise in Nottingham and Nottinghamshire ICS

There was a recognition early in the development of the Nottingham ICS that communications and engagement is the responsibility of all system partners, and that a big piece of development work was needed for communications as a function. Not only is this because the ICS brings a huge shift in thinking and working, but that there is often a knowledge gap around systems-thinking as a whole across all workstreams.

This recognition presented an opportunity for the communications and engagement team to better define what communications and engagement does and doesn't do.

The team identified that it was key for them to have skills such as political awareness and

astuteness, and a thorough knowledge of the system's footprint and how it operates. They recognised that traditional communications and press office work remain key but additional skills and expertise are also needed. Ensuring the new skills requirements are met at interview and during induction was fundamental.

Communication cannot happen without engagement, whether that be with the public, staff or patients, so to gain maximum value from a communications and engagement perspective is essential for communication teams to consider different structures, capacity and expertise – which means different people with different skillsets, not necessarily solely honed within the NHS, but also the voluntary and community sector to help hear from diverse groups and communities.

# Viewpoint

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Effective engagement and communications is critical to partnership working and a key enabler in health and care transformation. The impact of coronavirus has further underlined the importance of partnership working and will help to accelerate the journey to greater integration and system working that was already underway in the English health and care system.

The report has shone a light on local systems that have achieved success in engaging and working effectively in partnership with their local communities, staff and partner organisations. A common theme in these systems is that they have recognised the need for effective engagement and communications and for this to be at heart of their decision-making processes and activities.

We have found that the role of engagement and communications is vital in building common purpose across partner organisations, professions and geographies, as well as ensuring the voices of patients, service users, communities and staff are involved and that their insights are used to inform planning and decision-making.

This strategic approach to engagement and communications is fundamental to achieving more developed relationships and partnerships, greater participation and trust, more open and transparent ways of working, more engaged staff and, ultimately, better outcomes for the public.

As we move towards every area of the country being part of an integrated care system, there is a golden opportunity for local systems to strengthen how they engage with the public, staff and local partners. The success factors outlined in this report should be regarded as core territory for any high-performing system.



# Acknowledgements

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- Alex Ball, Director of Communications and Engagement, Nottingham and Nottinghamshire Integrated Care System
- Cara McDonagh, Head of Content and Engagement, NHS England and NHS Improvement
- Carrie-Ann Wade, Director of Communications and Engagement, North East London NHS Foundation Trust
- Charlotte Gawne, Director of Communications and Engagement, South West London Health and Care Partnership
- Claire Norman, Director of Communications and Engagement, Greater Manchester Combined Authority and Greater Manchester Health and Social Care Partnership
- Frances Aviss, Senior Public Engagement Lead, Dorset Integrated Care System
- Georgina Stanton, Assistant Director of Service Development, Central Bedfordshire Council
- Helen Stevens-Jones, Director of Communications and Engagement, South Yorkshire and Bassetlaw Integrated Care System
- John Underwood, Director, Centre for Health Communications Research
- Joy Okunnu, Head of Content, NHS Confederation
- Kim Parfitt, Head of Communications, Buckinghamshire County Council



- Mehreen Hussain, Senior Programme Manager (Content Management), NHS England and NHS Improvement
- Michelle Dixon, Director of Communications, Imperial College Healthcare NHS Trust
- Roger Davidson, Director of System Partnerships, NHS England and NHS Improvement
- Sharon Ward, Director of Communications and Engagement, Frimley Health and Care
- Sue Harris, Director of Strategy and Partnerships, Worcestershire Health and Care NHS Trust and Herefordshire and Worcestershire STP Communications and Engagement Lead

We would also like to thank all those who gave their time to take part in our interviews and workshops. Their contributions and reflections have been invaluable and the foundation of this work.

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# Appendix 1: List of interviewees

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- Alex Ball, Director of Communications and Engagement, Nottingham and Nottinghamshire Integrated Care System
- Alex Stewart, Chief Executive, Healthwatch Norfolk
- Claire Hankey, Director of Communications and Engagement, Mid and South Essex Sustainability and Transformation Partnership
- Claire Norman, Director of Communications and Engagement, Greater Manchester Combined Authority and Greater Manchester Health and Social Care Partnership
- Claire Riley, Executive Director of Communications and Corporate Affairs, Northumbria Healthcare NHS Foundation Trust and Communications and Engagement Lead for the North East and North Cumbria Integrated Care System
- David Pearson, Independent Chair, Nottingham and Nottinghamshire Integrated Care System
- Giselle Rothwell, Director of Communications and Engagement, Surrey Heartlands Health and Care Partnership
- Helen Southwell, Stroke Programme Manager, Stroke Association
- Helen Stevens-Jones, Director of Communications and Engagement, South Yorkshire and Bassetlaw Integrated Care System
- Ian Gall, Chair of Our Dorset Integrated Care System Public Engagement Group
- Cllr Ian Hudspeth, Leader of Oxfordshire County Council and Chair of the Local Government Association's Community Wellbeing Board
- Jane Milligan, Accountable Officer for North East London Commissioning Alliance and Executive Lead for East London Health and Care Partnership

- Jo Baggott, Deputy Head of Communications (Midlands), NHS England and NHS Improvement
- Jo Bayley, GP and Chief Executive, GDoc Ltd and Gloucester GP Consortium Ltd
- Julie Clayton, Head of Communications and Engagement at NHS North Cumbria Clinical Commissioning Group
- Karen Coleman, Director of Communications and Engagement, West Yorkshire and Harrogate Health and Care Partnership
- Karen Johnston, Head of Communications, Engagement and Marketing for Bury Council and Bury Clinical Commissioning Group
- Kate Jarman, Communications and Engagement Lead for Bedfordshire, Luton and Milton Keynes Integrated Care System and Director of Corporate Affairs at Milton Keynes University Hospital NHS Foundation Trust
- Kim Parfitt, Communications and Engagement Lead for the Integrated Care Partnership in Buckinghamshire
- Kirk Millis-Ward, Director of Communications and Engagement, Isle of Wight NHS Trust and Isle of Wight Council
- Laura Skaife-Knight, former Director of Communications and External Relations, Nottingham University Hospitals NHS Trust, now Deputy Chief Executive, The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
- Mark Cubbon, Chief Executive, Portsmouth Hospitals NHS Trust
- Michelle Dixon, Director of Communications, Imperial College Healthcare NHS Trust
- Sir Neil McKay, Chair, Shropshire and Telford and Wrekin and Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership
- Nicola Plumb, Director of Organisational Development, Participation and Corporate Affairs, Dorset Healthcare University NHS Foundation Trust and Executive Lead for Our Dorset
- Dr Nina Pearson, GP Lead, Bedfordshire, Luton and Milton Keynes Integrated Care System

- Neil Greaves, Head of Communications and Engagement, Lancashire and South Cumbria Integrated Care System
- Pam Schreier, Corporate and Strategic Communications and Engagement Lead, Shropshire and Telford and Wrekin Sustainability and Transformation Partnership
- Philippa Slinger, Lead Chief Executive, Devon Sustainability and Transformation Partnership
- Rob Webster CBE, Integrated Care System Lead and Chief Executive, West Yorkshire and Harrogate Health and Care Partnership and South West Yorkshire NHS Partnership Foundation Trust
- Robin Tuddenham, Chief Executive, Calderdale Council
- Sharon Ward, Communications and Engagement Lead, Frimley Health and Care Partnership
- Simon Morgan, Communications and Engagement Lead, Suffolk and North Essex Integrated Care System
- Sue Harris, Director of Strategy and Partnerships, Worcestershire Health and Care NHS Trust and Herefordshire and Worcestershire Sustainability and Transformation Partnership Communications and Engagement Lead
- Victoria Parker, Director of Communications and Engagement at Royal Berkshire NHS Foundation Trust and Berkshire West Integrated Care Partnership

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