

	Post Winterbourne View Programme - Communications Strategy			
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	Programme Manager	Frances Smethurst		
	SRO	Bruce Calderwood	Status	Draft
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	Author	John Crook Claire Baker	Version Date	26 February 2013

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Post Winterbourne View Communications Strategy

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Reviews:

This document must be reviewed by the following:

Name	Signature	Title / Responsibility	Date	Version

Approvals:

This document must be approved by the following: <Programme Approvers>

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1 Purpose

Now that the government has published its final report, a line needs to be drawn under the terrible events that happened at Winterbourne View and the emphasis given to the positive changes that will be coming about as a result of the actions arising from the report. This will help to improve the quality of care that people receive and ensure new models of care and ways of working are introduced that will reduce the need for people to be admitted to hospital and will reduce their lengths of stay when they do need to be there.

This communications strategy will support the Project Board in ensuring transparency around the programme of change, and that everyone involved in the care of people with learning disabilities and behaviour which challenges is aware of and has access to the best quality information about the changes and the role they need to play in them. It will also play a part in ensuring that families and members of the public are reassured that the commitments in the final report and concordat are being implemented, and that care for people with learning disabilities is improving.

There are a number of key actors who are jointly responsible and accountable for delivery of the programme: the Department of Health, the NHS Commissioning Board, the Local Government Association and the Care Quality Commission. This strategy will also ensure that messages about progress from each of these organisations are consistent and maximise the impact on clinicians, front line staff and members of the public.

2 Background and Context

The Winterbourne View Review Report and the accompanying Concordat contained over 60 actions by a wide range of bodies and actors: the NHS Commissioning Board, the Department of Health, local authorities, PCTs and Clinical Commissioning Groups, the Care Quality Commission, professional bodies and Royal Colleges. Communicating the outputs of these actions will be critical to the success of the programme as a whole.

The overall objective of the programme is to improve the quality of care of those with learning disabilities, mental health conditions and behaviour that challenges.

The Department of Health was responsible for publishing the report in December 2012 which followed a prolonged period of review and engagement with a broad range of external stakeholders. A communications plan was drawn up for the launch of the report. We now need to build on that and develop a communications strategy to support the actions being taken to deliver the content of the report. The joint implementation team set up within the NHS Commissioning Board will be largely responsible for liaising and engaging with frontline staff in CCGs and local authorities on a day-to-day basis. It will draw up a separate, but linked communications strategy for the next two years.

There will be Ministerial interest at key stages of the programme's development, and in recognition of this, opportunities for ministers to add value to communications have been built into the strategy. The Care Quality Commission and the Local Government

Association will also be participating and contributing to the strategy from time to time.

3 Communication Objectives

In order to support the Board's engagement work, our communications objectives aim to maintain the focus and interest in progress amongst delivery partners, families and service users by:

- Consistently reinforce the need to deliver change, and ensure clarity about the roles and responsibilities of our delivery partners, as set out in our reports and the concordat.
- Demonstrate that the programme of change remains a high priority, and plans to improve care are being implemented.
- Proactively engage with communications leads of key partners, to ensure appropriate integration of communications about implementation work going forward.

4 Target Audience

The audiences for this strategy are:

- Commissioners of health and social care
- NHS, voluntary sector and independent providers
- NHS managers
- Third sector and voluntary organisations
- Frontline clinicians, other health professionals and care assistants
- Social workers, both adults and childrens
- Users and families
- Professional bodies
- Royal Colleges
- Regulators

5 Core Proposition

The key common thread throughout is service improvement alongside the continued involvement of service users and their families in care decisions, resulting in a better experience for users and their families.

6 Key Messages

- A powerful alliance of partners in national and local government, the health and care system with clinical and medical expertise have joined forces to

transform care for those with learning disabilities, autism and behaviours which challenge. The symbol of this alliance is a Concordat which sets out a programme of action to improve the quality of care for this group of people.

- Progress is already being made in implementing the actions in the government's Winterbourne View Review report and Concordat:
 - A Joint Implementation Team has been set up and will be the source of advice and help for health and social care commissioners and providers in implementing the changes.
 - Health and Care commissioners are currently reviewing placements for all people with learning disabilities or autism who also have mental health conditions or behaviour which challenges. This will lead to a radical reduction in the number of people in inappropriate settings by June 2014, with fewer people in hospital and more in the community close to their family and friends.
 - The CQC is making unannounced visits on hospitals and care homes and will take tough action against those who are not up to scratch.
- The need to transform care for people with learning disabilities remains urgent. With the lessons from Winterbourne View fresh in our minds, everyone involved across the health and social care sector must take full advantage of this opportunity to ensure that finally all adults and children with learning disabilities are getting the right care, in the right place, all of the time.
- We are committed to being open and accessible about the progress of this programme of change, and will continue to oversee progress together with a National Learning Disability Programme board, and publish a follow-up report by December 2013

7 Strategic Approach

The overall approach to communications will support the board's desire to ensure that there is as much transparency and information available as possible about progress.

Our key methods of communications will include:

A dedicated website away from DH/NHS CB providing easy access to information for staff and lead bodies, where access to all the relevant publications, protocols, and further links on main or specialist websites related to the programme of change.

A programme of media announcements based on programme milestones, will demonstrate ongoing delivery of the actions in the final report and concordat, such as:

- December 2013 and December 2014 Publication of the annual reports

Creation of bespoke PR opportunities around focused engagement sessions with target audiences, and visits to best practice sites, for example

- 26 March roundtable with providers
- Autumn 2013 or “what good looks like” event

Establishing a network of communications leads across the key partner organisations, and shared communications resources to ensure that we have joined up messaging and can maximise each communications opportunity.

Where appropriate our communications will take into account and complement communications across other government priority areas, such as Mid Staffordshire, ensuring messages have the widest reach and the most impact possible.

8 Tactics

We will support the stakeholder engagement work that will happen through Learning Disability Programme Board meetings and the Joint Implementation Board by:

Developing a shared plan of media announcements with the CQC, LGA, NHS CB and joint improvement team, based on the achievement of milestones in the final report.

We will develop a programme of visits and speaking opportunities for MSCS, and the CE's of the NHS CB, LGA and CQC, in order to put the spotlight on progress, underline the vision for learning disability services and reinforce the need for continued action.

We will seek to maximise the use of our own and partner channels using the range of communications mechanisms that are available including mainstream media, social media, case studies bulletins etc.

We will develop a range of shared communications tools including:

- a website which will be repository of good practice guidance, tools and reports relevant to delivery activity
- Core brief and key messages
- Presentation slides
- A media protocol

To ensure the fullest possible alignment of messages and understanding of the roles and responsibilities of delivery partners.

9 Tactical Plan

A draft table highlighting potential events/opportunities is attached at Annex A.

This is a working document held jointly by the partner organisations listed in section 14 below, which will change regularly over time. Further work will need to be undertaken with those partners over the next 2 – 3 months to develop this into a fully integrated communications action plan.

An additional communications and engagement programme for the improvement team will be developed in due course, and will form a separate annex to this document.

10 Risks/Challenges and Mitigating Actions

- Due to the number of partners taking this work forward, there is a risk for messages to be confused and contradictory. We will mitigate this risk by agreeing this joint communications strategy with these organisations, and setting up a network of communications leads to take work forward together.
- The Francis review may cut across some of the actions in the Winterbourne View Report or require some modification of actions – this will be considered at an early stage. There is a meeting with Minister planned for 26 February, and any implications communicated at the earliest opportunity.
- Another adverse event could occur that deflects attention from the programme. The network of communications leads established to implement this communications plan, will help ensure there is a well co-ordinated and joined up approach to respond to any incident. A planned programme of media opportunities will also ensure that focus is maintained on programme delivery throughout the year.

11 Key Milestones

- March 7 – sign off of strategy by Learning Disability Programme Board
- April ? Setting up of dedicated website
- June - Joint Improvement Team provider event?
- September? Joint Improvement Team event on What Good Looks Like
- 16-18 October – National Children and Adult Services Conference
- December – publication of first Annual Report

12 Budget

The communications plans contained in this document can be delivered using the existing resources at the Department of Health and CQC (?).

Communications resource for the Joint Improvement Team, is yet to be agreed. A large part of this will be with the NHS CB/LGA JIT and will depend on its future work programme which will be agreed in February/March 2013

13 Evaluation

We will evaluate success of this communications plans in the following ways:

On a routine basis we will:

- Monitor progress against milestones
- Analyse media coverage and social media statistics to see how successful we have been in communicating our messages and monitor the levels of engagement from stakeholders in
- Gather feedback from events
- The success of the programme ultimately depends on changing the experience of users and their families, ensuring staff are clear about what is expected of them. Feedback from both these groups is therefore a key part of determining the success of the programme overall. We therefore propose to benchmark attitudes and experiences by undertaking a user and staff survey in Spring 2013, to be followed up by a similar user survey at the end of the programme. The survey will provide an opportunity for service users and their families, and for staff to feed back directly to the programme not only about the information they have received, but also about their experience of the way services are changing, in which the clarity and timeliness of communications will play an important part.

14 Communications Delivery

DH Communications will lead and/or manage delivery of the communication strategy on a day-to-day basis

Communications leads from NHS CB (for the joint improvement team), the CQC and the LGA will be involved in supporting delivery of the strategy

DH comms will set up a network of comms lead to facilitate the liaison required with other organisations.

Communications Leads:

Body	Name and position	Telephone and Email
Department of Health	Claire Baker Policy Communications	020 7972 6037 Claire.Baker@dh.gsi.gov.uk
Care Quality Commission	Alan Pickstock	020 7448 9040 Alan.Pickstock@cqc.org.uk
Local Government Association	Emma Jenkins Head of External Relations	020 7664 3046 or 07766 081834 Emma.Jenkins@local.gov.uk

NHS Commissioning Board	Sam Cramond ¹	sam.cramond1@nhs.net 07920278633
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15 Governance

The communications strategy will go to the project board for consideration in the first instance at its meeting on 19 February. It will be signed off at the programme board meeting on 7 March.

Individual pieces of communication will be signed off at the appropriate level within the organisations concerned through the contacts identified at 14 above. Actions will be co-ordinated and information shared across all comms contacts in advance.

¹ Name of communications lead to be identified in due course.