

APPENDIX A

The Kirklees Integrated Wellness Model – Communication, Engagement and Branding approach

1.0 Introduction and purpose

Communication and engagement approaches are key drivers to the change programme which will facilitate the design and implementation of the Kirklees Integrated Wellness Model. They are also vital elements in ensuring delivery of desired outcomes, sustainable impacts and enabling the model to act as a key component of locality system transformation.

Our approach will support Communications and Engagement at the following levels:

- **Public** – Ensure awareness of the wellness offer and how to access. Whilst promoting community led design and development
- **Aligned services** – Actively engage with aligned service offer to secure buy-in for change and promote collaborative design and innovation
- **Pathway partners** – Ensure awareness of the wellness offer and identify opportunities to maximise impacts through collaborative approaches, which recognise broader system developments and promote alignment through the design and implementation of the model
- **System** – secure sponsorship for the approach across the system and enable collaboration as part of implementation and ongoing development through promotion of benefits and recognition of the system role and benefits of wellness.

In developing the Communications and Engagement approach for the Integrated Wellness model the two elements have been considered separately in order to ensure that the approach taken meets the requisite needs at all stages of the approach.

The plans have been designed to reflect the stages of the change journey, from design, to implementation to embedding.

The Communications and Engagement approach will be delivered by four workstreams:

- Communication
- Engagement
- Brand and Marketing
- Infrastructure

2.0 Communications and Engagement timeline

The implementation of the Kirklees Integrated Wellness Model will be undertaken in a phased approach and will be supported by 3 phases of Communications and Engagement activities.

Phase 1 will be undertaken prior to the end of March 2019 and will support awareness raising, engagement with partners and key messages of transition for staff, service users, referrers and stakeholders.

Phase 2 will be undertaken between 01/04/19 and 31/08/2019 and will be considered the service transition period. An interim service offer will be in place for this period. Clear communications regarding the impact of the transition and interim approach for staff, service users, referrers and stakeholders will be required prior to this period (by 31st March 2019). During the transition, there will be ongoing communication and engagement with partners, users and stakeholders to support people to use and access services, understand changes and what is happening when, and have the opportunity to input into service developments.

Phase 3 The service will launch from the 1st September. Communications and Engagement plan delivery will support and enable the launch of the Integrated Wellness model offer.

The implementation of the Integrated Wellness Model is acknowledged as a developmental approach. Therefore, the Communications and Engagement approach will be ongoing as part of the implementation of the theory of change and transformation journey.

3.0 Brand and Marketing Development

The Integrated Wellness model is a multi-component offer which brings together a number of existing services, under the umbrella of Integrated Wellness to create a new and innovative person-centred delivery model. The offer will shift away from a silo'd approach to delivery and embed a new culture of insight-led goal-based provision which supports people to improve their health and wellbeing outcomes.

The service will move to an approach that focuses more on the idea of working with people to support them to identify what matters to them and help them find their inner resources and remove some of the real-life barriers that get in their way. The aim is to make people feel better, with the theory that when people feel better, this also reduces the health behaviours that lead to longer term ill health.

The service will achieve greater value by pooling our resources, which will reduce duplication for individuals by supporting them to do more for themselves and helping them get what they need in fewer steps; and for services by creating an offer that flexes around the person rather than focusing on a theme, and for the system by generating a focus for the wider resources that people can use to improve their lives.

We will know we have achieved this because we will see changes in people's confidence to do things for themselves, health behaviours, connectivity of people and resources at a local level, and improvements for specific groups of people that stand to gain the most from what we offer.

The service branding and marketing approach will need to create a distinctive brand for the model and demonstrate the cultural change and ethos which is so crucial to the success of the future approach. This messaging will need to be attractive to the population of Kirklees and be particularly accessible to identified target groups such as:

- People both at risk of and with Long Term Conditions
- People with mental health needs
- Carers of people with Long Term Conditions
- People living in areas of high deprivation
- People with protected characteristics.

The service ethos will be to deliver person-centred approaches, which are rooted in communities and support people to make changes and feel more in control of their physical and mental health. This approach will be developed to enable a reduction in health inequalities, and in recognition of the wider determinants of health. The integrated wellness model will be a universal service, which will promote and enhance its aims and ambitions through a targeting approach linked to deprivation and identified population groups who are at risk of health inequalities.

To support the brand in achieving its aims the development plan will include co-production of messaging and brand identity with staff.

The brand will also need to deliver system and referrer awareness. Brand development will utilise public insight analysis which was used to support the development of the Integrated Wellness model service specification.

4.0 Communications

Communications will be undertaken as follows:

Pre April 2019

Prior to April 2019, communication approaches will focus on raising awareness of the Integrated Wellness approach and model development and on engagement with key system stakeholders, through established routes, such as the Strategy Group, and as part of any specific communications and meetings which are required to support the development of the model prior to commencement of the transition period from 1st April 2019.

Clear communications regarding the transition period and the impact of any agreed interim delivery model will be delivered prior to the 31st March 2019, to support the public, referrers, partners and stakeholders to understand the interim offer, how to access support, the transition journey and what the changes mean for them.

Active communication will be ongoing with internal staff as part of transition processes which are anticipated to be concluded formally by the end of February 2019. Communication will be undertaken in line with HR policy, making use of existing channels such as managers' meetings where possible.

Staff

- Clear and consistent messages for internal transition process (Internal Kirklees delivered approach)
- Key messaging to support transition to new model of operational delivery (Messaging for new and existing service users/Referral guidance timelines/Service user journey and guidance)

Stakeholders

- Considered as both internal and external stakeholders
- Clear messaging to support system awareness and understanding of impacts, benefits and changes (Products: Messages of change/benefits/key dates/etc)
- Compliance with Governance reporting and updates

System

It is recognised that in order to truly deliver the ambitions of the Integrated Wellness model, active system engagement will be required in order to secure buy in across the system and support recognition of the system role which the integrated wellness offer can support. The locality is currently transitioning towards a model of Primary Care networks which are intended to inform delivery at a locality level in order to truly maximise population outcomes and recognise how delivery can and should be shaped in line with specific local needs. This is seen as an opportunity for wellness in that promotion of the benefits particularly at primary care level will be key to engagement and supporting future model transformation particularly in respect of primary care and in support of ambitions for innovation in Health Checks and Smoking Cessation delivery. Stakeholder engagement will therefore be considered in the themes of pathway delivery partners and broader strategic system opportunities. The Strategy Group represents a positive opportunity to develop this approach and promote advocacy of the benefits of innovation in the wellness model. This will further be built on through identification of approaches which identify key system partners and promote shared ownership based on a clear understanding of system benefits.

Providers

- Messaging and formal processes regarding any changes which may impact on current provider relationships (Messages of change and contract/provider impacts of change)

Service users

- Awareness raising of planned changes, and specific communication for any existing service users who may be affected by planned transition processes to commence from 1st April 2019.

Referrers

- Clarity on agreed service transition approaches and any anticipated impact for their patients alongside update referral guidance for any interim arrangements to be implemented from 1st April 2019.

NB: It is not anticipated that any further **public facing** communications will be required prior the end of March 2019.

Post April 2019

Communications approaches will be designed to:

- Ensure any infrastructure requirements related to Communications are implemented
- Ensure clear messages of transition for staff, volunteers, referrers, pathway partners and system stakeholders
- Raise public awareness of the new Integrated Wellness Model and secure understanding through clear branding and active marketing.
- The focus of communication with service users will be in respect of consistent messaging regarding service changes and provision of opportunities to raise queries, concerns and seek reassurance. The approach has not been developed to enable active contribution to the design of the service model.
- Continued awareness and engagement at a system level to promote system sponsorship and shared understanding of benefits and impacts.

Transitional approaches will commence from April 2019 and in order to effectively launch the new IWM pathways from 1st September 2019. Following launch, active communications will continue which will be designed to deliver:

- Evidence of benefits, messages of impact, clarity on ongoing nature of change journey
- Robust and consistent messaging of change, benefits, impacts and outcomes
- Strategic messaging to continue to embed system impacts
- Consistent messaging to staff regarding ongoing change journey

4.1 Key aims of communication approach

The purpose of the communications approach will be to provide clarity for:

- Staff
- Service Users
- Volunteers

- Aligned services
- Pathway providers
- Referrers
- Communities and place
- System and strategic partners

4.2 Components of messaging

Communications and messaging will include consistent components in order to deliver a consistent and effective approach, which enables a positive shift to delivery of the new service model and describes the phasing of the model. Messaging for staff will in line with HR processes. Internal messaging will also need to be undertaken prior to external messaging to ensure that staff are aware of all publicly communicated detail.

- Why are we changing?
- How are we making the change?
- What does it mean for you?
- What are the benefits and impacts?
- What your role is in delivering the change

4.2a Tools and methods

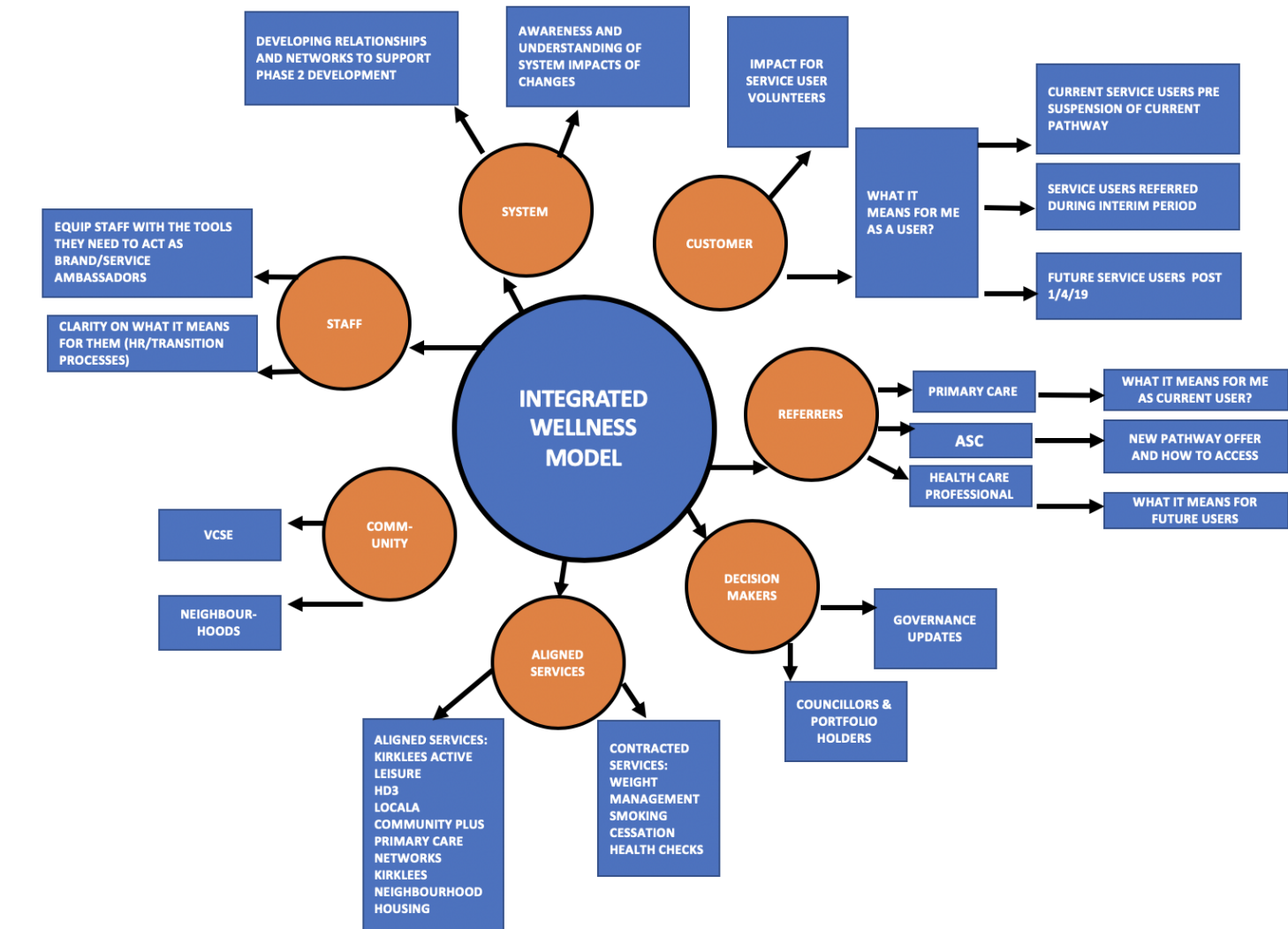
Methods to include:

- Case studies to illustrate pathway impact for staff, service users and referrers
- Social media and advertising
- Communication events and launches

4.3 Who do we need to communicate with and how?

Figure 1, overleaf, describes the groups around whom the Model design and implementation phase communication plan will be designed.

Figure 1: Communication and Engagement stakeholder map



4.3a Post implementation (from 1st September 2019)

Following the implementation of the model in September 2019, it is anticipated that the range of key stakeholders around whom the communications plan will focus will remain the same. However, the focus and shape of the messaging will shift to:

- Follow-up messaging to demonstrate putting plans in to action
- Proof of concept
- Phasing of change journey
- Consider feedback loops for service evaluation
- Ongoing improvement

Messaging will need to be:

- Clear
- Short
- Exciting
- Innovative
- Benefits
- Demonstration of journey
- Role of stakeholders in journey to goal

5.0 Engagement approach

The engagement approach has been designed in the context of both locality culture and context and in recognition of the feasibility and benefits of approaches based on the timescale available.

Engagement approaches will be designed to deliver:

- Effective transition processes
- Active co-production with partners and stakeholders to support partnership working, collaborative approaches and system change
- Co-design and co-production of approaches, delivery and outcomes with communities
- Co-production and design of delivery and interventions with staff
- System sponsorship and shared understanding of the transition journey, goals and benefits to enable sustainable implementation.

The implementation of the Integrated Wellness model is recognised as an ongoing transformation and change journey. As we begin to implement the Integrated Wellness service model, following the transition of staff on the 1st April 2019 our co-production and engagement approach will continue to promote active engagement with communities and awareness of their needs, and promote positive and collaborative working across the system in order to maximise

the intended outcomes of the Integrated Wellness Model, and promote ongoing transformation based on an understanding of shared benefits and system impacts.

Our active engagement approach will commence in Quarter 4 2018/19 as we engage with key system stakeholders, pathway partners and commissioners to develop and refine the Integrated Wellness Model and identify opportunities at a system level in line with broader transformation. The change journey to support development and embedding of the new model will offer strong opportunity for co-production with service users and stakeholders; and there is an ambition to ensure that implementation actively works with communities to understand what wellness means to them and design approaches and interventions in line with this.

The engagement approach has also been designed to enable co-production of the model, approach and implementation with staff. However, it is recognised that such activities must be delivered in the context of the transition of staff into new roles within the Integrated Wellness model and in line with HR processes.

It is recognised that change will not cease with the transition of staff on the 1st April 2019, or the launch of the new pathways in September and therefore engagement should continue in this vein.

Approaches will also:

- Describe detail of service specification, vision and model
- Describe rationale for change and what we know about what works
- Secure partner understanding of direction of travel and awareness that this is a change journey
- Promote system support for ongoing change and ensure alignment to system level through design approaches

Engagement will also seek to:

- Secure insights from stakeholders, in respect of the model design and opportunities to enhance the approach based on insights of Kirklees and what we need to know about the locality and its needs.
- Identify opportunities for collaborative and partnership working to support the ambitions of Integrated Wellness, enable system change and secure support for the implementation.
- Clarify the role and aims of engagement, to manage expectations of partners regarding the scale of engagement. Engagement should not be considered as seeking to enable full co-production of the outline model but to support collaborative approaches to implementation and securing alignment to the broader system landscape.

6.0 Considerations

The practical delivery of Communications and Engagement approaches must consider:

- Timescales
- Support
- Resources (Including cost)

7.0 Communications Infrastructure Requirements

Service delivery will require the provision of the following:

- Website (including provision for referral and self-referral)
- Communications in relation to Kirklees Front door and how to access to IWM
- Provision of service literature and promotional materials for public, referrers and system stakeholders
- Delivery of communication infrastructure including telephony, email and support for agile working

8.0 System Stakeholder Map

To support development of a Communications and Engagement approach which enables the anticipated system change and ensures that all system partners are aligned and engaged, a system mapping exercise has been undertaken. Please note that this landscape excludes services which are fundamental to delivery of the model as aligned or contracted services.

Figure 2, overleaf, describes the circles of influence for the landscape in which the Integrated Wellness Model will operate. Table 1 describes how these partners are linked to the model.

Figure 2: Kirklees Integrated Wellness Model System Stakeholder Map

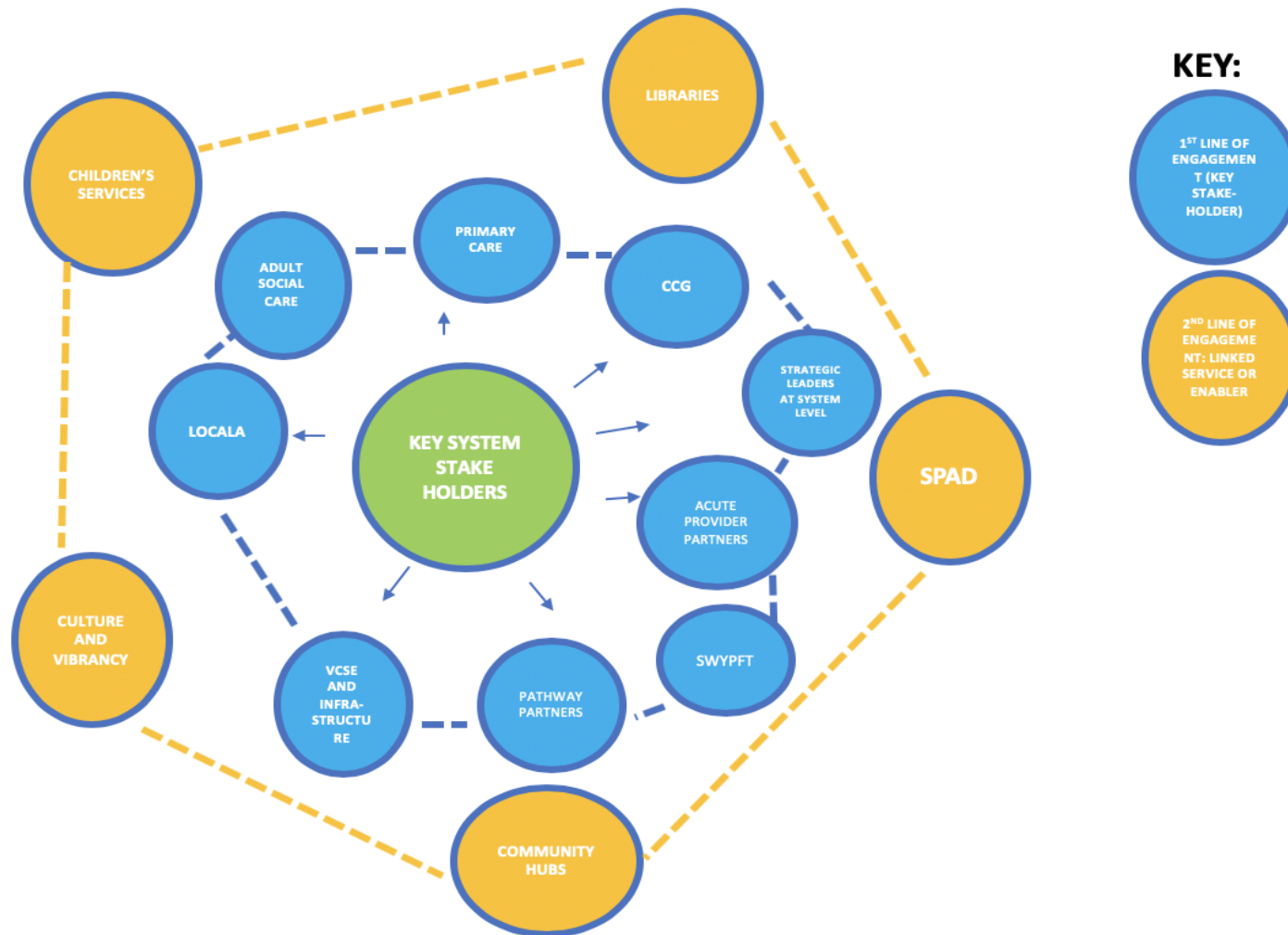


Table 1: Kirklees Integrated Wellness Model: System Stakeholder Map and reason for inclusion

Stakeholder	Service	Circle of influence	Reason for engagement
Locala	Community Health Contracts (including Thriving Kirklees)	1 st line of engagement. Key system partner	Delivery will need to link to and align with community services and pathways
	Primary Care Development Network	1 st line of engagement. Key system partner	Vehicle for development of place-based care delivery. Delivery will need to link to and align with community services and pathways to ensure system approach to delivery.
VCSE and Infrastructure	Locality VCSE services and infrastructure partners Voluntary Action Calderdale/Third Sector Leaders	1 st line of engagement. Key system partner	VCSE will link to system-based approach and is anticipated to be supportive of delivery.
SWYPFT (South West Yorkshire Partnership NHS Foundation Trust)	Primary Care MH Services (IAPT)	1 st line of engagement. Key system partner.	Support for primary care mental health needs and pathways. Need to explore mental health needs within service, pathway links and partnership approach to delivery to avoid impact of lack of access to MH support on IWM capacity.
	Secondary Care Mental Health Services	1 st line of engagement. Key system partner.	Promotion of service offer and transition from Active for Life/Steps for Life into new model.
	Recovery College	1 st line of engagement. Key system partner.	Links to pathway but not integral to delivery.
Adult Social Care	Range of services to support wider determinants of health and range of client needs	1 st line of engagement. Key system partner.	Awareness of new model as referrer and active support and links to manage holistic needs.
Primary Care	Delivery of Smoking Cessation/Health Checks Key referrer Development of Primary Care Networks	1 st line of engagement. Key system partner.	Primary link will be as key referrer to ensure awareness of model and able to effectively communicate with patients. Also, key partner regarding development of Primary Care Networks and opportunity for alignment. Secondary link will be as part of engagement with current providers of Smoking Cessation/Health Checks regarding any anticipated service changes.
Kirklees Neighbourhood Housing	Kirklees Neighbourhood Housing	1 st Line of engagement. Key system partner	Key system partner and opportunity for partnership working approaches. Links to wider determinants and community approaches.
CCG	CCG	1 st Line of engagement. Key system partner	Key system and strategic partner. Engagement will be required to support sponsorship of approach and system level understanding of shared goals and impacts in order to align wellness with the broader system and promote sustainable embedding of approach
Pathway delivery partners	Kirklees Active Leisure HD3 Primary care and delivery partners for Smoking Cessation and Health checks	1 st Line of engagement. Key system partner	Key system partner as deliverer of key elements of current services in scope of Integrated Wellness model. Opportunities to promote active partnership in design of the future model and support buy-in for changes based on

			clear understanding of benefits and approach. Active engagement will be undertaken to understand impacts, support transition and identify and enable any desired future partnership working.
Acute Provider Partners	MYFT and CHFT services who currently refer in to services within scope of wellness	1 st Line of engagement. Key system partner	Promote awareness of approach and intended impacts and benefits. Understand current partnership approaches and support successful transition to wellness whilst understanding and enabling any future desired linkages and partnership approach in line with future model outline.
Strategic Leaders at system level	Key strategic leaders and intended advocates for wellness approach (including Strategy group partners)	1 st Line of engagement. Key system partner	Secure support and buy-in for wellness at system level through understanding of shared goals and system impacts and benefits and alignment to broader system landscape transformation and opportunities.
Children's Services		2 nd Line of engagement	Ensure service awareness of model and embed links to support 'Think Family' Approach.
Libraries		2 nd Line of engagement	Opportunity to utilise libraries as community hub/base and secure community in-reach.
Community Hubs (Schools)		2 nd Line of engagement	Opportunity to utilise libraries as community hub/base and secure community in-reach.
SPAD (Sports and Physical Activity Development)		2 nd Line of engagement	Identify links and opportunities to share identified needs and enable service understanding of available resources

9.0 Product timeline and Action Plan

The Communications and Engagement product timeline and action plan is incorporated into the Integrated Wellness Plan overarching project plan.