

## Medway Community Health Services Re-Procurement Programme

2017 – 2020

### Communication and Engagement Plan

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## 1. Introduction

NHS Medway Clinical Commissioning Group (CCG) is re-designing and re-procuring adult community health services in Medway (Community Services Re-Procurement Programme) in line with national policy and local strategic direction. In order to meet our statutory duties the CCG must involve local communities; patients and their families; and front line clinical staff at each stage of the programme. We must also communicate effectively with all of our stakeholders throughout the process. Engagement and communications will support the redesign and reprocurement programme to:

- Involve people who use services and those who deliver them in setting priorities and establishing criteria for redesigning services
- Ensure all stakeholders remain informed and engaged at each stage of the programme
- Ensure that the decisions we take to commission services are based on what people tell us matters to them
- Remain fully compliant with legislation and national guidance on engagement and involvement.

**This plan sets out the communications and engagement activities which will support the programme at each stage in the context of the CCG's statutory duties. It provides further detail to the high level engagement plan set out in the Project Initiation Document agreed by the CCG Board.**

### 1.1. Community Health Services in Medway

Community health services help people get well and stay well either in their own home or close to home. NHS Improvement (previously NHS Monitor, January 2015) defines community services as services that *'are provided outside of hospitals in community settings, including in people's homes and in community clinics. Community services have a number of objectives, including promoting health and healthy behaviours, supporting people to manage long term conditions, and providing treatment in a person's home or in the community to avoid hospital or residential care where possible.'*

In Medway these include:

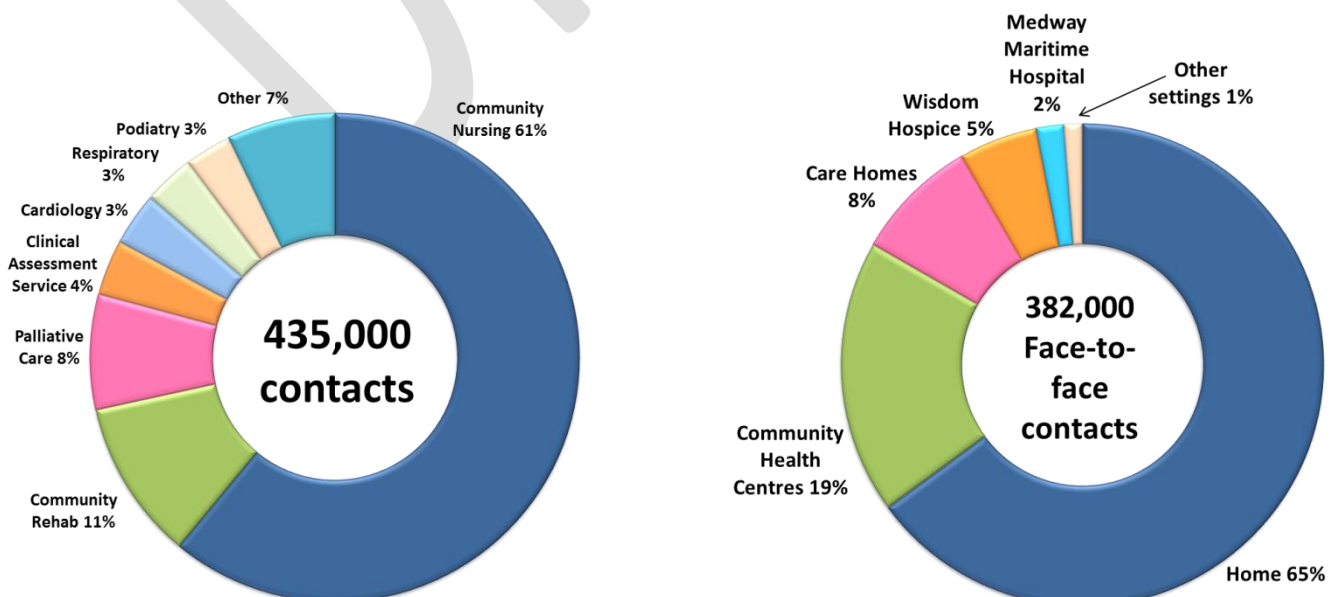
- Anti-Coagulation also known as the Warfarin monitoring service, which is for patients on specific anti-coagulation medication.
- Heart Services including the Arrhythmia service which assists with the diagnosis and treatment of patients with abnormal heart rhythms, Cardiac Rehabilitation which provides education, advice and group exercises to improve people's recovery from heart problems, and support for people with LVSD (left ventricular systolic dysfunction).
- Community Nursing Services which organise and manage nursing care for patients in their own homes or in residential care. This includes continence care, wound care and leg ulcer clinics.
- Community Rehabilitation Services such as the falls service, services in the Walter Brice Centre and neurological physiotherapy, treating people with neurological conditions who have physiotherapy needs such as Multiple Sclerosis and Parkinson's Disease.

- Specialist respiratory teams for patients in Medway with the lung conditions: Chronic Obstructive Pulmonary Disease (COPD), interstitial lung disease (ILD) and Bronchiectasis.
- Dementia – helping people remain in their own homes by providing short-term support and home treatment for challenging behaviour and physical problems, and supporting carers by enhancing their skills.
- Diabetes – for people with Type 1 and Type 2 diabetes to help them manage their condition.
- Learning Disabilities – which provides health advice, helping people to eat and drink safely and comfortably, helping people to move and be comfortable, supporting access to GPs and other health services, and helping people express their thoughts and desires clearly.
- Palliative Care (including the Wisdom Hospice)
- Phlebotomy – the blood test service
- Podiatry – a range of specialist treatments relating to foot conditions such as muscular skeletal pain and deformities.
- Speech and Language Therapy (adults)
- Stroke Services for all patients who have had a stroke or Transient Ischemic Attack. This includes the provision of bed-based care in Medway Maritime Hospital, Amherst Court (rehabilitation unit) and Sheppey Community Hospital (rehabilitation unit).
- Tissue Viability and Wound Therapy – support and advice on pressure damage, complex wounds, leg ulcer management and wound clinics.

Teams of nurses and therapists coordinate care, working with GPs, social care and health improvement services.

Community services in Medway contribute to a substantial proportion of CCG expenditure. In 2016-17, £44m was spent on community services for adults and children, equating to 12% of total expenditure.

Community services in Medway have a wide reach. In 2016-17, approximately 38,000 people received these services which equates to approximately 1 in 8 people (excluding Community Phlebotomy, which, if included increases to approximately 94,000 – 1 in 3 people in Medway).



In 2016-17, there were approximately 435,000 contacts in community services (excluding Community Phlebotomy). The majority of these contacts were face to face (88%).

The Community Nursing provided 61% of these contacts as the service interfaces with many other services. Community services are provided in a variety of settings across the area. The majority of face-to-face contacts take place in people's homes – including care homes, this equates to almost 755.

Most of the services in scope are for adults, with specialist children's community services provided under a different programme. A larger proportion of people aged 65 and over use community services with approximately 1 in 4 accessing these services in 16-17.

## **1.2. Aim of the Programme**

The aim of the Programme is to transform the way in which adult community health services are delivered. The redesign is closely linked to the 'Medway Model' a new way of joining up local services to deliver care closer to people's homes and involve them staying healthy. This responds to the need to manage the challenges posed by people living longer and with more complex health issues, and at a time when there are constraints on future NHS spending. This programme will be critical to the development of the local vision – redesigning and improving the way in which community services are accessed and provided locally, supporting reductions in health inequalities, improving patient experience in using the services, which in turn, will ensure that patients remain well and cared for in their place of choice (home). This will also reduce the demand for A&E and inpatient care as well as continuing to support appropriate early discharge, and improving the use of technology.

The integration of community services will support the development of new ways of working within primary care; delivering patient facing services and providing greater resilience in the primary care workforce.

The programme will align to the local estates strategy to ensure that services are underpinned by fit for purpose premises and accommodation large enough for the growing population.

## **2. Statutory Framework**

Section 242 of the Health and Social Care Act, 2012, states that CCGs must involve and consult patients and the public in the planning of commissioning arrangements and in the development and consideration of proposals for changes in the way services are delivered.

The Act also updates Section 244 of the consolidated NHS Act 2006, which requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The CCG is bound by the Act and associated guidance to carry out formal extended engagement around any significant service change see - <https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf>. NHS England requires that: "The pre-extended engagement business case should include clear involvement plans which are proactive to

local populations, accessible and convenient, take into account different information and communication needs, consider how clinicians should be involved”

Commissioners should be assured they have taken appropriate involvement for each stage of the process. Extended engagement requires:

- An effective public communication and media handling plan.
- A detailed plan for reaching all groups who will be interested in the change, including those that are hard to reach
- Staff involvement plans.
- Clear, compelling and straightforward information on the range of options being tested.

In April 2017 revised guidance for CCGs set out 10 key ‘actions’ for CCGs to demonstrate they meet their statutory duties – this includes promoting and publicising public involvement, feedback and evaluation, advancing equality and reducing health inequality, involving the public in governance.

The NHS Constitution re-enforces the rights of local people to be involved in decision making about health and social care and the 2010 Equality Act requires that particular consideration is given to people with protected characteristics.

### **3. Objectives of Engagement and Communications**

Community Health Services are wide ranging and disparate, the number of services involved in this review makes it difficult to communicate the scale and scope – many of the interactions are very specific. The majority of service interactions take place in people’s homes and most of those providing services are working in a wide range of community settings or visiting people at home. Although high numbers of people receive community health services in Medway we know that levels of public understanding about these types of services are low. Many patients receiving care are housebound or frail and often have family carers. This makes engagement and communications challenging.

To ensure that the services we commission function fully we need to provide every opportunity for all those who use, work in and interact with community health services to be involved. At the end of the redesign we will be assured that:

*Those who use community health services and those who deliver these services as well as the wider public in Medway have been involved at every stage of the review and redesign, that the CCG can demonstrate what has been done to respond to their views and that we have been fully transparent about the decisions we have taken.*

We will make sure that we:

- establish, early on, a common vision for community services
- communicate widely that we are undertaking a review & invite people to become involved throughout
- set up a comprehensive approach to gaining feedback on current services, and co-designing of our future community health services

- improve public understanding of community health services so that people are better able to contribute to our service re-design
- work with populations who are less listened to or protected under equalities legislation
- ensure that patients, the public in Medway, providers, voluntary sector and social care partners are formally consulted on the service model options
- regularly feedback on what people have told us so far and let those engaged know how we have acted on their views
- communicate effectively to all stakeholders throughout the redesign programme, appropriately for their differing needs and requirements, and using a variety of methods and media formats
- ensure that there is an environment that supports active, open participation and dialogue, so stakeholders feel that their contribution is sought after and valued, and that they understand how they have contributed to the options for change.
- Continue to engage with local people and with staff who deliver services throughout each stage of our commissioning in line with national guidelines.

#### **4. Who we want to engage with**

We aim to reach as wide a range of those who might be affected by community health services or who might have a perspective on the design of these services as possible. We know that there may be some unmet need in some communities who are traditionally less likely to engage with statutory service providers. We want to engage those who deliver services on the ground, those who use services, their family carers and their families, clinicians who may interact with community health services i.e. by referring their patients to them, and local communities. We will work with:

- Current patients and their families and carers – including those who are housebound and frail
- patient groups and representatives including Patient Participation Groups
- local communities – including those communities which may not receive appropriate services currently
- communities who are traditionally less listened to within the health and social care system
- local elected officials - including the HASC and the Health and Well Being Board
- Local Healthwatch
- voluntary and community sector organisations
- clinicians and frontline staff – including those in the acute sector, GPs and practice nurses and those delivering social care
- local media – to disseminate information as widely as possible

A stakeholder map can be found in Appendix 1.

#### **5. Equalities and Diversity**

The public sector equality duty, as defined by S.149 of the Equality Act 2010 sets out that the CCG must have due regard to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act

- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

A full equality impact assessment forms part of the business case once the models of care have been developed. During our engagement we will ensure that all groups with protected characteristics have the opportunity and are targeted to take part in all phases of engagement. The Equality Impact Assessment will be used to carefully plan the extended engagement stages of our engagement in particular so that we consult the groups who may be affected by any proposed changes.

The equality impact assessment will consider potential impacts which any change might have on people from groups with protected characteristics. Through the Involving Medway partnership (see below) we are targeting directly specific communities who might not come to organised public meetings or interact with officials. The surveys we undertake will help us monitor who we are reaching – we are able to ask people about ethnicity, gender etc. so that we can tell whether we need to target particular population groups going forward.

## **6. Setting the Context of Engagement**

During 2017 there has been substantial engagement with people in Medway on the direction of health and social care services. This has fed directly into the initial plans for community health service redesign. A key element of the Kent and Medway STP is to inspire and inform a process of change in the local health system that will focus on prevention, primary care and reduce demands being made on the acute sector.

We have been speaking to people about The Medway Model – a new joint approach to delivering care locally to ensure that services are delivered closer to home, are more joined up and are sustainable in the long term. The model has been developed in partnership with GP practices in Medway who have created new groups or hubs of primary care delivery which other services are aligning to.

We know that building engaged, resourceful and resilient communities that are able to participate in decisions about their health and wellbeing will support this ambition.

In the last year the CCG has set up Involving Medway – a partnership grant with six community organisations. The partnership recognises the strong links between community connectedness, local engagement and health. Involving Medway consists of a small grants programme, the establishment of Medway Time Credits, a community and voluntary sector Health Network and the training of local community health researchers to:

- Support Medway CCG to meet its statutory duties around public and patient engagement – particularly around working with harder to reach communities;
- Strengthen effective cross sector partnerships, building local networks and stronger communities;
- Establish mechanisms to involve more local people in the design of their healthcare services and take responsibility for their own health and well being; and

- Work with existing networks and organisations to build social capital that can inform and influence CCG activities and planning.

During the summer we engaged with local people on the building of a new integrated health and wellbeing centre in Chatham – one of the ‘hubs’ – asking them what they wanted from new centres going forward. We held a well-attended public meeting on the Medway Model, run jointly by four NHS organisations and Medway Council – to identify issues with taking the approach forward. During the Autumn we are following this up with a series of joint local meetings working with local citizens to look at the health and care challenges in each hub.

We have also carried out engagement on end of life care services to feed into our end of life strategy – one of the services which will form part of this review. We held an innovative theatre performance in the Autumn to raise awareness of end of life issues and to stimulate discussions.

Over the summer the CCG also engaged local people, providers and staff on the redevelopment urgent care services. During this work people told us about their key concerns and their priorities for local services overall.

There were some consistent key messages. People told us that:

- It is difficult to get GP appointments in Medway
- Often GPs don't have enough time
- Health services should be better joined-up – less complicated referrals & fewer contacts with different services would be better
- It is too difficult to find information about services
- There should be more emphasis on mental health and wellbeing
- Getting to Medway Maritime Hospital is not easy for everyone and parking at the site is a problem
- People like the idea of the Medway Model delivering joined up care closer to home, but they are concerned whether we will be able to deliver this given the pressures in the services and concerned that this is not an exercise in taking services away from people.

## **7. Engagement**

### **7.1. Preparing for engagement**

During 2016/17 the preparatory stages for the review have helped us develop our approach to engagement. A Public Health Profile for each hub shows clearly which issues there are in the different localities in Medway –to help us target engagement and focus the review on the specific needs of each area. We have also reviewed all the patient views of current services which exist using Friends and Family test and by looking at complaints and concerns. People tend to be positive about the care they or their families have received but the take up of these surveys is low.

The service reviews undertaken in this period have shown us some key issues around improving people's experiences and making sure they get the best care. We need to make sure that care is available in the right location - whether this is in clinics, people's houses, or in care homes (which are under increasing pressure). There is variation in how quickly people get seen and also



variations across services in the proportion of appointments where patients did not attend. Improvements could be made by delivering some services outside traditional working hours.

It was also clear from the service reviews that some services would benefit from more efficient and timely prescription of medication and from making greater use of new technology. Better sharing of patient information and care planning would stop people having to tell their story many times and also that more could be done on prevention.

Between June and September 2017 we also:

- Drafted a map of all our stakeholders and established key contacts with senior stakeholders to begin communications about review and redesign – with providers & across Medway NHS
- Held initial discussions with the community and voluntary sector – with Involving Medway and with the members of the Community Health Network
- Reported on the re-procurement to the Health and Adult Services Committee, Medway Council, to receive initial feedback
- Held discussions with GPs in each area to raise awareness about the programme
- Issued a tender to provide expert engagement support for the programme
- Appointed Public Engagement Agency, PEA and agreed a plan for their input to support engagement

### **7.2. Launch & Call for Evidence**

At the end of September we publicly announced the redesign and issued a call for evidence. A survey was designed and publicised to gather people's views on current services and their priorities for the review and redesign. This has been widely distributed across key audiences and through a press release, letters to key stakeholders, promotion through social media and our partners – see Appendix

### **7.3. Service Model Development**

A series of planning workshops to identify a common vision for the re-procurement and to establish principles for the redesign. These will bring together clinicians, frontline staff, people who use services and their families, community and voluntary sector and commissioners.

This is a staged approach – using themes identified in the early stages of engagement. The launch events, the initial survey findings and messages from our work on the Medway Model together with the service reviews have identified three key areas which we want to build into our model of care. We have designed these issues into three separate stakeholder planning workshops:

#### **Planning Workshop 1: Self-Care and Empowerment:**

This workshop will look at the practicalities of accessing community health services, including transport and location, how we can develop community health services so that people will be supported to maintain their independence and stay healthy as long as possible – for instance through care navigation support, the use of care directories and the use of technology, the prevention of ill-health – how community health services can contribute and building capacity within local communities – including the voluntary sector.

## **Planning Workshop 2: Patient Centred and Joined Up Care**

This focuses on how we can improve the way professionals work together to improve people's experiences and make sure they get the best care possible. We will explore multi-disciplinary team working, case management, sharing information and plans effectively, the roles of social care colleagues, working with GPs and with acute care professionals. Central to this workshop will be a patient panel who will discuss what joined up care looks like from their perspective.

## **Planning Workshop 3: Clinical Priorities for Community Health Services**

We will collate the outputs from the previous sessions and the messages from engagement so far and focus on those things which support patient-centred care. We will use this workshop to develop the model of care in partnership with clinicians. A panel of patients will review the outputs from discussions to ensure that we remain patient focused. We will also use case studies and patient stories from the engagement so far to test the development of the model.

During this stage we will also carry out some targeted work with less listened to communities and people with protected characteristics to feed into the design stages. Involving Medway will target specific communities and work within community settings to gather views – attending coffee mornings and open days, going to community activities and conducting focus groups in community venues across Medway. Our community researchers will gather information directly from patients and carers to enhance what we know about patient journeys and the key issues for people who use services.

Discussions will take place with senior staff and with frontline clinical staff at existing key meetings which cover a wide range of providers and commissioners across Medway and in adjoining areas.

We will also develop an approach to targeting those who are not likely to attend meetings or activities in the community – working through providers and taking advice from frontline staff we will target patients who are housebound.

### **8. Preparing for Extended Engagement**

#### **8.1. Whole Systems Design, January 2018**

Bringing together all the findings of the engagement and the clinical case for change a whole systems event will test the proposed approach to community services going forward, examine specific patient journeys and pathways of care and agree a working model for effective community health services in Medway. We will make sure that the event includes representatives from each of our key stakeholder groups – so that they can work together to review the proposed models of care.

During this day-long facilitated event we will examine the key elements to our model as proposed and build in further practical elements to the design as well as testing and reviewing the clinical case for change.

During this period we will work further to engage with patients who may not attend the event – through further written survey work and targeted visits and outreach work.

## 9. Extended Engagement

A fully designed public facing options document will be prepared and designed to ensure clarity, accessibility and independence. This will be fully tested to NHS England criteria and plans for extended engagement discussed with the HASC. The public document will include:

- Case for change
- Proposed models of care
- A patient & public survey – survey designed to professional standards for website and hard copies
- A focused questionnaire for clinicians – fully tested with clinicians

Further to agreement with the HOSC and through the NHSE assurance process, the CCG will undertake a series of activities to promote, run and analyse extended engagement on the proposed options or models for delivering community services in Medway.

A press release will be issued and local media will be provided with detailed briefings on the extended engagement. We will publish a copy of the public document, including a survey, on the CCG website and ask our statutory and voluntary partners to publicise this link and share the details for the online survey through their own websites, notice boards and published materials. We will work with our colleagues at Medway Council and within local providers and primary care as well as PPGs and community groups to make sure we distribute documents as widely as possible. Printed copies of the public document and posters advertising the extended engagement will be disseminated through:

- Those who work in community health services including community nursing teams
- Places where people currently receive care and support – i.e. Age UK drop ins, Wisdom Hospice
- Through community groups
- Public events during the summer
- GP surgeries
- Pharmacies
- Community based primary care services (walk-in centres, Healthy Living Centres)
- Medway Council accessible areas
- Libraries

We will undertake a Medway-wide publicity campaign, getting to as many households as possible through paid-for publicity, and work with GPs/ community delivery teams to identify patients who are using services and target them specifically to respond. If possible we will carry out home-based delivery of target addresses.

Engagement activities will include:

- At least four public listening events in different parts of Medway
- Drop-in sessions and outreach work – a series of drop in sessions to encourage patients and staff to complete the survey – at key clinics, rehab centres and healthy living centres

- Target events at Hoo and Grain – to ensure we reach out to those living away from the main Medway Towns
- Engagement with the voluntary and community sector through Involving Medway and Medway Voluntary Action – in particular the strategic Health Network
- Discussions with Patient Participation Groups (PPGs) and with Healthwatch Medway to engage all members
- Focus Groups with less listened to communities (through Involving Medway) – including BME communities, people from gypsy and traveller communities, people with learning disabilities, meetings with people with long term conditions, people who experience homelessness and people with drug and alcohol problems
- Direct engagement with NHS staff including clinicians and those working in primary care – attendance at Staff meetings such as the GAIN meeting
- Targeted discussions with GPs and GP staff - via practice forums, local care team meetings and via our GP bulletin.

#### **10. Procurement through to Service Implementation**

We will set up a panel of patients, family carers and members of the public to advise on the procurement of the new service. We envisage the panel having a direct role in decision making around the final procurement including being given the opportunity to interview potential providers about aspects of their proposals.

#### **11. Data analysis, reporting and feeding back**

Engagement will result in a wide range of qualitative and quantitative data. It is key that this is professionally analysed in a transparent way and that findings are regularly reviewed. We have appointed an independent expert analyst to carry out the analysis and report regularly to the community services steering group and through the project to the CCG Board.

Engagement will be iterative – we will use the findings at each stage to develop the next point of the process.

We are fully committed to reporting the findings of our engagement – at regular points during the process we will publicise what we have found so far and demonstrate what we are doing as a result. The extended engagement results will be published in full, after a period of consideration the CCG Board will agree how to respond and will publish our decisions and rationale.

We will ask for feedback on the engagement itself as well – we are asking participants at each event to tell us how they have found our meetings and are using these to improve how we engage. For example during one of the launch events we have had feedback that more engagement needs to happen in the evenings and at weekends and we will change some of our timings during the next stages to accommodate this.

We will carry out a review of the engagement process itself so that we can improve how we engage people in commissioning processes going forward in Medway. Once the engagement report has been delivered we will ask our patient panel and our clinician panel to review the process and tell us what we could do better next time. We will report these findings to our Board and publish them on our website.

## 12. Delivery Roles and responsibilities

The communications and engagement will be overseen by the Community Services Re-Procurement Programme Steering Group. The Head of Engagement is responsible for ensuring that communications and engagement is carried out in conjunction with the Commissioning Team who will provide expert content and the specific materials needed to construct engagement and communications.

In September 2017 we have undertaken a procurement exercise to engage the services of a consultant organisation to provide expert support in engagement and independent analysis of our findings. PEA, Public Engagement Agency will support the delivery of pre-extended engagement by designing and facilitating a survey, workshops and whole systems events and supporting a formal extended engagement through the above activities.

The Commissioning Team will be responsible for developing the content of materials for events, for developing the case for change and the models of care for extended engagement, and for the organising a series of Market Engagement Events to engage with providers of services at a senior level.

The Medway communications and engagement team will manage an overall communications strategy for the extended engagement.

The CCG outsources its PR function to Maxim PR who will provide communications support for press releases, web content, print and design. The in-house communications function will manage all website and social media activity and the CCG communications and engagement team will be responsible for all room bookings, managing invitations to events and coordinating dates for events.

Involving Medway will engage directly within communities, particularly those who are less listened to, will disseminate all messages to the wider community and voluntary sector and will manage the community health researchers – a volunteer peer research scheme.

## 13. Risks and Mitigation

Risk	Mitigating Action
Lack of adequate engagement with clinicians and frontline delivery staff	<ul style="list-style-type: none"> <li>Targeted work with comms/engagement teams in each provider organisation and with senior colleagues – chief executives of each Medway NHS organisation and the council, to provide regular updates and opportunities to provide feedback through a range of online and face to face approaches</li> </ul>

	<ul style="list-style-type: none"> <li>• Attendance at existing meetings/ events i.e. GP monthly so that clinicians don't have to 'come to us'</li> <li>• Use of staff bulletins &amp; intranets, posters at places of work</li> </ul>
The public does not understand the scale of the services under review and does not engage in the process	<ul style="list-style-type: none"> <li>• Communications plan targets wider public – through press, paid for advertising, partnership with council comms – i.e. poster campaigns through libraries and council offices &amp; GP practices</li> <li>• Engagement in public footfalls – i.e. shopping centres planned during the extended engagement</li> <li>• Work through elected officials and MPs to assure them and keep them informed</li> </ul>
Inability to reach patients/ service users, particularly those who are housebound	<ul style="list-style-type: none"> <li>• Current providers support the targeting of patients and deliver easy to use mechanisms –i.e. easy to understand leaflets</li> <li>• Online engagement to back up face:face – i.e. through surveys</li> <li>• Attendance at events where family carers and patients are likely to be – i.e. user group meetings (COPD Breatheasy)</li> <li>• Community Health Researchers target family carers and patients – 1:1 face to face and telephone interviews which are peer-led</li> </ul>
Inability to reach harder to reach or less listened to communities in Medway	<ul style="list-style-type: none"> <li>• Involving medway and community health researchers target specific communities and work within community settings to gather views</li> </ul>
Time pressures during the review – not enough time to build each new stage of engagement	<ul style="list-style-type: none"> <li>• Regular analysis and reporting of engagement findings to build into development of the models</li> <li>• Comms and engagement planning is managed and timings adhered to</li> </ul>
Negative coverage – the review is seen as a cost cutting exercise	<ul style="list-style-type: none"> <li>• Positive comms messages throughout the review – targeted comms planning &amp; efforts made to communicate directly with staff</li> </ul>
The length the review leads to people becoming disengaged over time	<ul style="list-style-type: none"> <li>• Regular updates and reporting of messages and engagement findings – you said we did - direct contact with people who have become involved so far</li> </ul>
Over-engagement – there are a number of different issues being discussed over the coming year in Medway which may result in confusion (i.e. STP Stroke Services Review)	<ul style="list-style-type: none"> <li>• Comms and engagement is co-ordinated by the comms and engagement team and linked into the STP comms networks – ensure that appropriate engagement is targeted at the right groups</li> </ul>

**Appendix 1 Stakeholder map**



## Appendix 2 Communications Plan

Audience	Communications Channels
Patients, family carers, public	
Patients & users of each service  Family carers  Population groups with high use of services – older people, people with LT conditions, dementia, people with LD, people at end of life	<ul style="list-style-type: none"> <li>• Flyers distributed through community nursing teams</li> <li>• Leaflets &amp; posters distributed through libraries, GP surgeries, healthy living centres</li> <li>• Press – articles in Medway Messengers etc.</li> <li>• Paid for advertising – MM</li> <li>• Article Medway Matters</li> </ul>
Housebound patients	<ul style="list-style-type: none"> <li>• Flyers distributed through community nursing teams</li> </ul>
Residents of Medway	<ul style="list-style-type: none"> <li>• Leaflets &amp; posters distributed through libraries, GP surgeries, healthy living centres</li> <li>• Press – articles in Medway Messenger etc.</li> <li>• Paid for advertising – MM</li> <li>• Medway Matters</li> </ul>
Care homes – staff & patients	<ul style="list-style-type: none"> <li>• Distribution of flyers and posters through council commissioning teams</li> </ul>
<ul style="list-style-type: none"> <li>• Staff, care teams, clinicians</li> </ul>	
Community services – frontline staff – community nursing teams, physio specialists, stroke rehab teams, staff at Wisdom Hospice, Diabetes support, dermatology support, podiatrists, speech & language therapist teams, staff Darland House, Dementia teams, learning disability teams	Provider comms teams channels – MCH and KCHFT have offered: <ul style="list-style-type: none"> <li>• Twitter, Facebook and LinkedIn</li> <li>• Public facing website</li> <li>• Staff Intranet</li> <li>• Staff e-newsletter and managers’ bulletin every two weeks</li> <li>• Staff meetings, in particular the GAIN meetings</li> </ul>
GPs & GP staff	<ul style="list-style-type: none"> <li>• GP weekly newsletter, GP monthly</li> </ul>
Clinicians – secondary care	<ul style="list-style-type: none"> <li>• MFT staff channels – as above</li> </ul>
<ul style="list-style-type: none"> <li>• Community and voluntary sector, patient representative groups</li> </ul>	
Community & voluntary sector groups	<ul style="list-style-type: none"> <li>• Tailored messages through MVA, Involving Medway, community health leaders network</li> </ul>
Patient participation Groups (PPGs)	<ul style="list-style-type: none"> <li>• Direct invitations and communications through email distribution list</li> </ul>
Healthwatch – members	<ul style="list-style-type: none"> <li>• Direct communications via email – distribution through healthwatch manager</li> </ul>
<ul style="list-style-type: none"> <li>• Political representatives</li> </ul>	
MPs - Medway	<ul style="list-style-type: none"> <li>• Letter from accountable officer pre-warning of upcoming engagement</li> </ul>
Medway Elected officials – HASC & Health and Wellbeing Board	<ul style="list-style-type: none"> <li>• Letter from accountable officer pre-warning of upcoming engagement</li> </ul>



Press & media	
Medway Messenger / KentOnline Kent Live KMTV KMfm BBC Radio Kent BBC South East ITV Meridian Maidstone Medway Magazine Village Voices The Net Gravesham Medway Life	<ul style="list-style-type: none"> <li>• Press releases</li> <li>• Press statements (proactive and reactive)</li> <li>• Briefings</li> <li>• Media interviews (print, online, TV and radio)</li> </ul>

### Appendix 3 Planned Engagement Activities

The following provides a brief overview of engagement activities planned through the programme in order to engage with stakeholders – see Appendix 1.

Engagement Activities	Description	Stakeholders
Online call for evidence, social media campaigns	<p>An online presence for the review has been established through a dedicated page on the CCG website – this will be used to keep all interested stakeholders informed of progress – information such as presentations, published case for change will be regularly published. This is accompanied by press releases &amp; social media releases at relevant points – to ensure that the reach for events is as wide as possible and that as many people as possible know about the review and are able to feed their views in.</p> <p>At key points in the process we will issue calls for participation through social media, press releases and publicity through partners – see comms plan.</p>	All
Surveys – online & printed versions	<p>We are planning to run two sets of surveys. Surveys will be used as stand alone engagement for those who prefer to feed back online or by post and they will also be used as tools at community outreach events and by our partners – to accompany and support face: face engagement. The surveys will be formulated and tested by our independent public engagement consultants, PEA, and designed to be accessible and easy to understand. Printed copies will be distributed together with an integrated pre-paid envelope to encourage returns. Each survey will be accompanied by a publicity campaign and</p>	Patients, family carers, public, community, clinicians

	<p>distribution of hard copies through a range of partners and in public places in Medway. We will monitor survey returns regularly and issue further publicity to keep interest going. Surveys will be analysed by PEA expert analyst so that ongoing results can be fed into developing engagement and reported regularly at key events/activities.</p> <p>Surveys 1, October- December 2017: This survey will support our call for evidence around current views and experiences of services and also help us establish principles for the redesign. It is aimed at users of community health services, at the wider community and at clinicians. We will issue two sets of questions – one for those who use services and one for clinical staff. The results will be fed into the development of service models, the case for change and the options for extended engagement.</p> <p>Surveys 2, May – July 2018: Two surveys will accompany the public extended engagement – one for members of the public, patients, families and one for clinicians. These will be integrated into the public document and will be a key element to establishing the views of all of our stakeholders during the extended engagement period. It will focus on gaining people’s views on the proposed models of care as set out in the public document. This survey will be accompanied by alternative versions and easy to read copies and will have a fully comprehensive distribution.</p>	
GP Monthly & local care team meetings	Local care team meetings take place bi-monthly within each hub locality in Medway attended by GPs and practice managers. Each month all Medway GPs and practice representatives meet for an extended session of planning and learning. We will use these meetings at regular points to inform our practices of the review and to gather views. In October 2017 a GP monthly session will focus on gathering views on the principles for the redesign, in January 2018 we will have a focused discussion on the development of the options and during the period of extended engagement we will dedicate time with GPs, practice managers and GP staff to gain feedback.	GPs, practice managers & other practice staff

Senior cross-system Delivery Board meetings & STP workshops	<p>Three monthly delivery boards in Medway are attended by senior clinical staff, commissioners and managers: Urgent Care Operational Group, Planned Care Delivery Board, A&amp;E Delivery Board.</p> <p>We will schedule time at these meetings to keep senior staff informed of the progress of the redesign and procurement, to encourage them and their staff to attend workshops and events and to take part in surveys and questionnaires.</p> <p>The STP workshops bring together senior delivery managers from across health and social care in Medway – social care, all NHS providers, commissioners. We will dedicate a workshop in November to gathering the views of senior colleagues on the principles of the redesign and hold a further workshop in Spring 2018 to look at the options for care.</p>	Health and social care system senior operations managers
Market engagement events	Events will take place in XXX and XXX to inform the market of our intention to redesign services and undertake procurement. This will also ensure that we engage early with our potential market which will help us to shape our future design for community services.	Potential providers – senior
Staff meetings	<p>Medway CCG commissioners and the partnership commissioning team (MCCG &amp; Medway Council) will hold a workshop on the principles of the redesign in September 2017. There are regular slots at staff meetings planned to discuss the progress.</p> <p>We will use slots at staff meetings at current providers as one way of engaging frontline delivery teams. MCH for instance have GAIN meetings which are a good way of getting to community nursing teams and others.</p> <p>We plan to schedule these into the programme as soon as the Market Engagement Events have taken place.</p>	Commissioners, clinical frontline staff

Public meetings	<p>During the review we will hold a series of public events. In order to provide as many opportunities for people to attend as possible, these will be held both during the day and in the evenings on different days of the week and we will hold these events in all parts of Medway. Events will be widely publicised through our partners and we will work closely with Healthwatch and with our partners through Involving Medway to ensure that they are accessible.</p> <p>There will be two launch meetings for the programme, held in October and November 2017 and at least four public meetings during the period of extended engagement.</p> <p>Meetings will be facilitated by our expert independent engagement partners PEA. The format will include presentations from clinicians and senior staff, facilitated table discussions and opportunities to question the CCG. Results will be regularly reported to feed into further engagement activities.</p>	All, public, frontline clinical staff, community and voluntary sector groups
Stakeholder planning workshops	<p>Patients, family carers, clinicians, staff and the public will also be invited to take part in three further workshops focusing on specific areas identified during the engagement and reviews of services in 2017.</p> <p>These workshops will follow similar formats to the public meetings above but will focus on:</p> <ul style="list-style-type: none"> <li>• Self-Care and Community Empowerment</li> <li>• Co-ordinated care</li> <li>• Clinical priorities for Community Health Care</li> </ul>	Public, patients, family carers, clinicians
Whole systems event	<p>This event is designed to test the proposed model of care. Taking into account engagement so far the CCG commissioning team will present a plan for the model of care and facilitated table discussions from distinct stakeholder perspectives to stress-test the model according to patient journeys and access points.</p> <p>This event will lead directly into the models and options for care presented in the extended engagement period.</p>	Public, patients, family carers, clinicians

Focus Groups and community outreach events	<p>A series of focus groups and local events will take place throughout.</p> <p>These involve attendance at coffee mornings, open days and forum meetings for specific groups and communities. Where appropriate a specific focus group will bring together a group of the individuals targeted.</p> <p>There are 17 groups planned for October/ November 2017 to capture a wide range of views on people's experiences of care and asking what matters to them most regarding community health services going forward. These groups include: older people, people with long term conditions, members of a bereavement self-help group, family carers and local activities groups which target people who are socially isolated.</p> <p>We are planning further 15 – 20 groups between January and June 2018 to gather views on the emerging models of care and to support people in less listened communities to take part in the extended engagement.</p>	Patients, family carers, public, community and vol sector
Community health researchers	<p>Part of the Involving Medway project, a team of volunteer community health researchers are trained to gather views, experiences and stories from an agreed cohort of local people.</p> <p>15 staff and volunteers from Walderslade Together CiC and Carers First have been trained to gather indepth stories from family carers and direct users of community health services and during November 2017 will produce their first set of results. This will feed in depth patient and family experiences into the review at an early stage to influence the development of the models of care for the planning of the review.</p>	Patients, family carers, community groups
Outreach activities – health services & public spaces	<p>During the extended engagement period a series of roadshows are planned. These are designed to maximise awareness about the options and to gather views directly from patients. The engagement team will arrange outreach sessions at:</p> <p>Wisdom Hospice (as part of the open community</p>	Patients, public

	sessions) Healthy living centres MCH House High Streets – Chatham, Rochester & at shopping centre Strood community library  The team will directly distribute information about the review and the public meetings, encourage people to complete the patient/ public survey	
Patient & clinical reference group - procurement	We will involve a small panel of patients and frontline clinical staff in the procurement process. They will be tasked with reviewing elements of the bids received and will take part in the interview process to input into the final decision.	Patients, family carers, frontline clinical staff
Ongoing monitoring of services	A patient and staff feedback process will be integrated into the contracts with providers going forward. We will create a plan to further involve the patient/staff panel in this review process working with commissioners on a bi-annual basis	Patients, family carers, frontline clinical staff

#### **Appendix 4 Media Handling Strategy**

##### **Media plan**

A proactive approach to media relations is an important part of the overall communications and engagement strategy. The aim is to inform local people – particularly users of community services and their families and carers – of the re-procurement process.

Local residents will be encouraged to have their say on the process through as many communication channels as possible. These are outlined below.

- **Press**

The main newspaper in the area is the Medway Messenger. Owned by the KM Media Group, stories will often be shared with website Kent Online. Local TV channel KMTV, also owned by KM Media Group, is based extremely close to Medway CCG's offices.

The media relations plan is as follows:

1. Press release announcing the re-procurement and calling for people to share their views on community health services and/or register their interest in getting involved via a dedicated page on the CCG's website.

2. Press release announcing the launch of an online survey calling for views and inviting people to register for forthcoming workshops open to patients, family carers and clinical staff. This will help the CCG establish principles for the redesign.
3. Briefing of local editors/health correspondents just prior to the launch of extended engagement period, informing them of the importance of the re-procurement and the scope of community health services.
4. Press release announcing the launch of the extended engagement, including feedback from the events, and detailing how people can get involved.
5. Press release(s) detailing any events throughout the extended engagement.
6. Press release a week prior to the end of the extended engagement i.e. last chance to give us your views.
7. Press release to announce the end of the extended engagement, including next steps.

- **Social media**

Medway CCG's Facebook page and Twitter account will be used throughout the re-procurement process to push key messages, encourage people to register for events, complete surveys and get involved with the process.

As well as regular postings, Medway CCG will look to respond to any queries from the public submitted by social media. Press enquiries will be handled by the comms team.

The use of social media will coincide with the press plan outlined above.

- **CCG website**

The issues and questions will be featured on the front page of the CCG's website throughout the re-procurement process, enabling people to easily access further information, details of events and surveys.

- **Local authority newsletter**

Medway Matters, an A4 colour magazine produced by Medway Council, is distributed to some 118,000 residential addresses in Medway and published six times a year. Medway CCG will use the publication to reach residents and stakeholders to inform them of the extended engagement.

- **GP Bulletin**

Events, surveys and signposting to more information will be highlighted frequently in the weekly email newsletter to GPs.

- **Involving Medway**

Colleagues from Involving Medway will target specific communities and work within community settings to gather views – attending coffee mornings and open days, going to community activities and conducting focus groups in community venues across Medway.

- **Communications colleagues**

All press briefings/press releases will be forwarded to relevant communications colleagues within the local authority and relevant partners.

### **Community Health Services Re-Procurement Programme media handling plan**

#### **1. Background**

Medway CCG is re-designing and re-procuring adult community health services in Medway in line with national policy and local strategic direction. The redesign is closely linked to the 'Medway Model', a new way of joining up local services to deliver care closer to people's homes and involve them in staying healthy.

Feedback from the initial call for evidence and workshops, as well as the views of patient reference groups, local health networks and community groups, will feed into the extended engagement.

The contract for delivering community health services is due to be awarded in September 2019 and go live in April 2020.

#### **2. Objectives**

- To ensure a collaborative approach to proactive and reactive media handling
- To ensure the public understand the scope of adult community health services
- To reassure the public around the future of adult community health services
- To reinforce the key messages and how the public can get involved and influence the extended engagement
- To protect the reputation of the CCG and reinforce its role in the local health economy

#### **3. Key messages**

- The current system has to change, not only to improve the patient experience but also to meet the challenges that lie ahead. People are living longer, with more complex health issues at a time when NHS budgets are being constrained.
- More needs to be done to prevent ill-health by helping people stay well, including encouraging them to become involved in their own health and wellbeing.



- People should be supported to manage long-term health conditions such as diabetes.
- The redesign will be closely linked to the Medway Model, a new way of joining up local services to deliver care closer to people's homes.
- Treatment should be provided in a setting that avoids hospital or residential care wherever possible.
- It is important to engage with the CCG process to ensure your views are heard.

#### 4. Strategy

Medway CCG's communications and engagement team will:

- Co-ordinate proactive and reactive media statements and press releases, ensuring the appropriate approval processes are adhered to.
- Co-ordinate media interviews with the CCG, identifying appropriate spokespeople and providing support/briefings in advance of any media interviews.
- Liaise with communications colleagues as appropriate, including NHS England and the NEL Commissioning Support Unit.
- Monitor media coverage and provide regular updates to key contacts at the CCG.

#### Appendix 5 Communications and Engagement Planning

Activity	Lead	Date complete
<b>Pre-Engagement preparation</b>		
Service reviews completed –analysis for key themes for engagement	Commissioning, quality and safety	30/08/17
Family and friends & complaints and concerns analysis complete	Commissioning + quality and safety	30/08/17
Engagement & analysis support – tender for contract issued	Engagement	29/08/17
Engagement & analysis support – consultants appointed	Engagement, commissioning	25/09/17
<b>Engagement</b>		
<b>Medway Model listening event</b>	<b>Engagement</b>	<b>13/09/17</b>
Service descriptions, comms material for launch prepared and agreed	Commissioning team, engagement	
Website page ready & booking forms for launch events complete	Engagement, comms	
Local care team meetings x 3	Commissioning team	30/09/17
Announcement of engagement to stakeholders – senior provider, HASC, MPs, senior council	Engagement, commissioning	29/09/17
<b>Engagement launch</b> , call for evidence, invites to launch	Commissioning team, comms	<b>30/09/17</b>

events through: press release, letter to PPGs, community and vol sector, healthwatch, dissemination through Healthwatch, MVA, Involving Medway, comms teams at providers to all staff – MFT, MCH, KCHFT, KMPT, council dissemination		
Social media for launch –scheduled twitter & facebook	comms	
Content for Survey 1 drafted & survey prepped on website	PEA, communications	20/10/17
Content for Survey 1 agreed	Engagement	25/10/17
Comms for online survey : letter to PPGs, community and vol sector, healthwatch, dissemination through Healthwatch, MVA, Involving Medway, comms teams at providers to all staff – MFT, MCH, KCHFT, KMPT, council dissemination	Comms	30/10/17
<b>Survey 1 online launch</b>	comms	<b>30/10/17</b>
Survey 1 design & printing complete	comms	05/11/17
Survey 1 disseminated to council, MCH for staff, Involving medway for distribution, healthwatch, events	comms	09/11/17
Community groups engagement – agree list of focus groups and outreach activity – target approx. 15 meetings/ focus groups – older people, ld, carers, disabilities, bme,	IM, engagement	30/10/17
Community health researchers recruited	IM	
Community health researchers – community leaders briefing	IM, PEA, engagement	26/10/17
Community health researchers briefed & plan of action agreed	IM	31/10/17
Community groups engagement – brief IM facilitators	Engagement, PEA	20/10/17
Design launch events – planning sessions	PEA	20/10/17
Materials for launch events – presentations, scenarios	Commissioning team	01/11/17
<b>Launch event 1 – principles</b>	PEA, commissioning, engagement	<b>10/11/17</b>
<b>Launch event 2 - principles</b>	PEA, commissioning, engagement	<b>15/11/17</b>
<b>GP Monthly meeting – workshop on principles &amp; priorities</b>	Commissioning, engagement	<b>15/11/17</b>
Invitation to planning workshops & further publicity for survey out + social media	Comms	05/11/17
Design planning workshops, materials for planning workshop	PEA, commissioning	23/11/17
Community groups engagement	IM	05/12/17
Community groups engagement – all notes in for analysis	IM	10/12/17
<b>Planning workshop 1: Self-Care &amp; Empowerment</b>	PEA, commissioning, engagement	<b>30/11/17</b>
<b>Planning workshop 2: collaborative care</b>	PEA, commissioning, engagement	<b>05/12/17</b>
<b>Planning workshop 3: clinical priorities</b>	PEA, commissioning engagement	<b>12/12/17</b>

## APPENDIX 3

<b>Survey closes</b>	PEA	<b>30/11/17</b>
<b>Market Engagement Events 1</b>	Procurement, commissioning	<b>TBC</b>
<b>Analysis of survey results &amp; all engagement results reported to CCG for preparation of models of care</b>	PEA	<b>15/12/17</b>
Public statement of engagement – messages so far & next steps + comms announcing this	Engagement, comms	20/12/17
<b>Preparing for Extended Engagement</b>		
Further publicity & targeted recruitment for whole systems event – printed copies of leaflets, more comms through MCH for patients & clinical staff to attend	Comms	30/11/17
Proposed models of care – internal workshop	Commissioning	19/12/17
Proposed models of care including modelling complete	Commissioning	19/12/17
Equality impact assessment – analysis for engagement needs	Commissioning	
Whole systems event design	PEA	
Materials for whole systems event – presentation & presenters	Commissioning	05/01/18
<b>Whole Systems Event – testing the proposed models across all stakeholder groups</b>	PEA, engagement, commissioning	<b>10/01/18</b>
Whole systems report	PEA	17/01/18
Additional focus groups/ interviews with less listened to communities – tbc	Engagement	17/01/18
<b>Extended Engagement</b>		
Sign off models of care & modelling -	commissioning	
All data on new models complete & sent to PEA – clinical case for change, proposed models of care, modelling & costing data	Commissioning	07/02/18
Extended engagement documents drafted	PEA	21/02/18
Survey 2 – public & patients and clinician drafted	PEA	21/02/18
OBC/Service specs and extended engagement docs BOARD sign off	Commissioning, engagement	28/03/18
Easy read & alternative formats design for document	Engagement	15/04/18
<b>Extended engagement launch - online</b>	Engagement comms	<b>21/05/18</b>
Design & printing	Engagement, comms	May to Aug 18
Pre-comms for <b>extended engagement</b> – letters to all stakeholders, press	Engagement	May to Aug 18
Hard copy distribution	Engagement comms	May to Aug 18
Full comms for extended engagement – Press follow up, paid for content in media, flyers & posters distributed, widespread advertising of events, flyers out to all care homes & through all community nursing teams, council & GP distribution	Engagement, comms	May to Aug 18
Public Meetings design	PEA	May to Aug 18
Public Meetings - number tbc	PEA/engagement	May to

## APPENDIX 3

		Aug 18
Market Engagement Events 2	Procurement, commissioning	TBC
Community focus groups – agreed scope & target	Engagement	May to Aug 18
Community focus groups complete	IM	May to Aug 18
Outreach events – health, social care, public	engagement	May to Aug 18
<b>Extended engagement ends</b>	<b>PEA</b>	12/08/18
Extended engagement draft report complete	PEA	Sep 18
<b>Extended engagement report &amp; response agreed at Board</b>	Commissioning	<b>Sep 18/Oct 18</b>
Publication of report + formal response from CCG	Engagement, commissioning	Oct/Nov 18
Procurement		
Patient/ clinician panel recruitment	Engagement	TBC
Patient/ clinician panel meetings & review of tender bids	Engagement	TBC
Patient/ clinician panel interviews & reporting back	Commissioning, engagement	TBC