

## 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.**

### 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.

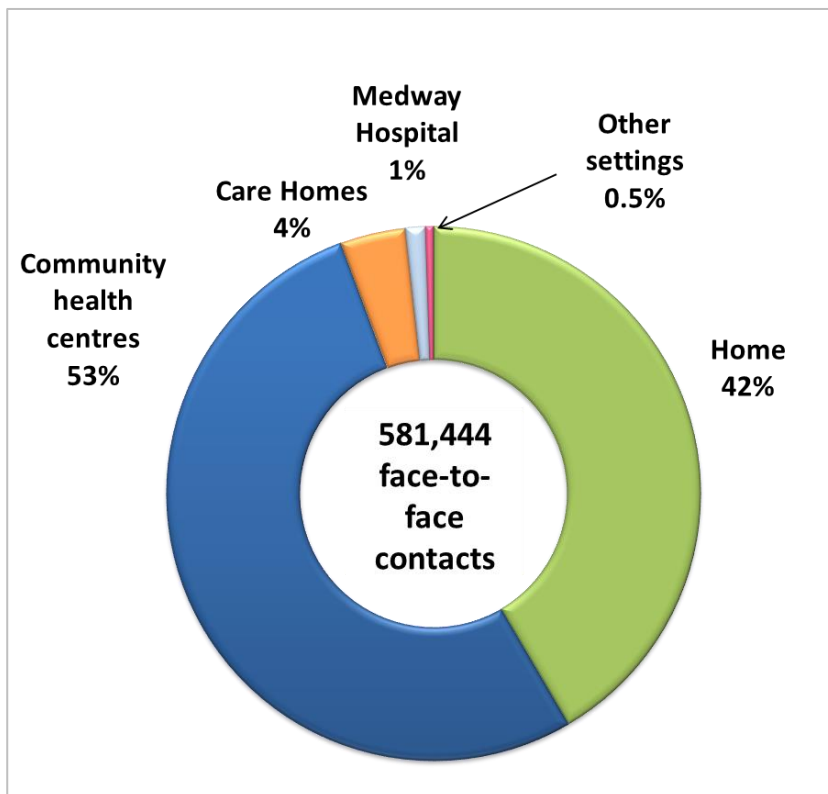
*\*There is an ongoing Kent-wide review of stroke services. The outcome of which will determine the future arrangements for services in Medway and whether this is included within this procurement.*

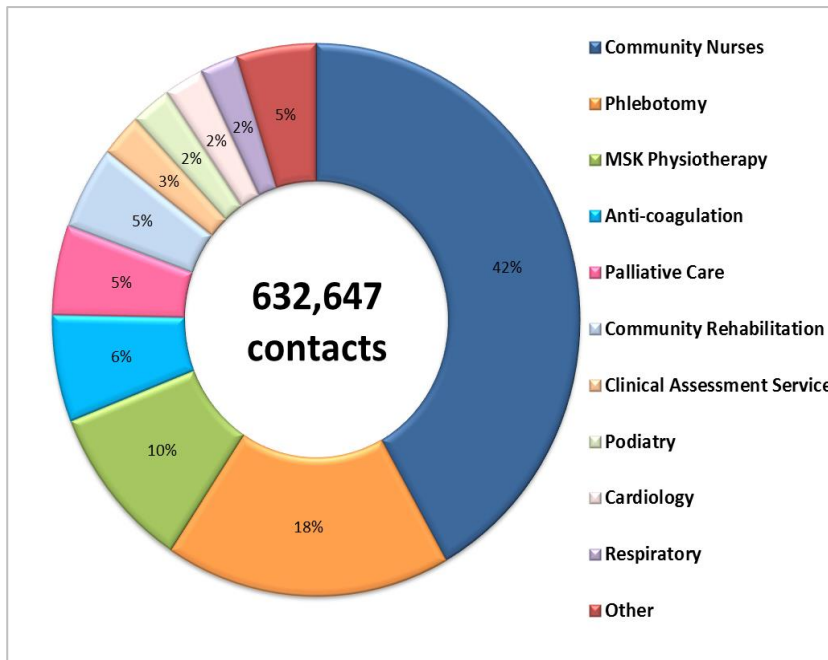
Teams of nurses and therapists coordinate care, working with GPs, social care and health improvement services.

The redesigned model for community services is also key to the **Medway Model** which involves delivering as many services as possible at a local level - in six Healthy Living Centres (HLCs) across Medway. This means that some activity is likely to be realigned from the acute hospital setting. The engagement takes account of this shift – the Medway Model forms part of the context for the changes and will be included as such in the engagement.

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 have a wide reach with over 90,000 people receiving these services in 2016-17. This equates to approximately 1 in 3 people in Medway. There were approximately 632,647 contacts and the majority of these contacts were face-to-face (91%). The following figures show the breakdown of contacts by services.





The largest service is Community Nursing which accounted for 42% of contacts; this service interfaces with many other services. Community Phlebotomy accounts for approximately 18% and musculo-skeletal physiotherapy accounts for approximately 10%. The majority of face-to-face contacts take place in people's homes – including care homes, this equates to almost 46%.

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.

The Medway Model involves focusing services at local Healthy Living Centres. This may involve some movement for the location of some of the contact set out above which is not currently taking place in people's homes. We will include discussions on this shift in our engagement.

### 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).

In addition to improving current community services, the revised model for community services will also accommodate the realignment of some activity from the acute hospital setting. This will reduce the demand for A&E and inpatient care as well as continuing to support appropriate early discharge.

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 public consultation 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- 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. 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
- explain how community services fits into the Medway Model and associated realignment of services
- work with populations who may be harder to reach or engage with or who are 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

An equality impact assessment has been carried out to identify the impacts of the new model of care on groups with protected characteristics. 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.

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. We know from the equality impact assessment that there are some people who may be affected by the changes but who are less likely to have a chance to have their say – in particular:

- People with dementia
- Older people who are frail
- People with learning disabilities
- People from minority ethnic communities

During the initial stages of engagement staff and local residents emphasised the need to reach people who were housebound – people less likely or less able to leave their homes due to long term conditions. During the period of extended public engagement we will ensure that the consultation and public engagement document is distributed to them through existing community nursing teams and our community health researchers will target people who are less likely to attend public meetings.

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

During 2017 there was 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. The review of community health services and any engagement we carry out will take account of the move to focus services more within community settings and away from the acute sector as well as focusing more on prevention – we need to provide information to people on these issues so that they can give us their informed views.

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 2017 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 2017 we engaged with local people on the building of a new Healthy Living 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 followed 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.

During 2017 Medway 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 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 showed 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 2017 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 was widely distributed across key audiences and through a press release, letters to key stakeholders, promotion through social media and our partners.

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

A series of planning workshops identified a common vision for the re-procurement and established principles for the redesign. These brought 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 defined three key areas which we want to build into our model of care. We used this to design three separate stakeholder planning workshops:

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

This workshop looked 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.

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

This focused on improving how professionals work together to improve people's experiences and make sure they get the best care possible. We explored 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. A patient panel was created to tell us what joined up care looked like from a patient perspective.

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

Using the collated outputs from previous sessions this workshop focused on developing the model of care with clinicians and front line delivery teams. The patients panel gave feedback on the models being developed by clinicians and staff.

### 7.7 Focus Groups and Community Health Researcher Interviews

Involving Medway carried out 14 focus groups within community settings in Medway in November and December 2017. These were aimed at reaching communities which were tended to be harder to reach and people with protected characteristics. They took place at coffee mornings, within existing meetings & during community activities such as play groups.

Involving Medway's community health researchers– volunteers trained to conduct health interviews – conducted 36 individual interviews, either face-to-face or by telephone. These were targeting people with long term conditions & people who were less likely to leave their homes. They gave us valuable patient stories and examples as they were able to gather individual experiences through a trusted peer:peer approach.

### 8. Whole Systems Design Event, January 2018

Bringing together all the findings of the engagement and the clinical case for change a whole systems event tested the proposed approach to community services going forward, looking at specific patient journeys and pathways of care and agreeing a working model for effective community health services in Medway.

159 stakeholders came together for a day to test our proposed model of care and used case studies to identify opportunities and potential gaps in the new model. Attendees included GPs, clinical and non- clinical staff from across the health and care system, commissioners, elected officials, patients and family members, members of the public and representatives from the voluntary and community sector

### 9. Themes from the Engagement September 2017 – January 2018

The results of the early stages of engagement were published on our website and shared widely with stakeholders and those who had been involved. Our web page on community services also includes a short film of the Whole System Event.

<http://www.medwayccg.nhs.uk/getting-involved/involvement-projects/adult-community-services>

In the first stages of engagement – at focus groups, interviews, the survey, launch events and workshops, people told us they wanted:

- Greater **involvement, collaboration and integration between services and organisations**, to move people through the system more seamlessly, avoid duplication, and build on one assessment.
- **One shared IT system**, so that patient information is shared and easily accessed.
- **Person-centred services**, with the patient at the centre of care, treated holistically, not just the presenting or health problem, building in resources – such as peer support and training programmes – to support self-care.
- Continuity of care through a **named point of contact**.
- Make more use of **digital technology** for appointments, health screening/monitoring, advice, self-care – but to complement, rather than replace human interaction.
- **Inclusive engagement**, taking into account the diverse needs of different groups and communities.
- Be more proactive and **focus on prevention**, from an early age, through schools.

- **Patient information and communication with the patient**, so they understand and have the confidence to manage their own care, can be involved in decisions about their care, understand their conditions and know about local services.
- **One person-centred care plan**, shared across organisations and agencies, created with the patient where possible.
- **Involve and support family carers** who know about the person and can support them and be involved in their care plan.
- **Educate from school** onwards, to manage own care better and use services more effectively.
- **Address workforce shortages** and create **new ways of using the workforce** – define new/shared roles/skill mixes; shared training; career progression; better use of unqualified staff – to ensure a sustainable future workforce.
- Take into account the **impact of travel and transport** on access to services.

At the Whole System Design Event there was generally agreement that change needed to happen and accepted the model in principle. Whilst reiterating many of the points from the early engagement participants added that:

- The new model needs to **reduce the number of handoffs** (passing from one service to another)
- This should include **reviewing referral systems** so more can be done through community services rather than the GP
- There needs to be **one agreed assessment system/process** with validated tools recognised by everyone
- Services should build in **creative/flexible multidisciplinary team meetings**, to free up clinical time (through the use of technology for instance)
- There needs to be **strong links with social and community services** to provide best care and non-clinical support
- **Support for people that don't have family or friends** needs to be considered and also a befriending service to provide social support
- There needs to be a **directory of services** that is kept up to date, available to all providers and patients
- Services should **look at the whole person**, including mental health and social needs; need to promote social prescribing to avoid over-medicalising problems
- There will be a need to **challenge and change professional boundaries** to make best use of the workforce – across the system - and create new ways of working

#### **10. Consultation with the Health and Adult Social Care Overview and Scrutiny Committee and Extended Public Engagement**

A meeting of the HASC in January 2018 required the CCG to bring a consultation on the proposed model to the HASC.

We will bring a consultation document to the HASC in August 2018. Following this we will undertake a series of activities to promote, run and analyse an extended public engagement period. Engagement will take place over eight weeks and will focus on seven key changes to adult community services. We will use the public engagement to discuss progress with other aspects of the Medway Model and set the seven key changes in the context of the STP.

A Health and Adult Social Care Overview and Scrutiny Committee consultation and public engagement summary document will outline seven key changes to improve Adult Community Health Services in Medway. The document and survey will be fully designed to ensure clarity, accessibility and independence. This will be fully tested to NHS England criteria and plans for public engagement discussed with the HASC. We will publish:

- The case for change
- The proposed seven key changes to adult community services including a full explanation of how this will affect patients
- A patient & public survey – survey designed to professional standards for website and hard copies
- An easy to read document
- A focused questionnaire for clinicians – fully tested with clinicians
- FAQs including further information on modelling and staffing for the public

A press release will be issued and local media will be provided with detailed briefings. 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 Patient Participation Groups (PPGs) and community groups to make sure we distribute documents as widely as possible. Printed copies of the public document and posters advertising the engagement and the survey 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 autumn
- GP surgeries
- Pharmacies
- Community based primary care services (walk-in centres, Healthy Living Centres)
- Medway Council accessible areas and job centres
- Libraries

We know through our earlier engagement work that many people who use community health services in Medway access these services in their own homes – we particularly want to target the survey on those who receive services at home. We are working with the current providers to identify how local teams can facilitate distribution of the consultation and public engagement document. People told us in the early stage engagement that if we are shifting services from the acute to the community setting that we should engage more widely – focus on the entire population of Medway.

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.

We will run a targeted and paid for social media campaign to target people of working age and who are younger – we have recently found this successful in a survey on views on changes to IVF funding.

This review and re-procurement is taking place alongside significant changes to primary care services –with GP practices working more closely together to deliver services at scale and initiatives such as care navigation and minor illness clinics being rolled out across Medway. The redesign of community services is also essential to delivering the Medway Model. The CCG will ensure that the public discussions, during events, focus groups will contextualise the changes in the light of these other developments.

Engagement activities will include:

- Three 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, healthy living centres, libraries

- 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 PPGs and with Healthwatch Medway to engage all members
- Focus Groups in community settings (through Involving Medway) with, among others, minority ethnic groups, people with learning disabilities, people with long term conditions, people with learning disabilities and people who experience drug and alcohol problems
- Interviews of people who use community service and family carers carried out by community health researchers
- Direct engagement of people who work in Adult Social Care and in public health delivery – through Medway Council (these teams have particular insight into ensuring how to integrate services better)
- Direct engagement with NHS staff including clinicians and those working in primary care – attendance at Staff meetings such as the GAIN meetings – regular MCH staff meetings
- Targeted discussions with GPs and GP staff - via practice forums, local care team meetings and via our GP bulletin.

### **11. 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.

### **12. 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 the Public Engagement Agency to carry out analysis of the engagement results so that they can be reported 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 public 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 changed 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.

### 13. 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 undertook 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-engagement by designing and facilitating a survey, workshops and whole systems events and supporting 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 organising a series of Market Engagement Events to engage with providers of services at a senior level and also with the community and voluntary sector.

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.

### 14. Risks and Mitigation

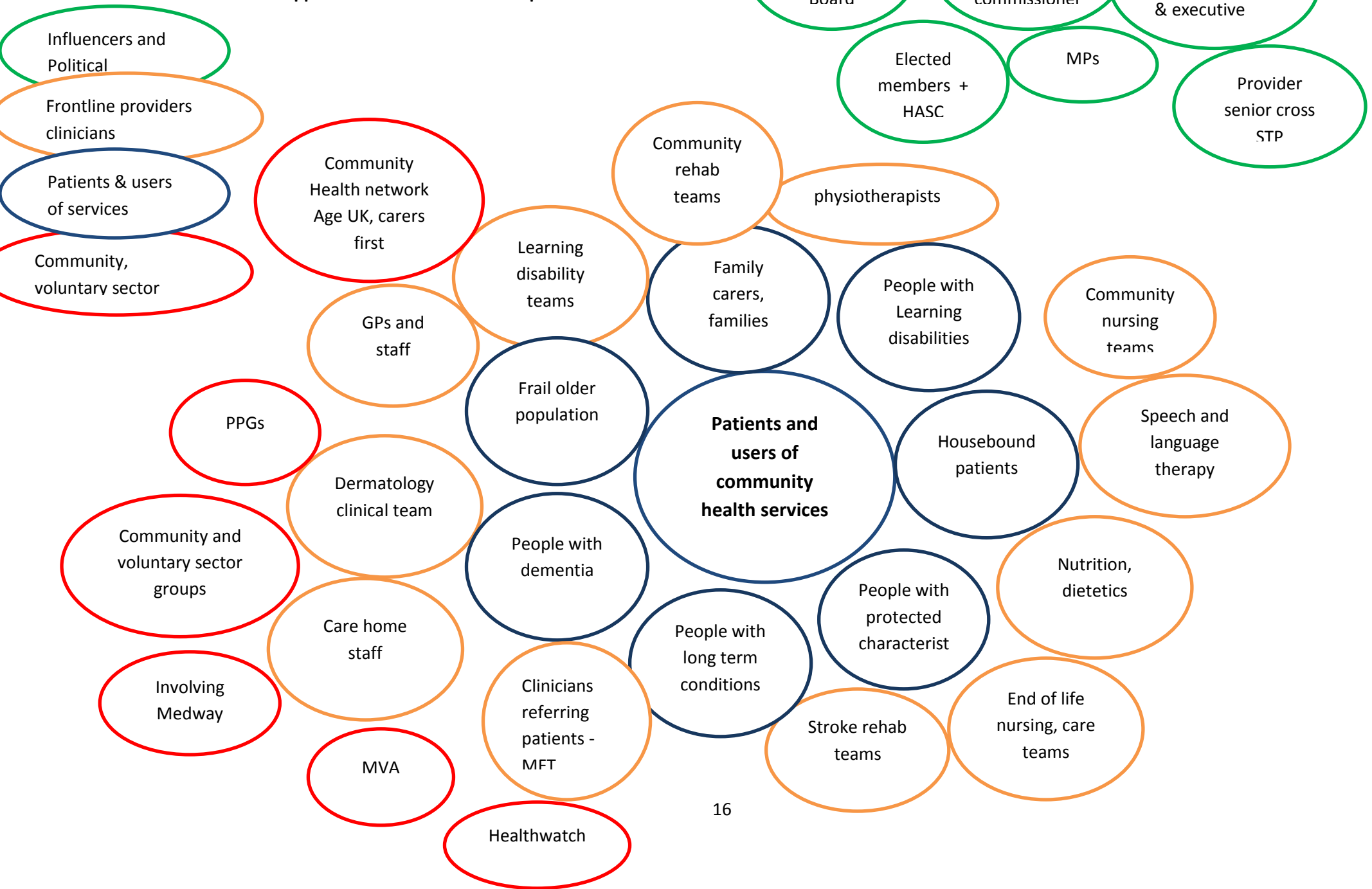
Risk	Mitigating Action
Lack of adequate engagement with clinicians and frontline delivery staff	<ul style="list-style-type: none"> <li>• Targeted work with comms/engagement teams in each provider organisation and with senior colleagues – chief executives of each Medway NHS organisation and the council,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

	<ul style="list-style-type: none"> <li>• Engagement in public footfalls – i.e. shopping centres planned during the public 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>

Key

Appendix 1 Stakeholder map

APPENDIX 5





## 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 long term conditions, dementia, people with learning disabilities, 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 – Medway Messenger</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> <li>• Paid for face book campaign</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 (MCH staff development 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 – staff newsletter</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 Medway Voluntary Action, 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	<ul style="list-style-type: none"> <li>• The manager of Healthwatch sits on the steering group of the project</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 &	<ul style="list-style-type: none"> <li>• Letter from accountable officer pre-warning of upcoming</li> </ul>

Health and Wellbeing Board	<p>engagement</p> <ul style="list-style-type: none"> <li>• Briefing and progress reports at HASC meetings</li> </ul>
<b>Press &amp; media</b>	
<p>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</p>	<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
HASC Engagement and Consultation	<p>The Medway Health and Adult Social Care Overview and Scrutiny Committee (HASC) has discussed the plans for community services development on three separate occasions between the summer of 2017 and January 2018.</p> <p>The HASC is also interested in ensuring the delivery of the Medway Model and making sure that local residents are fully involved in the changes to primary care services going forward so that they work for local families.</p> <p>As requested during the January 2018 HASC meeting the HASC will be formally consulted on the proposed changes in August 2018. The committee will view the seven key changes consultation document.</p>	Local elected officials, public scrutiny committee
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 communications plan</p>	All

	in Appendix 2.	
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 feedback 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 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, September – October 2018: We will direct a survey at members of the public and also at clinician. The survey will be integrated into the HASC consultation and public engagement document and will be a key element to establishing the views of all of our stakeholders. It will focus on gaining people’s views on the seven key changes to adult community health services as set out in the consultation and public engagement document. This survey will be accompanied by alternative versions and easy to read copies and will have a fully comprehensive distribution.</p>	Patients, family carers, public, community, clinicians
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	GPs, practice managers & other practice staff

	and to gather views. In October 2017 a GP monthly session will focus on gathering views on the principles for the redesign. In September 2018 GPs will look at the seven key changes proposed and discuss their feedback.	
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 during the engagement.</p>	Health and social care system senior operations managers
Market engagement events	An early engagement event will take place in January 2018 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. Further market events will be scheduled following discussion with our externally appointed procurement experts, NHS Shared Business Services (NHS SBS). We will also hold a market engagement event targeted at partners in the community and voluntary sector – to encourage them to engage as potential providers.	Potential providers – senior  Community and Voluntary Sector
Staff meetings	Medway CCG commissioners and the partnership commissioning team (MCCG & 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. The weekly huddles will also be used to provide regular updates.	Commissioners, clinical frontline staff

Public listening events	<p>During the review we will hold a series of public listening 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 three public listening events held in September and October 2018.</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 public public 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 the engagement.</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>	Patients, family carers, public, community and voluntary sector

	<p>There are 14 groups taking place in 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 groups during autumn of 2018 to support people in less listened communities to take part in the public engagement.</p>	
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 and Carers First have been trained to gather in-depth stories from family carers and direct users of community health services and during November 2017 they have fed these experiences into the report of the engagement produced in December 2017 . 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> <p>Training of a further cohort of volunteers, including people involved in PPGs, is taking place in July 2018. We will use the initial questions from the survey to work with them to establish views on the key proposed changes.</p>	Patients, family carers, community groups
Outreach activities – health services & public spaces	<p>In September and October 2018 a series of outreach events 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 sessions) Public spaces in each of the Medway Towns - Healthy living centres, leisure centres and public libraries MCH House Medway Maritime Hospital</p> <p>The team will directly distribute information about the review and the public meetings, encourage people to complete the patient/ public survey</p>	Patients, public

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 the public engagement, informing them of the importance of the re-procurement and the scope of community health services.
4. Press release announcing the launch of the public engagement, the seven key changes document and survey, including feedback from the events, and detailing how people can get involved.
5. Press release(s) detailing any events throughout the public engagement period.

6. Press release a week prior to the end of the public engagement period i.e. last chance to give us your views.
7. Press release to announce the end of the public engagement period, 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.

We will launch a targeted paid for campaign on Facebook to encourage people to complete the survey. This will target people aged 18 – 49 who are more likely to be working and who are normally less likely to complete surveys.

- **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 public 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 other CCG comms teams
- Monitor media coverage and provide regular updates to key contacts at the CCG.

#### Appendix 5 Communications and Engagement Timetable

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 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	Commissioning team, comms	<b>30/09/17</b>
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

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Community groups engagement – agree list of focus groups and outreach activity – target approx. 15 meetings/ focus groups – older people, Id, 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>
<b>Survey closes</b>	PEA	<b>30/11/17</b>
<b>Market Engagement Events 1</b>	Procurement, commissioning	<b>Jan 2018</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>Whole System Event</b>		
Further publicity & targeted recruitment for whole system 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
Whole Systems Film of event	PEA	31/01/18
Whole Systems report published on CCG website – designed copy	Engagement, comms	28/02/18
<b>Consultation with the HASC and Public Engagement</b>		
Seven Key Changes drafted and agreed	Engagement, commissioning	02/07/18
Consultation and document drafted	PEA	10/07/18
Survey 2 – public & patients and clinician drafted	PEA	10/07/18
HASC Consultation and public facing docs sign off by the CCG (commissioning committee)	Commissioning	18/07/18
<b>Consultation with the HASC</b>	Commissioning	<b>21/08/18</b>
Easy read & alternative formats design for document	Engagement	31/08/18
Printing	Engagement, comms	31/08/18

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<b>Public Engagement launch</b>		<b>03/09/18</b>
Pre-comms for <b>public engagement</b> – letters to all stakeholders, press	Engagement	30/08/18
Hard copy distribution	Engagement comms	07/09/18
Full comms for public 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	10/09/18
Public Meetings design	PEA, engagement	07/09/18
Three Public Meetings - delivery	PEA/engagement	21/10/18
Market Engagement Events 2	Procurement, commissioning	January 2018
Market Engagement Event with Voluntary and community sector	Procurement, commissioning	Sept 18
Community focus groups – agreed scope & target	Engagement	Aug 18
Focus group targeted at people with Learning Disabilities	IM	21/10
Community focus groups complete	IM	21/10
Community Health Researcher Training		20/08/18
Community Health Researcher interviews		21/10/18
GP monthly meeting discussion	Commissioning	Sept/Oct 18
Outreach events – health, social care, public	engagement	21/10/18
<b>Public Engagement ENDS</b>		<b>26/10/18</b>
Consultation and public engagement draft report complete	PEA	23/11/18
<b>Public Engagement report and formal response agreed</b>	Commissioning	Jan 2019
Publication of report + formal response from CCG	Engagement, commissioning	Jan 2019
<b>Procurement</b>		
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