NHS
Kent and Medway

Communications and engagement consultation plan

for Improving health based places of safety, as part of the transformation of mental health urgent and emergency care.

December 2022

Key contacts

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Approval of plan		***NHS Kent and Medway***	
Date	**Version**	**Revisions made**	**Author**
August 5	**Draft 1**		**Sara Warner**
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December 9	**Comms and Engagement working group**		**Sara Warner**

Introduction

NHS Kent and Medway is working with system partners, to improve the mental health urgent and emergency care (MHUEC) pathway and is currently focusing on developing proposals to improve the health based places of safety (HBPoS) and the section 136 service.

The health-based places of safety assessment suites are currently on three KMPT sites (Maidstone, Canterbury and Dartford) and the Trust struggles to provide a consistently good service which meet national standards, due to challenges with staffing and facilities. Staff teams are small and relatively isolated, with unattractive shift patterns and unsocial working hours. Due to the geography and resource levels, there can be minimal on-site support for staff at times. People placed under a section 136 need a full mental health assessment (MHA) with an Approved Mental Health Professional (AMHP) and two Section 12 Doctors. With a limited numbers of Approved Mental Health Professionals (AMHPs) and Section 12 Doctors covering three sites, coordination of assessments can be challenging.

Plus, the facilities are no longer fit for purpose, despite investment in their maintenance and updated layouts over the years, all Kent and Medway NHS and Social Care Partnership Trust's (KMPT's) Section 136 suite health-based places of safety, struggle to meet standards for Section 136 health-based places of safety. There is inadequate space for assessment teams. One suite does not have access to seclusion and the other two share seclusion facilities with inpatient services, which is against guidance from the Care Quality Commission (CQC).

These persistent challenges have a negative impact on people experiencing a crisis, lengthening the time taken to assess people and get them the support they need. At times, wider service provision and/or clinical pressures require the temporary change of use of some of the existing Section 136 suites, which impacts on capacity and the ability of to meet Section 136 standards. The Section 136 suite health-based places of safety can also be unavailable due to damage. These challenges lead to people being taken to emergency departments (EDs) temporarily, where it may have an adverse effect on their welfare due to the busy nature of EDs. As well as having an impact on other emergency support services such as: community crisis service, police, emergency departments, and ambulances. At a time when individuals' need an urgent assessment and possibly treatment, when they are often at a point of extreme distress, and some of whom will be at a very acute stage of illness, when risks to self and others are highest.

Currently around 1,500 people per annum will go through this section 136 assessment process to decide what type of support they require, although recent improvements are reducing the numbers. Some people will always require emergency support, out of those people detained for assessment, approximately 20 per cent will need hospital care, whilst the others may receive referral to community-based support and return home with the support of patient transport.

As this is a crisis service when people are at their most vulnerable, it works closely in partnership with other emergency services such as the police, ambulance service, Emergency departments (A&E) as well as Psychiatric support services in hospitals and the community. It deeply affects the individuals involved and often their family, friends and care givers.

BACKGROUND

NHSE have made capital funding available to all Integrated Care Systems, specifically ringfenced for improvements to Mental Health Urgent and Emergency Care to enhance patient safety. The Kent and Medway ICS successfully bid for capital funding to improve the Section 136 Pathway and Health Based Place of Safety (HBPOS) provision. This scheme forms part of the wider Kent and Medway Mental Health Urgent and Emergency Care Transformation Programme (MHUEC), which will provide a clearly defined

improved pathway and increased menu of interventions for individuals who are experiencing Mental Health Crisis.

The Transformation Programme is co-produced with Lived Experts and System Partners and will provide a range of mental health services that are person centred and socially inclusive, delivered via a blended approach of VSCE and Secondary Care. This improved MH UEC Pathway and increased range of community crisis alternatives will offer individuals experiencing a crisis viable alternatives to using NHS Emergency Services and can potentially result in a reduction in incidence of detention under Section 136 of the Mental Health Act (1983).

Included within the MHUEC Programme:-

Open Access Crisis (NHS 111 select 2)

From March 2023 nationally, individuals experiencing mental health crisis will be able to dial NHS 111 and select option two, to speak directly to a trained mental health triage call handler. From there, if an urgent secondary care response is required the call handler will arrange for a face to face or virtual urgent mental health assessment to take place by a trained mental health clinician. Other health care professionals will also be able to directly access the specialist MH call handler. An expected outcome from implementation of this service is a reduction in the use of emergency services (SECAmb, ED presentation, police calls)

Training and support for partner agencies, Kent Police have telephone access to a trained mental health clinician via the '836 Police Advice Line'. Police use this professional advice line to discuss whether or not to use their powers of detention under S136; the mental health clinician is able to access clinical records where available and talk to the individual where appropriate. This has seen a significant reduction in the use of S136 over the last 24 months, with August 2022 being the lowest rate in 6 years. Recent investment into this service has enabled expansion of this service.

Alternative sources of support for those people in Crisis

1, There are currently five **Safe Havens** operating across Kent and Medway 7 days a week between the hours of 1800hrs-2300hrs (longer at weekends). The safe havens are delivered by VCSE providers and are based in community settings. They provide a physical and therapeutic space for individuals experiencing psychological crisis as an alternative to presenting at an emergency department or being detained on S136.

The transformation programme is looking at ways to improve the overall model through a recent series of workshops with lived experience experts and partner organisations (Kent Police, SECAmb, Acute Trusts, KMPT etc.) to understand low usage and consider solutions. This winter a revised model is to be piloted for evaluation, with two of the safe havens being co-located on hospital sites, and the remaining three to have clinical staff input. These changes should make them a more recognisable part of the pathway used by partner agencies and individuals.

2, Crisis House(s): Crisis Houses provide individuals with an alternative to admission to a mental health acute inpatient bed; they are designed to provide 24hr crisis support and supervision for a limited period of time and are usually delivered though the VCSE sector at a considerably reduced cost yet with positive outcomes including high levels of service user satisfaction. The ICB and KMPT are jointly leading a workstream on alternatives to inpatient admission, with the intention to commission a Crisis House(s) using Mental Health Investment Standards for implementation in October 2023.

Within Kent and Medway 50 per cent of adult's hospitalised are discharged in eight days or less (with a significant proportion being discharged within 72hrs or less). The 50 per cent of individuals discharged within eight days or less, commonly present for admission in an acute psychological or emotional crisis.

3, Enhanced Home Treatment: The Crisis Resolution and Home Treatment Teams (CRHT) within KMPT are being reviewed. The CRHT team has two main functions (i) Responding to unplanned urgent assessments within four hrs; and (ii) Providing planned home treatment interventions as an alternative to inpatient admission. The intention is to improve the team's functionality by focusing on the two functions and creating two teams:

a) a rapid response team (RRT) (whose sole purpose is to respond to requests for urgent mental health assessment);

b) and an enhanced home treatment team who sole purpose is to provide intensive home treatment as a viable alternative to inpatient admission.

This will support effective patient flow, which in turn will positively impact upon the options for people in crisis and improve the treatment choices for assessed in the HBPoS.

4, Mental health ambulance

Development of a bespoke mental health urgent response vehicle with a paramedic and mental health clinician crew, who would be able to respond urgently to Southeast Coast Ambulance (SECAmb) mental health calls, for example by police when considering Section 136, and assess and intervene at scene as an alternative to Section 136 or being taken to a hospital emergency department.

Pre-consultation Engagement

As part of the process of improving care for people placed under a Section 136 order and using our health-based places of safety, we have already been working with patients, public, partners, staff and stakeholders. Feedback to date has informed the development of these proposals.

Key activities have included:

- Reviewing all patient and partner insights on crisis care so that we can learn from what people have already told us. This has included looking what people told us during Kent Listens, Kent and Medway NHS and Social Care Partnership Trust's (KMPT's) work with Experts-by-Experience, and wider engagement on transforming services
- Offering one-to-one interviews or small focus group discussions with individuals and families affected to listen to existing users of services and partner agencies
- Jointly developing the proposals with partners and people of lived experience through the integrated transformation programme
- Listening to the views of frontline staff working in health-based places of safety
- Wider engagement, led by a clinical and professional board, with psychiatrists, GPs, ambulance teams, police officers and social care staff
- Joining discussions with peer support and advocacy services on potential improvements with existing service user and carer groups for those with complex emotional disorders,
- Reaching out to communities which are most affected through Voluntary, Community and Social Enterprise (VCSE) groups.

- We need support and an environment with access to fresh air and the outside, a place which is well-staffed and comfortable rather than bland and municipal.
- Any new facility must be easily accessible, with transport there and back provided safely and in a timely manner, with parking for staff.
- Staff, who are comforting and consistent for you to feel safe and supported
- Sensory needs' must be considered, sound should be soothing and not over whelming, especially for those with autism.
- Activities to occupy you if there are delays, comforting food and facilities.
- Having different spaces for assessment, and sleeping, not built like a ward – purpose built and codesigned
- Places for de-escalation and seclusion for the volatile and vulnerable, and to keep everyone safe, so that the facility doesn't close if someone is 'kicking off'.
- Carers and families can supply vital information on individuals to help with the assessment, if patient care plans could enable those close advocates to assist without breaching patient confidentiality

Consultation process

Statutory duties and legislation

This plan sets out the approach to a formal consultation on proposal(s) to centralise the section 136 assessment service, improving care for people at this most vulnerable time, making the service swifter, better, and more resilient. To support this aim we propose building a new purpose-built facility with five assessment suites which fulfil national standards and offer a better safer environment for patients.

It has been informed by best practice principles and guidelines from NHS England and NHS Improvement[1], the Cabinet Office[2], the Consultation In[3]stitute and Healthwatch. We are also building on the experience and feedback from previous engagement and consultation programmes in Kent and Medway and from our pre-consultation engagement work.

[1] B1762-Guidance-on-Working-in-Partnership-with-People-and-Communities-2.docx (live.com)

[2] National Government Consultation Principles (1).docx (publishing.service.gov.uk)

[3] The Consultation Charter - The 7 Best Practice Principles — The Consultation Institute

Guiding Principles

NHS Kent and Medway is working with system partners to support the people of Kent and Medway to lead healthier lives for longer. We see our future as one where we collaborate with the people of Kent and Medway to create thriving communities that are amongst the healthiest in England. We want to be known for the quality and safety of our services but also as an influential partner in our communities.

To do this, we will strive to have a deep understanding and connection with the people and communities we serve and actively involve them to co-produce and shape improvements to local services. By working with, listening to and acting on feedback from people and communities, NHS Kent and Medway, together with health and care partners in the integrated care system, can:

- support people to sustain and improve their health and wellbeing
- involve people and communities in developing plans and priorities
- continually improve the way we deliver our services
- address health inequalities by working with our people and communities where inequalities exist to co-produce solutions
- work with wider partners to create holistic services and pathways across organisational and sector boundaries that best serve the whole person or community.

When planning service change it is best to be:

Accountable and Transparent

The NHS Constitution states: 'The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff.' Organisations should be able to explain to people how decisions are made in relation to any proposal – and how their views have been taken onboard. Transparent decision-making, with people and communities involved in governance, helps make the NHS accountable to communities. Engaging meaningfully with local communities build public confidence and support as well as being able to demonstrate public support for proposals.

Improve quality of care by working with people, partners and communities

Partnership approaches mean that services can be designed and delivered more appropriately, because they are personalised to meet the needs and preferences of local people. Without insight from people who use, or may not use, services, it is impossible to raise the overall quality of services. It also improves safety, by ensuring people have a voice to raise problems which can be addressed early and consistently.

This makes for better decision-making

We view the world through our own lens and that brings its own judgements and biases. Business cases and decision-making are improved when insight from local people is used alongside financial and clinical information to inform the case for change. Their insight can add practical weight and context to statistical data, and fill gaps through local intelligence and knowledge. Challenge from outside voices can promote innovative thinking which can lead to new solutions that would not have been considered had the decision only been made internally.

Length of consultation

We propose the consultation is for 8 weeks, as this is one small yet significant part of the MHUEC pathway with relatively few people (1,500) per year affected, which is a small proportion of population, and the

specialist nature of service. This transformation programme is being undertaken throughout with our partners and experts by experience.

Also, the specialist nature of service means this should be handled sensitively so that people can share their experiences and opinions without fear, or anxiety in safe and confidential ways. Offering people a range of ways to contribute without a focus on loud public meetings, but quieter conversations with individuals, or smaller discussions in safe places.

Aims

We will deliver a formal public consultation in line with best practice that complies with our legal requirements and duties.

Our aims for the consultation are to:

- raise awareness of the public consultation and how to contribute across Kent and Medway
- collect views from the full spectrum of people who may be affected – including staff, people with lived experience and their friends and families, stakeholders, and the public - gathering feedback from individuals and representatives
- ensure we use a range of methods to reach different audiences including activities that target specific groups with protected characteristics and those quieter more diverse communities affected by health inequalities
- explain how the proposals have been developed, what this means in practice, so people can give informed responses to the consultation
- ensure the integrity and legality of the consultation process to the best of our ability, working with both Kent and Medway's Health Overview and Scrutiny committees
- meet or exceed our objectives and deliver our plan within the timeframe and budget allocated
- provide the ICB governing body with an independent report on the consultation responses to consider in decision-making, with sufficient time to give them thorough consideration.
- Feedback to all those who have contributed any decisions and actions agree in a timely and consistent way using all appropriate channels

SMART objectives

Specific, measurable, achievable, realistic, and time-bound (SMART) objectives are key to ensuring that communications and engagement activity can be accurately assessed and measured. This is particularly important within the context of consultation activity where the results of our work will inform the development of the decision-making business case and play an integral part in the assurance process.

The quality of feedback to our consultation is important alongside the quantity. It is important that we seek and get a broad, representative, and diverse range of views to give rich insights to support our decision-making. If we set our targets for reach too high, we will need to use a lot more resource to generate higher response numbers in the limited timeframe of the consultation, which may not then result in a very different outcome or feedback.

Smart objective	Measure of success
Raising awareness through opportunities to see or hear about the consultation* - informing a minimum of 90,000 (approximately 5 per cent of Kent and Medway population due to specialist nature of service) about the proposals during the consultation period	To be achieved through multiple channels and activities: dedicated website space for consultation information and associated case for change, advertising and publicity (radio, newspaper and online) and posters etc. in local communities in addition to more personalised and interactive engagement including evaluation of social media, research, face-to-face and virtual events, focus groups etc
Target for active and direct engagements – 500 people (reflecting numbers affected per annum, due to the specialist nature of the service).	To be achieved through mailings to staff, stakeholder patient and carer distribution lists, meetings and events, social media interactions, discussions in safe places, focus groups, targeted outreach work etc.
Target for responses – 250 separate responses to the consultation (approximately half the population identified above, recognising the specialist nature of the service).	Collecting responses to the consultation including consultation questionnaire, focus groups, emails, social media interactions, phone calls, letters, comments at events etc.
Outreach to those identified in EIA, run one or two focus groups with each identified cohort, or 1 to 1 interviews to give choice to individuals (People with complex emotional disorders, younger adults, BAME, homeless, people with dual diagnosis). 6-8 people in each focus group.	Measured by the number of people attending the focus groups multiplied by number of cohorts identified in EIA.
NB Recognising specialist nature of service make sure that people with lived experience have choices and can contribute in a variety of safe and anonymous ways and make sure that information and processes overcome barriers and a variety of formats is	Taking advice from KMPT and people with lived experience to enable a range of means to take place.
Patients, and families affected all those individuals affected by service and their families/carers have already had the opportunity to be part of developing proposals and can also respond to the consultation. They will have a choice of one-to-one private interview, joining a focus group, attending community based discussions or completing the consultation questionnaire, or responding to the consultation in another way by email, letter, or phone. In addition, working in partnership with KMPT we will attend at least one	Using a variety of appropriate channels (letters, newsletters, media publicity as set detailed within this plan) to ensure affected individuals, and/or their families/carers can respond to the consultation. We will achieve direct engagement with affected patients and their families and working with our partners will involve representative groups of people with lived experience of services and their families. Assessment will be based on the opportunities to engage, and responses received.

Audiences

Stakeholder mapping

family/carer support group and at least one patient group – *which reflects the cohort of patients* with experience of crisis care and section 136.	
Discussions in safe places we propose 8 small scale listening events hosted by VCS partners across the geography of Kent and Medway to enable communities to contribute in safe and sensitive way with trusted organisations	20 people maximum in smaller hosted safe community led discussions. 160 people across four place-based geographies
Attending public events possibly as roadshow/manned exhibitions working in partnership with community safety partners: police, LAs, SECamb and recognising aligned pieces of work such as transformation of community mental health services and Integrated care Strategy. **Hold a survey** with Kent and Medway citizen panel (representative sample of Kent and Medway population)	To make sure public have a direct ways to contribute in person, as well as a remote ways through online survey. At least 100 people take part Citizen panel provides demographic sample of public to contribute their views
Attend stakeholder meetings: many partners have their own meetings which we can attend to brief people and raise awareness of the consultation and the issues involved, sharing information and evidence e.g. Healthwatch, LAs, HCPs, VCS networks, staff networks, etc	Attend as many meetings as possible within 8 week consultation period depending on number of invites/service issues. Measured by spread and range of invitations. Many stakeholders will have been involved in the pre-consultation engagement and we will make sure we keep them are briefed throughout
Staff and clinical engagement we will attend staff network, team meetings and offer drop-in sessions and online surveys so that everyone has a range of ways to contribute.	All affected staff will have the opportunity to access information about the consultation, complete the consultation questionnaire and/or join one of two staff workshops during the consultation period. Measured by numbers taking part.
Independent analysis of the responses received, to ensure transparency we will commission an independent organisation to analyse and report on the responses received.	Report received from independent experts provides an overview on whether SMART objectives have been met, as well as an analysis of the responses received.
Budget we will achieve this within the agreed funding for operational costs.	TBC once amount is agreed/identified.

This consultation plan describes the formal consultation that NHS Kent and Medway and its partners are required to undertake with relevant local authorities under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (see Appendix A). We will formally consult our local authorities partners via a Kent and Medway Joint health overview and scrutiny committee as this is a substantial variation to service affecting the population in both counties in line with our legal duties.

This plan sets out the additional, complementary, and public-facing activity that we will undertake to elicit responses and promote engagement and involvement during the consultation period. Through our pre-consultation engagement work we have identified and worked with a range of audiences and stakeholders. We have grouped our stakeholders into 7 categories with detailed sub-groups within each category:

People and communities served	**Staff across partnerships**
• people with lived experience, loved ones, unpaid carers, • Residents in Kent and Medway • KMPT/EK360 patients, service users, carers and volunteers • Patient and carer support groups • Resident, voluntary, community and local business groups • Healthwatch in both Kent and Medway • Those diverse communities affected e.g., personality disorders, those with complex mental health disorders, younger adults, people who are homeless, or people with addictions. • Protected characteristic groups (under equalities legislation) including age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity • Advocacy and peers support groups • VCS groups and networks • ICB local health network patient and community engagement groups • GP patient participation groups • NHS providers patient governors and membership	• KMPT (particularly section 136 staff, 12 doctors including staff side and trade unions) • Local clinical, nursing and AHP leads • Provider trusts – East Kent University NHS Hospitals Foundation Trust Medway NHS Foundation Trust, Medway Community Health CIC, Maidstone and Tunbridge Wells NHS Trust, Dartford and Gravesham NHS Trust, Kent Community Health Foundation NHS Trust, HCRG care group • Southeast Coast Ambulance Service NHS Foundation Trust • Kent Police • Kent and Medway ICB • Dartford, Gravesham and Swanley; east Kent; Medway and Swale; and west Kent HCPs – stakeholders • General practice (including primary care network clinical directors and primary care teams) • Medway Council and Kent County Council (including social care and public health teams)
System leaders	Clinical and Professional bodies
• MHLDA partnership and • Kent and Medway ICB governing body (including as decision-makers for this consultation) • Kent and Medway NHS and Social Care Partnership Trust Board • K&M ICP • Dartford, Gravesham and Swanley; east Kent; Medway and Swale; and west Kent HCPs	• MHLDA clinical and professional board Southeast Clinical Senate • K&M local medical and pharmacy committees, • The Royal College of Psychiatrists • The Royal College of Physicians • KSS Academic Health Science Network

• Medway and Kent Health and Wellbeing Boards • Medway and Kent Council executive teams • PARTNER leadership – police/Ambulance	
Regulators/assurance	Elected Officials
• Department for Health and Social Care • NHS England and NHS Improvement • Care Quality Commission • Healthwatch Medway, Healthwatch Kent • Medway HASC, Kent HOSC	MPs, Kent Council and Medway Council District and Parish councils

Consultation activities and materials

At the core of our consultation will be a consultation document which clearly lays out the basis on which we are consulting, the background to the consultation, a summary of the data upon which options have been developed and what the proposals/options are, with signposting to more detailed technical information if needed. This document will be presented in plain language, which is easy to understand by the public, we will seek feedback and will promote the various methods by which people can take part in the consultation and contribute their experiences and views.

The consultation document associated materials and consultation questionnaire will be published on a dedicated section of the K&M ICB website. This will be clearly signposted from the ICB home page and system partner websites. It will host general information about the programme and consultation, as well as the case for change; meeting papers and other key decision documents; providing the evidence and data used to inform the design of proposals and decisions, etc.

A sensitive animation will be produced to introduce the service and explain when and how section 136 may be required so that individual stories and community concerns can be set within a clear framework without stigma.

Accessibility

We will ensure that we target, and cater for, groups and individuals with additional requirements, or those responding on behalf of another individual, and those who are less familiar with the subject matter. To best meet the needs of people with additional requirements we will:

- Produce documents in plain English
- Produce our consultation document in accessible formats, such as Easy Read, and in different print formats on request e.g. large print, audio, or foreign language translation, or braille etc.
- Telephone and Freepost contact details: to support open and accessible communications, the engagement team will be accessible via telephone, email, and post. This will give people the opportunity to give feedback in the way they prefer and is inclusive.

Throughout the consultation period we will receive regular response monitoring reports from the independent agency analysing the consultation. We will monitor this information closely to identify any

demographic trends which may indicate a need to adapt our approach regarding consultation activity. An example would be under representation from a particular demographic group or geographic area, particularly where there is a demonstrable disproportionate impact upon individuals within that group.

Media approach

We will work with the media on a proactive and reactive basis – updating them with key updates and milestones and responding to any of their enquiries as they arise.

We will promote consultation events and opportunities through the local news media, social media, and all our established newsletters, bulletins and communication channels. We will also work with the local press (print, online and radio) to further amplify messages about the consultation and encourage involvement. We will provide clinical spokespeople wherever possible to explain the reasons for change and our proposals, recognising that people have high levels of confidence and trust in clinicians and health professionals.

Specific handling plans will be created for any significant milestones during the consultation, including in each case: key messages, detailed questions and answers and sequenced information cascades to staff, key stakeholders and the media. We will keep a record of which outlets have been approached and will also consider arrangements to offer interviews and photograph/filming opportunities in response to requests.

Detailed plans will be put in place to cover the launch, mid-point and close of the consultation with proactive communications with all our stakeholders. An animation will help to set the context and describe the specialist nature of the service. This will be supplemented with learning from people with lived experience and partner case studies where appropriate to illustrate the case for change and the expected benefits of the proposals developed.

An efficient and effective approvals process will be important in terms of reacting quickly to requests for information/responses, rebutting any inaccurate media articles, and signing off any new content to respond to issues and themes as they develop through the consultation. To facilitate this, we will develop and agree a media handling protocol that will ensure all partner organisations are able to respond and react appropriately to queries from the media.

We will evaluate all media coverage to assess its effectiveness, and the inclusion of our key messages, adapting our approach as appropriate.

Impact of consultation on outcomes and decision-making

A public consultation is not a referendum. What we seek from the consultation responses, is to fully understand the impacts (positive and negative) that people believe the proposals will have.
As well as understanding what people might like about our proposals, we will want to understand how any negative impacts might be mitigated, and provide an opportunity for any additional evidence, data or alternative proposals and solutions to be put forward that would support improving the quality of care, and our case for change. Feedback will be used to shape the final proposals and allow us to consider mitigating actions for concerns that are raised.

Consultation responses will be used alongside a range of other evidence gathered as part of the decision-making process (including clinical, financial, workforce, estate, travel time evidence etc) and any other relevant information which may become available before a final decision. Consultation responses will be used to:

- help decide if the proposed option is taken forward
- identify if changes are needed to help develop the option taken forward

- identify actions to progress opportunities to improve / mitigate concerns raised.

This decision-making process will comply with the NHS England guidance '*Planning and Delivering Service Changes for Patients*'.

After the consultation has closed, and the independent report analysing responses has been carefully considered by NHS Kent and Medway, the consultation team will publish formal response and activity reports for the public consultation.

Resourcing plan

To deliver an effective best practice consultation we will commit sufficient resources, including internal staff, specific expertise from external agencies, and a non-pay budget for a range of essential expenditure.

An effective consultation will produce rich feedback and insights to improve the overall quality of decision-making and service design, and in turn, the quality of people's outcomes and experience in the future. This approach will not only make sure we meet our statutory duties around involvement and consultation, it will also help mitigate the risk of successful legal or other challenge to the consultation process at a later stage, which then incurs further cost and time delays.

It is important to note that consultations can be challenged on process as well as the final proposal and the decision taken, which can lead to long delays, potential re-consultation and increased costs. Most importantly, successful challenge to a programme such as this also has opportunity costs for patients and our partner agencies in delaying improvements to services.

Action plan

NHS
Kent and Medway

Public Information and Engagement Project Plan	Owner	October	November	December	January	February	March	April
Stakeholder mapping to identify involvement levels	SW C&E group							
Briefing to MP's	ICB							
Draft consultation plan	SW							
Review of all existing engagement and feedback	SW/BWS							
Comms and Engagement working group	SW							
General Con doc, FAQs and glossary	Comms/JW							
Review and consult on evidence from engagement/focus groups								
Development of key comms messages and narrative	Julia W							
Preparation and commission of animation to promote consultation and share info	JuliaW/ML							
Briefing papers for HOSC/HASC	Louise Clack/SW							
Collateral production and distribution	JW/C&E group							
Stakeholder communications to support distribution of collateral	JW							
Stakeholder engagement	LC/?							
Engage with people with lived experience	CT/LC/SW/BWS							
Briefing/Focus group/discussions GPs	SW/LC							
Press releases	JW							
Internal briefing and engagement of staff								
Partner staff focus groups	VF/LC/SW							

Design survey questions	SW C&E group							
Stakeholder workshops	LC/VF							
Engagement letters sent to specific staff	KMPT							
Working groups with clinical and professional board to discuss/develop plans	LC/SW							
Staff Newsletters/internal channels	ICB/KMPT Partners?							
Website project page set up and approved	Julia W/SW C&E working group							
Engagement focus groups with CED	SW/BWS							
Briefing and arrangements with VCS groups	BWS/SW							
Commission Independent analysts	SW							
Design brief for documents and social media	JW							
Letters to stakeholders re consultation	ICB							
Consultation materials distributed	ICB							
Consultation launch	20 February							
Coordinated messages to all staff and stakeholders								
VCS engagement events								
Attending public events/other people activities								