

# Shotley Bridge Community Hospital Services Communications and Engagement Plan

## 1. Introduction to the plan

This Communications and Engagement plan is to provide an overview of the process of engagement activity to support information gathering and conversations in advance of the formal consultation regarding services currently delivered from Shotley Bridge Community Hospital.

Through the engagement period we will gather views of local patients, family members, carers and the wider public. In conjunction we will ensure robust staff engagement including the clinicians and non-clinical workforce who currently work within Shotley Bridge Hospital and the wider provider organisation. We will also engage with local GPs, Local Authority (including Public Health), voluntary and community sector organisations and other stakeholders. The discussion will focus on the potential for re-providing health services in and around the local area, as part of a modern fit for purpose facility.

However this part of the process will not deliver a final option at this stage. Instead this process is part of the preparation for the formal consultation that will follow. The engagement process will seek to gather information about the views and experiences of people who have used the services provided at Shotley Bridge Community Hospital. Members of the public and other stakeholders will also be asked their views on our initial thinking.

Comments made throughout engagement will be considered as part of a clinically led options appraisal which will be based on criteria including delivering high quality services, ensuring services are accessible and that services are sustainable both in terms of workforce availability and finance constraints.

This engagement process does not seek to make any firm decisions about what the final decision will be, but rather to progress the conversation towards what the realistic outcomes might be. Preferred ideas will be presented as part of consultation following which a final decision will be made using the feedback from this formal process.

The project relates to work being undertaken across North Durham and more specifically across the north west of Durham locality. The postcodes in scope for analysis are DH7, DH8, DH9, NE16 and NE17.

## 2. Situation

- Significant investment would be required to extend the life of the existing buildings on the Shotley Bridge Community Hospital site.
- The CCG are considering future infrastructure requirements to support current and future delivery of services
- Want to ensure there continues to be provision of services from a purpose built facility in the Derwentside area
- Any new infrastructure needs to support implementation of the new Community Services contract and development of Teams Around Patients (TAPS) – relating to services being delivered and co-ordinated around GP practices
- We know the demographics across ‘Derwentside’ are changing (Around 34% of the population is aged 50+. This is projected to rise to around 40% by 2020. Around 8% of the population is aged over 75+. This is projected to rise to 10% by 2020).

- A project reference group (including local Councillors and the local MP for North West Durham) has been meeting since autumn 2017 to specifically look at these issues
- A project group (including staff from North Durham Clinical Commissioning Group (NDCCG), Durham County Council, County Durham and Darlington NHS Foundation Trust, Tees, Esk and Wear Valley NHS Foundation Trust as well as patient representatives and Healthwatch County Durham) has also been meeting since autumn 2017 to consider information about services provided

### **3. Aims and Objectives**

- Consider information and data relevant to the need for healthcare provision in Derwentside
- Consider options for the future Shotley Bridge Community Hospital estate in relation to future service delivery
- To inform stakeholders about the current list of scenarios
- To seek out any other potential scenarios to inform the consultation
- To seek patient experience on services currently delivered from Shotley Bridge Community Hospital
- Ask stakeholders their views on the range of services we propose to deliver in the future
- Seek feedback on what would make any local facility accessible
- Ensure that a diverse range of voices are heard through the use of inclusive approaches
- To ensure two way dialogue throughout using a 'you said, we did' approach which feeds through to formal consultation
- Establish the basis upon which we can deliver an open, transparent and evidence based consultation process
- To run a process which maximises community support and meets the required tests set out in National Guidance regarding any potential service change.

### **4. Strategies**

In order to achieve the stated objective(s) the project will;

- Utilise a standard set of briefings and information to establish core messages
- Utilise key messages which clearly articulate the range of scenarios to ensure that members of the public are fully informed with which to feed into the engagement process
- Reach out to relevant key stakeholders, patients, carers and local the population in the areas identified
- Offer the opportunity to comment more widely to local patients through Healthwatch, Area Action Partnerships (AAPs) and other suitable networks in each part of the local area

### **5. Methods of engagement**

These will include;

- Intention to have an 8 week window for the engagement period
- Hold a series of public sessions at community venues in the areas identified
- Hold public sessions at the Shotley Bridge Community Hospital site

- Continue to engage directly with local campaign groups and interested parties
- Hold specific sessions with staff involved in the services currently delivered at the Shotley Bridge Community Hospital site
- Reach out to staff working in the delivery of Community Services
- Reach out to staff working in Primary Care in locally defined area
- Continue to engage with local representative bodies involved in local healthcare planning and delivery
- Continue to engage with local MP and Councillors and local AAPs
- Continue to meet with working groups throughout

## **6. Methods of communication**

These will include;

- North Durham CCG's Patient Reference Group meetings
- North Durham CCG's Patient Public and Carer Engagement Committee
- Healthwatch (or similar community organisations) contacts and networks
- GP bulletins for primary care staff (e.g. Headlines)
- Briefings and resource information (as identified and developed) through GP Teamnet / CDDFT intranet where required
- Routine meetings with local MPs and councillors
- Health and Wellbeing Board meetings (as required)
- Health Overview and Scrutiny meetings (as required)
- CCG websites and social media – potentially to include FAQ and other similar public facing materials (could include resources for practices to use with patient groups)
- Staff briefing and bulletins through existing channels

## **7. Key messages**

Key messages need to be developed to communicate effectively with patients, the public, political and wider stakeholders and the media. At this stage we know that;

- No decisions have been made about future service delivery
- Any future plans will be based on the local Clinical Strategy for delivering the best care for our patients as well as information received through engagement and consultation
- Any future plans will need to co-ordinate with the delivery of Community Services and integration with GPs and Local Authority services
- Recognise there is a need for a facility in the Derwentside area, any future plans need to be able to demonstrate sustainability to meet future demand

## 8. Stakeholders

Included below is an outline of the key groups that will need to be communicated and engaged with as part of this process. A more detailed breakdown of these contacts will be formulated as part of the engagement materials and resources.

Internal:	External:
<ul style="list-style-type: none"> <li>• North Durham CCG</li> </ul>	<ul style="list-style-type: none"> <li>• Patients</li> </ul>
<ul style="list-style-type: none"> <li>• Durham Dales, Easington and Sedgfield CCG</li> </ul>	<ul style="list-style-type: none"> <li>• Wider public</li> </ul>
<ul style="list-style-type: none"> <li>• Darlington CCG</li> </ul>	<ul style="list-style-type: none"> <li>• Carers</li> </ul>
<ul style="list-style-type: none"> <li>• County Durham and Darlington NHS Foundation Trust</li> </ul>	<ul style="list-style-type: none"> <li>• Health and Well-being Board</li> </ul>
<ul style="list-style-type: none"> <li>• City Hospitals Sunderland NHS Foundation Trust</li> </ul>	<ul style="list-style-type: none"> <li>• Overview and Scrutiny Committee</li> </ul>
<ul style="list-style-type: none"> <li>• Tees, Esk and Wear Valley NHS Foundation Trust</li> </ul>	<ul style="list-style-type: none"> <li>• Durham County Council Adults Health Service</li> </ul>
<ul style="list-style-type: none"> <li>• North East Ambulance Service NHS Foundation Trust</li> </ul>	<ul style="list-style-type: none"> <li>• Durham County Council Childrens Health services</li> </ul>
<ul style="list-style-type: none"> <li>• North Durham CCG Patient Reference Groups</li> </ul>	<ul style="list-style-type: none"> <li>• Healthwatch</li> </ul>
<ul style="list-style-type: none"> <li>• North Durham CCG Patient, Public and Carer Engagement Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Local MPs and Councillors</li> </ul>
<ul style="list-style-type: none"> <li>• Staff currently working at Shotley Bridge Hospital site</li> </ul>	<ul style="list-style-type: none"> <li>• Area Action Partnership</li> </ul>
<ul style="list-style-type: none"> <li>• Community services staff (via CDDFT)</li> </ul>	<ul style="list-style-type: none"> <li>• MyNHS membership</li> </ul>
<ul style="list-style-type: none"> <li>• Local Medical and Pharmaceutical Committees</li> </ul>	<ul style="list-style-type: none"> <li>• Local Campaign groups (FOSBH)</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Local press and media</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Local Voluntary and Community Sector organisation and networks</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Church and Faith Groups</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Care Homes / Nursing care providers</li> </ul>

## 9. Equality

In line with established policy and process, the principles of equality and diversity will underpin all communication activity. Alternative formats will be produced as necessary and appropriate.

## 10. Evaluation and Review

The plans and proposed engagement activity will be collated and used to inform the pre-engagement activity as part of this defined consultation process. During and after this period of engagement updates in relation to patient engagement will be provided to the various stakeholders identified above as appropriate. A summary engagement report outlining the work undertaken and key themes from it will be made available once completed. Information from this piece of pre-engagement will be taken forward into the formal consultation.

## **11. Actions**

The CCG Engagement Lead will work alongside the relevant Communications / Engagement leads from partner organisations and others as appropriate. Specific communications advice will be sought from NECS colleagues who will be co-ordinated to help deliver the overall objectives of the strategy.

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## 12. Methods of delivery

### Overview of engagement methods

Detailed below are the key aspects to the engagement processes which will be incorporated into the project. These are not necessarily written in chronological order in the tables below.

## 13. Engagement work plans

### Phase 1

#### Overarching elements

Activity	Methodology	Comments / Notes	Audience	Lead by	Outcomes / measures	Due	Status
Identify stakeholder list	N/A		Broad range of groups and audiences	Eng Lead		Completed	Completed
Target specific meetings with key interested parties	N/A		Key stakeholders and groups	Eng Lead / Project Lead		Completed	Completed
Identify suitable community venues for public sessions	N/A	Information being collected	N/A	Eng Lead		In progress	In progress
Confirm timeframe for conversations	In meetings	Looking at 8 week engagement period	N/A	Project groups	Due to start following Overview and Scrutiny Meeting	March 2019	In progress
Identify clinical leads	N/A	CCG clinical lead in place CDDFT Clinical leads being confirmed		Project lead	Leads in place	February 2019	In progress
Develop standard media responses / briefings	Press and media	To be update monthly	General public and stakeholders	NECS	Key messages and information shared and communicated	As required	Completed
Develop monthly briefing sheets to update on progress and provide clarity on core messages	Electronic (available online)	Develop standard message information which is dated and then updated each month in line with progress	General public and stakeholders	Eng Lead / Project Lead / NECS	Document produced and updated each month	Produced each month	Completed

Activity	Methodology	Comments / Notes	Audience	Lead by	Outcomes / measures	Due	Status
Identification of Hurdle Criteria	In meetings	Linked to National Guidance and parameters the project / conversation has to work within	Project groups General public and stakeholders	Project groups		November 2018	
List of possible scenarios developed	In meetings	Information and explanations to support what is in / out of the conversations (from hurdle criteria)	General public and stakeholders	Project groups		Completed	
Set up evidence log	Electronic	Updated as required	Internal (external for audit trail)	Eng Lead	Document in place and used	Completed	
Develop key FAQ document to try to address some key / common types of queries that may come up	Electronic	Available on websites and shared as part of event promotion	General public and stakeholders	Eng Lead / Project Lead	Clarity on certain key issues	Draft – feedback pending	
Develop Engagement document		To set out background / context. <ul style="list-style-type: none"> <li>• Case for change</li> <li>• Long list of options</li> <li>• Methods of feedback and contact details</li> </ul> Working with CCG Patient groups to develop	General public and stakeholders	Eng Lead / Project Lead	Document produced	Draft – feedback pending	
Generic email address for contacts	Electronic	Single point of contact for the project by email	General public and stakeholders	Eng Lead / Project Lead		Completed	
Generic phone line contact point	Telephone	Generic phone line with recorded message for people to leave comments and feedback. Can be accessed directly by staff members.	General public and stakeholders	Eng Lead / Project Lead		Completed	

## Patients and public

Activity	Methodology	Comments / Notes	Audience	Lead by	Outcomes / measures	Due	Status
<b>Patients</b>							
Using existing staff and services (already attending patients in their homes)	Through Steering group / service managers	Domiciliary Care teams District nurses	Patients (particularly those who may not attend public events)	Project lead	Contacts made, information shared and feedback gathered	March – May 2019	
Pop up stall events – Within Shotley Bridge Community Hospital site	Looking at Libraries, Community centres, Sports centres, Shopping areas	Taking information to where people are Promote public events and the work that is happening. Catching people (parents / working age) on their way in / out of other places and venues.	Patient / Carers	Eng Lead / Project Lead (PRG reps to support)	Reaching out directly to people who may not come to public events	March – May 2019	
Attendance to clinics at Shotley Bridge Community Hospital (where appropriate)	Visit wards / clinics directly to engage with patients	Need confirmation from SBCH staff teams / managers regarding appropriate clinics to attend	Patients / Carers	Eng Lead / Project Lead (PRG reps to support)	Visits held and information collected from patient / carers	March – May 2019	
<b>Public (events)</b>							
Confirm dates and venues of events	Phone / email	Where possible cover each locality and offer a range of timings for the sessions	N/A	Eng Lead	Details confirmed	February 2019	
Confirm facilitators and scribes for events	Electronic	Ideally have consistency across all events	N/A	Eng lead	In place for event and briefed	February 2019	
Confirm speakers – CCG	Electronic	Ideally have consistency across all events	N/A	Project lead	Speakers confirmed and briefed	February 2019	
Confirm speakers – Partners (e.g. CDDFT)	Electronic	Ideally have consistency across all events	N/A	Project Lead	Speakers confirmed and briefed	February 2019	
Confirm slides and materials for events	Electronic		General public and stakeholders	Project Lead / Eng Lead/ Clinical Leads	Slide sets produced	February 2019	
Design promotional materials for	Electronic		Patient and	Eng	Information	February	

Activity	Methodology	Comments / Notes	Audience	Lead by	Outcomes / measures	Due	Status
events			public	Lead / NECS	produced	2019	
Advertise events	Through various channels already in place	Email, GP practices, Hospital site / teams, MyNHS, Website, Social media, press releases, Voluntary and Community partners	Patient and public	Eng Lead / NECS		February - April 2019	
Video animation 1. For event adverts 2. For project introduction and explanation	Online	Effective method at sharing information and messages more readily than written brief.	Patient and public	Eng Lead	Ability to articulate overarching information about what the project is doing and what we are discussing	March 2019	
Pop up stall events – Public locations	Face to face at community venues: <ul style="list-style-type: none"> <li>• Libraries,</li> <li>• Community centres,</li> <li>• Sports centres,</li> <li>• Shopping areas</li> <li>• Markets</li> </ul>	Taking information to where people are Promote public events and the work that is happening. Catching people (parents / working age) on their way in / out of other places and venues.	Patient and public	Eng Lead / Project Lead (PRG reps to support)	Reaching out directly to people who may not come to public events	February 2019	
<b>Communications</b>							
Information circulated to stakeholder contacts	Email, MyNHS, Website, Social media, releases		Patient and public	Eng Lead / NECS	Information out through established channels	March – May 2019	
Information circulated through CCG social media profiles	Social media		Patient and public	Eng Lead / NECS	Information out through established channels	March – May 2019	
Explore opportunities for live streaming of events	Online	Discuss with NECS and IT for requirements and practicalities to support	Patient and public	Eng Lead / NECS	Decision on viability for this option and IT infrastructure required to support	TBC	
<b>External Meetings</b>							
AAP Derwent Valley	Board meeting	Presentations and updates provided throughout project	Patient and public	Eng Lead / Clinical	Presentations provided, engagement	30 <sup>th</sup> Jan 13 <sup>th</sup> March Other dates	

Activity	Methodology	Comments / Notes	Audience	Lead by	Outcomes / measures	Due	Status
				Leads	materials shared, comments and questions captured	pending	
AAP Stanley	Board meeting	Presentations and updates provided throughout project	Patient and public	Eng Lead / Clinical Leads	Presentations provided, engagement materials shared, comments and questions captured	10 <sup>th</sup> Dec 11 <sup>th</sup> Feb 11 <sup>th</sup> March Other dates pending	
AAP Mid – Durham	Board meeting	Presentations and updates provided throughout project	Patient and public	Eng Lead / Clinical Leads	Presentations provided, engagement materials shared, comments and questions captured	9 <sup>th</sup> Jan 13 <sup>th</sup> Feb Other dates pending	
AAP Chester-le-Street	Board meeting	Presentations and updates provided throughout project	Patient and public	Eng Lead / Clinical Leads	Presentations provided, engagement materials shared, comments and questions captured	28 <sup>th</sup> Jan 25 <sup>th</sup> Feb 25 <sup>th</sup> March Other dates pending	
<b>Information collection</b>							
Collect feedback centrally within the CCG	Electronic		N/A	Eng /Project Lead	Information collected and analysed	May 2019	
Analysis of staff feedback and report written up	Electronic		Project and steering group	Eng /Project Lead	Information collected and analysed	May 2019	

### Staff within acute and community services

Activity	Methodology	Comments / Notes	Audience	Lead by	Outcomes / measures	Due	Status
Hold planning meetings with CDDFT Communications team	Face to face	Collaborative approach between CCG and CDDFT	CDDFT Comms Lead, CCG Project and Eng Lead	Eng Lead	Dates in diary and meetings take place	On-going	
Identify opportunities to engage directly with staff through existing CDDFT channels	In meetings	Collaborative approach between CCG and CDDFT	CDDFT staff	Eng Lead	Methods confirmed	February 2019	
Identify timescales and how this aligns with the patient / public conversations	In meetings	Collaborative approach between CCG and CDDFT	CDDFT staff	Eng Lead	Timescales confirmed	February 2019	
Develop agreed communication materials for staff audience	Electronic	Collaborative approach between CCG and CDDFT	CDDFT staff	Project Lead / Clinical Lead	Information confirmed	February 2019	
<b>Information collection</b>							
Collect feedback centrally within the CCG	Electronic		N/A	Eng /Project Lead	Information collected and analysed	May 2019	
Analysis of staff feedback and report written up	Electronic		Project and steering group	Eng /Project Lead	Information collected and analysed	May 2019	

### Staff within primary care

Activity	Methodology	Comments / Notes	Audience	Lead by	Outcomes / measures	Due	Completed
Presentation and discussion at each TAPS meeting	In meeting	Individual meeting for each locality: Derwentside Chester-Le-Street Durham	Leads in each TAP area	Eng/ Project Lead		February 2019	
Identify any appropriate 'Time Out' session attended by Primary Care staff which could also be used for presentations, launching information and / or updates		Council of members presentations – November, January	Primary Care staff	Eng/ Project Lead	Dates available and agenda slots identified	TBC	

Activity	Methodology	Comments / Notes	Audience	Lead by	Outcomes / measures	Due	Completed
Wider briefings for Primary Care staff	CCG e-bulletins	As required	Primary Care Staff	Eng/ Project Lead		March – May 2019	
Wider conversations /information gathering from Primary Care staff	CCG e-bulletins (online surveys)	As required	Primary Care Staff	Eng/ Project Lead		March – May 2019	
<b>Information collection</b>							
Collect feedback centrally within the CCG	Electronic		N/A	Eng /Project Lead	Information collected and analysed	May 2019	
Analysis of staff feedback and report written up	Electronic		Project and steering group	Eng /Project Lead	Information collected and analysed	May 2019	

#### 14. Communication work plans

Media handling plan and stakeholder briefings to be developed and supported by NECS Comms team involved with the project.  
 Reactive statements to be produced

Publication / Site	Area	Contact	Notes
Village Voice	Lanchester	<a href="mailto:lanchestervillagevoice@yahoo.co.uk">lanchestervillagevoice@yahoo.co.uk</a>	Can put information about events into What's On page for free but posters for advertising would have to be paid for. Accept articles up to 300 words
Consett magazine	Consett		Information pending
Stanley Life	Stanley (Parish)	<a href="mailto:alan.shaw@stanley-tc.gov.uk">alan.shaw@stanley-tc.gov.uk</a>	Not currently publishing but do have social media platforms that they are happy to share information through.
In & Around magazine	Chester-le-Street, Derwentside, Durham	<a href="http://www.inandaroundmag.co.uk/current-edition/">http://www.inandaroundmag.co.uk/current-edition/</a> 0191 388 2698	Delivered FREE door to door every month to 15,000 homes and 5000 businesses in Chester le Street, Durham and Derwentside every month. Also viewable 24/7 365 days of the year online, <a href="http://www.inandaroundmag.co.uk/current-edition/">http://www.inandaroundmag.co.uk/current-edition/</a>
Derwent Valley Life	Derwent Valley	<a href="mailto:Lynn.Dougal@durham.gov.uk">Lynn.Dougal@durham.gov.uk</a> 03000 260 723	AAP managed site

## 15. Risks and Mitigations

Risk	Potential mitigation
<b>Failure to engage with relevant stakeholders and meet statutory duties / stakeholders feel that they have not been fully involved</b>	<p>Plan developed identifying relevant stakeholders and partners</p> <p>Ensure all stakeholders receive appropriate updates and feedback</p> <p>Ensure appropriate stakeholders are invited to participate in a way that is accessible to them</p> <p>Ensure clear communication of messages through robust communications plan, including updates on CCG website, stakeholder bulletins and through My NHS</p>
<b>CCG does not engage with marginalised, disadvantaged and protected groups</b>	<p>Plan identifies relevant groups and organisations.</p> <p>Also work with local voluntary sector groups, community organisations and partners to access these groups and communities</p>
<b>Accessibility of activities and appropriate feedback mechanisms to those taking part</b>	<p>Ensure clear contact for EasyRead, translations or alternative formats</p> <p>Include appropriate feedback mechanisms in plan that are accessible to people with varying needs and abilities</p>
<b>Managing expectations of members of the public</b>	<p>Ensure adherence to communications and engagement plan and advise CCG of any issues that arise</p>
<b>Any proposals for change may be seen as a cost-</b>	<p>Ensure adherence to communications and engagement plan and advise CCG of any</p>

cutting exercise by members of the public	issues that arise
<b>The engagement may be subject to challenge</b>	Appropriate governance policies / standards will be put into place to ensure correct procedure and equality analysis are maintained throughout

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