The NHS in Darlington, Durham and Tees

Better health programme

Communications and engagement strategy

NHS Darlington, Durham & Tees: Better Health Programme

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Introduction and purpose of document

This paper sets out a communications, engagement and consultation strategy to underpin the delivery of the Better Health programme which aims to improve standards of clinical care across Darlington, Durham and Tees.

This work is being undertaken on behalf of:

- NHS Darlington Clinical Commissioning Group,
- NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group
- NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group,
- NHS North Durham Clinical Commissioning Group, and
- NHS South Tees Clinical Commissioning Group.

This project is being undertaken by North of England Commissioning Support (NECS) on behalf of the Better Health Programme Board. The Programme Board will work closely with NHS Hambleton Richmondshire and Whitby CCG, and with the hospital foundation trusts in the area:

- County Durham and Darlington NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust
- South Tees NHS Foundation Trust

This work will be delivered by the Communications and Engagement working group (CEG), comprising key staff, which reports to the Programme Board and will oversee the practical implementation of plans relating to this strategy.

This document provides a framework for the engagement and consultation process and includes but is not limited to:

- The aims and objectives of the strategy; including some high level key messages
- Current legislation on the 'Duty to Involve 'and the 'Equality Act 2010'
- The key principles for communication, engagement and consultation

- Proposals for the engagement process including a clear action plan
- The work required preparing for consultation and any additional resources required to deliver the strategy and plan
- The action plan details the work required for all aspects of communication, engagement and consultation. This is essential to support good practice and to fit in with guidance such as that from the Cabinet Office who recommend at least a 13 week consultation process. Prior to this, there will also be a three phase listening and engagement exercise.

Background

This programme is one element of wider public service system reform being implemented nationally with the aim of improving outcomes for all local residents. There is a shared ambition of delivering better outcomes for residents and patients through clinically sustainable and financially viable services.

The draft clinical and financial cases for change set out in detail the drivers for change and the nature of the challenging choices that are presented to commissioners. These state clearly a need for change.

A preliminary research report was commissioned from MRUK by the clinical commissioning groups into what the public and service users value in the hospital services currently provided, how they can be improved and how the challenges faced by the NHS might be addressed. This was completed in May 2015.

Since then, work was undertaken to develop a Framework of Care by the Clinical Leadership Group (a working group of the Better Health Programme Board) which provides clinical leadership, advice and challenge to the programme. The aim of the Framework of Care is to provide a direction of travel for the unit of planning area across Durham, Darlington and Tees in providing services that meet the best practice clinical standards for health services.

Aims and objectives of this strategy

- To ensure that appropriate mechanisms are in place so that the public, key stakeholders and partners are engaged and informed throughout the process
- To provide a framework by which all NHS bodies involved in the programme are able to deliver consistent messages through a coordinated approach to communications and engagement activity.
- To monitor and gauge public and stakeholder perception throughout the process and respond appropriately
- To be clear about what people can and cannot influence throughout the engagement and consultation phases
- To achieve engagement that is meaningful and proportionate, building on existing intelligence and feedback such as previous engagement/consultation activities, complaints, compliments etc.
- To provide information and context about the proposals in clear and appropriate formats that is accessible and relevant to target audiences
- To give opportunities to respond through a formal consultation process
- To maintain trust between the NHS and the public that action is being taken to ensure high quality NHS services in their local area
- To demonstrate the NHS is planning for the future

Key messages

- The Better Health programme is about how the NHS in Darlington, Durham and Tees can improve outcomes and experience for patients when they need care, especially in an emergency.
- Whereas in the past, much of the care offered by the NHS was in hospital, caring for long term conditions needs a different approach, with more community based support and services.
- In the past, most hospitals could offer people the best treatment available at the time for most conditions. Clinical practice has taken great strides forward in the last four decades, and this is no longer the case.

- As healthcare is becoming more specialised it is becoming increasingly difficult to have that level of expertise available in every hospital for every service.
- The national vision, which we want to implement locally, is:
- To provide highly responsive, effective and personalised services outside of hospital for people with urgent but non-life threatening needs These should deliver care in or as close to people's homes as possible, minimising disruption and inconvenience for patients and their families

- To make sure people with more serious or life threatening emergency needs are treated in centres with the very best expertise and facilities in order to reduce risk and maximise their chances of survival and a good recovery.

- To provide planned care in an environment, separate from emergency care, which avoids unnecessary delays and cancellations.

- As part of the Better Health programme, around 100 experienced clinical staff from the local NHS – including hospital consultants and GPs - have been looking at how we implement this vision.
- They have identified 700 standards developed by the Medical Royal Colleges and other organisations which could improve care.
- These 100 clinicians have therefore devised an ambitious draft framework for how care should be provided in the future.
- This is likely to result in significant changes to the way services are provided to patients, and the way our staff work, and we want to engage with people to seek their views to influence how this is done

Legislation – our statutory requirements

Any reconfiguration of services requires a robust and comprehensive engagement and consultation process.

NHS organisations are required to ensure that local people, stakeholder and partners are informed, involved and have an opportunity to influence any changes.

Section 242 of the NHS Act 2006 sets out the statutory requirement for NHS organisations to involve and consult patients and the public in:

- The planning and provision of services.
- The development and consideration of proposals for changes in the way services are provided.
- Decisions to be made by NHS organisations that affect the operation of services.

Section 244 of the NHS Act 2006 requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSC) 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.

Section 2a of the NHS Constitution gives the following right to patients:

"You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services."

In addition the Secretary of State for Health has outlined four tests for service change:

Support from GP Commissioners	Engagement with GPs, particularly with practices whose patients might be significantly affected by proposed service changes
Clear clinical evidence base	The strength of the clinical evidence to

	be reviewed, along with support from senior clinicians from services where changes are proposed, against clinical best practice and current and future needs of patients
Strengthened patient and public engagement	Ensure that the public, patients, staff, Healthwatch and Health Overview and Scrutiny Committees are engaged and consulted on the proposed changes
Supporting patient choice	Central principle underpinning service reconfigurations is that patients should have access to the right treatment, at the right place and the right time. There should be a strong case for the quality of proposed service and improvements in the patient experience

Further information is included in appendix 1.

Stakeholders

For the purpose of this strategy, the definition of stakeholders is anyone who will be affected (either positively or negatively) by a proposed change to health services locally, those who have an opinion on the proposed changes and those who could influence other stakeholders.

There are a wide range of stakeholders who will have varying degrees of interest in and influence on the acute care services agenda.

Broadly, those stakeholders fall into the following categories:

- Internal
- Partners
- Patients and the public
- Political audiences
- Governance and regulators.

See Appendix 2 for a stakeholder map

Engagement and consultation process

The engagement stage forms part of the early discussions and is about gathering detailed information to support the health economy to develop proposals for the formal public consultation proposal for service change.

This engagement will involve the collection of:

- Existing staff, patient and public views based on previous feedback (including customer feedback, complaints, suggestions and previous surveys)
- Three phases of consultation to seek the views of stakeholders to inform the programme as it develops
- Sharing information from the programme at key points to inform the development of proposals for consultation

This engagement will lay the groundwork for discussions during the formal consultation.

Pre-engagement and Options Development

Three phases of pre-engagement are planned which will inform and underpin:

- the development of a proposed new framework for health services across Durham, Darlington and Tees
- the decision making process by which scenarios and eventual options will be assessed
- the development of a full public consultation on the proposals.

These phases of pre-engagement aim to achieve the following objectives:

Phase 1 pre-engagement (to March 2016) focusing on:

- the experience of people using current health services
- the ways in which those people, and the wider general public, think health services could be improved across Durham, Darlington and Tees
- perceptions around “the right services in the right place” – where services are provided

This engagement included:

- Market research (May 2015) including 1,000 telephone interviews and 6 focus groups
- Stakeholder event (27 January) – attended by 116 people including 54 stakeholder representatives
- 12 patient and public engagement events (February/March 2016) attended by 168 people

A full report has been published analysing feedback from Phase 1.

Phase 2 pre-engagement (May 2016) will focus on the case for change and the draft framework of care:

Key elements of phase 2:

- "Launch" stakeholder event on 4 May, similar to that held in January
- A series of patient public events, with a strong focus on involvement of Patient reference groups, and practice participation groups
- Voluntary sector facilitated discussion groups, including a focus on special interest groups and protected characteristics
- Engagement events within FTs and CCG membership

During phase 2, we will be listening to the views of our patients and public, stakeholders and staff and will be demonstrating an openness and flexibility to taking views into account as we develop our clinical model.
At the end of Phase 2 we expect to be in a position to form an opinion on whether there is consensus on a framework of care across hospital, community and primary care clinicians, commissioner boards and membership, FT boards and governors and key stakeholder bodies such as health and wellbeing boards.
We will then be in a position to generate a long list of scenarios.

Phase 3 pre-engagement (July 2016) we plan to focus on the long list of scenarios and evaluation criteria

Phase 4 pre-engagement (September 2016) will focus on the options for consultation and the consultation process

Consultation- to provide:

- the public with the opportunity to comment on the scenarios that are taken forward from the appraisal and scoring process
- a balance between clinical and public perspectives within the models going forward as potential options for consultation
- engagement around the equality analysis conducted by the Better Health Programme Board
- validation of the equality analysis

Key activities across all phases

- Production of clear public information on the case for change
- Liaison with Health and Wellbeing Boards and Health Overview and Scrutiny Committees
- Briefing key partners and stakeholders including MPs and local Healthwatch
- Establishing a stakeholder forum
- Local engagement events with invited audiences
- In-depth survey of patients currently using services (or their carers)
- Focus group activity with protected groups (with voluntary sector organisations)
- Online activity including dedicated programme website
- Discussion though Patient Reference Group/patient participation groups
- Cascade of information via stakeholders, partners and community and voluntary organisations
- Social media presence
- GP engagement – clinical support for the changes
- Staff and staff side engagement
- Media relations

As part of this work we will consider the best ways to engage with those who are easy to overlook and protected groups and ensure that information is delivered in the most appropriate format.

Events

- Events to be held across Darlington, Durham and Tees with dedicated stakeholder events in each of the CCG clinical localities.
- Events will follow a presentation and discussion
- Local stakeholders will be invited to take part
- Key stakeholders (e.g. user/patient groups) will be offered a pack of material to support local discussions and feedback

Questionnaire

- A briefing and questionnaire will be sent to all local stakeholders
- Questionnaires will be available in paper and on-line format. As required, different formats / methods will be developed to engage protected groups/those easy to overlook

Patient survey

- We will seek input from patients / carers who have or might use services in the scope of the programme

Public affairs

- This will involve ongoing liaison with Health and Wellbeing Boards and Overview and Scrutiny Committees, with regular briefings for key partners and stakeholders including MPs and all local Healthwatch organisations.

Focus groups

- Packs will be provided to community and voluntary sector organisations with a particular focus on protected characteristics

Online

- The programme website will include details of this engagement work and provide an opportunity for people to respond online or by email
- A dedicated Facebook page will be established and information on events and other opportunities to engage will be communicated via Twitter

Patient reference groups

- Information will be provided to the patient reference group for cascade to patient groups
- PRG will be encouraged to provide feedback and a pack will be developed to facilitate this
- In the event that there is no operational PRG, a pack will be prepared for use by patient groups

GP member engagement

- Information on the ongoing engagement activity will be provided through regular practice bulletins
- GPs will be engaged in discussion through their locality meetings and CCG members' assemblies & councils.

Provider staff and staff side engagement

This will be undertaken by the Foundation Trusts. Staff will be engaged in the following ways:

- Specific briefings for staff who are working in services that may be directly affected by any potential change.
- Existing internal communications mechanisms.

Supporting collateral materials

A range of material will be produced to support this work including:

- Written and video content
- Briefings for key stakeholders
- Key messages
- Flyers to promote public events
- Focus group packs
- Social media presence
- Advertisements for public events
- Display material for events
- Press releases

Also available are / will be:

- Pre-consultation business case
- Financial Case for Change
- Clinical Case for Change
- Model of care
- Programme timelines

All materials will be available in alternative formats as appropriate.

Partnership working

As well as securing feedback from partner and stakeholder organisations, we will ask them to promote this work to their membership and where possible, to include information in their own newsletters, websites etc.

Media and promotion

A media handling plan will be developed to include the dissemination of information about the process and reactive media handling.

Storytelling

Development of patient / clinical stories to explain the rationale for change and the share the journey and vision of the programme.

The consultation process

Following the engagement process, there will be a formal consultation period of 13 weeks.

The consultation will employ the following tactics.

- Consultation document which outlines the case for change and questions. This will be distributed widely across the district, available online and on request.
- A range of mechanisms and activities to gather feedback and views including:
    - Organised formal, public meetings in appropriate and accessible locations
    - Presentations to a wide range of groups and audiences (pro-active and on request)
    - Staff briefings and meetings
    - Information in prime community and health settings
    - Information on relevant websites
    - Media relations
    - Posters in a range of community venues throughout the health economy including health settings, libraries etc
    - Information distributed and shared through public partners publications and information points
    - Feedback forms and questionnaires
    - Social media
    - Paid-for advertising

Post consultation

Once the consultation process is complete, the communications and engagement team will provide feedback to key stakeholders using agreed channels which will include email / letter, website and local media.

Communications/engagement management and responsibilities

A communications team has been established to lead this work, working with communications teams in FTs and CCGs.

A communications and engagement working group comprising representatives from CCGs and foundation trusts led by Amanda Hume (Chief Officer South Tees CCG) and reporting to the programme board will oversee the practical implementation of plans relating to this plan.

The communications and engagement workstream will meet on a bi-monthly basis to review:

- the effectiveness of the communications and engagement strategy
- effectiveness in line with the wider programme strategy
- progress against programme timeline
- the action register
- the risk log

Quality Assurance

External quality assurance will be provided by the Consultation Institute.

Evaluation

This communications and engagement strategy will be evaluated at each stage of the process:

- At the end of each phase of engagement
- In the middle of consultation stage
- At the end of consultation stage

Appendices

Appendix 1: Legislation

The process for involving people requires a clear action plan and audit trail, including evidence of how the public have influenced decisions at every stage of the process and the mechanisms used.

The Gunning Principles

Before 1985 there was little consideration given to consultations until a landmark case of Regina v London Borough of Brent ex parte Gunning. This case sparked the need for change in the process of consultations when Stephen Sedley QC proposed a set of principles that were then adopted by the presiding judge. These principles, known as Gunning or Sedley, were later confirmed by the Court of Appeal in 2001 (Coughlan case) and are now applicable to all public consultations that take place in the UK.

The principles are:

- **Consultation must take place when proposals are still at a formative stage**
  Consultation should be at a stage when the results of the consultation can influence the decision-making (and Gunning 4).
- **Sufficient reasons must be put forward for the proposals to allow for intelligent**

A preferred option may be included and this must be made obvious to those being consulted. Information and reasons for the proposals must be made available to allow for consultees to understand why they are being consulted as well as all the options available and what these mean.

- **Adequate time must be given for consideration and response**
  There is no set timeframe recommended but reasonable steps must be taken to ensure that those consulted are aware of the exercise and are given sufficient time to respond.
- **The outcome of the consultation must be conscientiously taken into account**
  Decision-makers must be able to show they have taken the outcome of the consultation into account – they should be able to demonstrate good reasons and evidence for their decision. This does not mean that the decision-makers have to agree with the majority response, but they should be able to set out why the majority view was not followed.

Best practice and managing risk

This strategy takes account of NHS England good practice guidance - Transforming Participation in Health and Care - 'The NHS Belongs to us all' by:

- Engaging communities with influence and control e.g. working with CVS and HealthWatch
- Engaging the public in the planning and delivery of service change e.g. engage early and build on insights
- Providing good quality information
- Providing a range of opportunities for participation

- Working with patients and the public from the initial planning stages

In summary, any reconfiguration of services requires a robust and comprehensive engagement and consultation process. The risk of not following these procedures could result in a Judicial Review. A number of public bodies across the UK have been taken to Judicial Review and deemed to have acted unlawfully in the Public Sector Equality Duty – usually linked to the four Gunning Principles.

As well as documented evidence of GP support, the case for change will need to:

- State clearly the benefits for patients, quality and finance.
- Demonstrate that the clinical case conforms to national best practice.
- Be aligned to commissioners' strategic plans.
- Be aligned with the recommendations of *Healthy Ambitions.*
- Have clear details of option appraisals.
- Provide an analysis of macro impact.
- Be aligned with QIPP work streams.

The Independent Reconfiguration Panel (IRP), whose role is to advise ministers on controversial reconfigurations, recommends that those considering proposals for significant health service changes should:

- Make sure the needs of patients and the quality of patient care are central to the proposal.

- Consider the role of flexible working in the proposals – this may involve developing new approaches to working and redesigning roles.
- Assess the effect of the proposal on other services in the area.
- Give early consideration to transport and site access issues.
- Allow time for public engagement and a discussion phase before the formal consultation – people want to understand the issues, so involving them early on will help when it comes to the formal stage.
- Obtain independent validation of the responses to the consultation.

They IRP has also identified a range of common themes:

- Inadequate community and stakeholder engagement in the early stages of planning change
- The clinical case has not been convincingly described or promoted
- Clinical integration across sites and a broader vision of integration into the whole community has been weak
- Proposals that emphasis what cannot be done and underplay the benefits of change and plans for additional services
- Important content missing from the reconfiguration plans and limited methods of conveying them
- Health agencies caught on the back foot about the three issues most likely to excite local opinion - money, transport and emergency care.
- Inadequate attention given to responses during and after the consultation.

Consultations should influence final proposals and it is important to be able to show that they have. Clearly, not all these recommendations will be applicable to all engagement and consultation exercises, but the basic principles of early involvement, and being able to demonstrate that responses have influenced the final outcome, are.

Commissioners and providers should also consider how their engagement and consultation activity impacts upon a wide range of service users including those protected groups identified within the Equality Act.

Key principles

This strategy is underpinned by the following guiding principles for communication, engagement and consultation to ensure consistent messages are adopted by all partners, adhering to the following principles of good practice*:*

- **Open** – decision makers are accessible and ready to engage in dialogue. When information cannot be given, the reasons are explained.
- **Corporate** – the messages communicated are consistent with the aims, values and objectives of the Better Health Programme.
- **Two way** – there are opportunities for open and honest feedback, and people have the right to contribute their ideas and opinions about issues and decisions.
- **Timely** – information arrives at a time when it is needed, relevant to the people receiving it, and able to be interpreted in the correct context.
- **Clear** – communication should be in plain English, jargon free, easy to understand and not open to interpretation.

- **Targeted** – the right messages reach the right audiences using the most appropriate methods available and at the right time.
- **Credible** – messages have real meaning, recipients can trust their content and expect to be advised of any change in circumstances which impact on those messages.
- **Planned** – communications are planned rather than ad-hoc, and are regularly reviewed and contributed to by senior managers and staff, as appropriate.
- **Consistent** – there are no contradictions in messages given to different groups or individuals. The priority to those messages may differ, but they should never conflict.
- **Efficient** – communications and the way they are delivered are fit for purpose, cost effective, within budget and delivered on time.
- **Integrated** – internal and external communications are consistent and mutually supportive.

Appendix 2: Stakeholder plan

Stakeholder Group	Stakeholder	Stakeholder Prioritisation Category	Communication Method(s)
Internal	CCG Governing bodies	**Key Player**	Face to face meetings
Internal	Heads of clinical service	**Key Player**	Face to face meetings and briefings
Internal	Senior clinical staff – GPs, FTs	**Key Player**	Face to face meetings and briefings
Internal	Staff-side representatives	**Active Engagement and Consultation**	Face to face meetings/briefings
Internal	Medical staffing committee	**Active Engagement and Consultation**	Meetings/briefings
Internal	Staff affected by changes	**Active Engagement and Consultation**	Team and individual briefings/meetings with line managers/ Q&As/ existing internal comms channels
Internal	FT Governors	**Active Engagement and Consultation**	Meetings / briefings
Patients & Public (charities)	Charitable organisations and highly interested groups	**Active Engagement and Consultation**	Face to face meetings and briefings/engagement events and activities

Patients & Public	General public	**Keep Informed Engage and Consult**	Public meetings/ media releases/ website/information stands/ posters/info distributed at prime settings/consultation and engagement documents
Patients & Public	Affected service user groups	**Active Engagement and Consultation**	Meetings with identified service user groups/ engagement events/ consultation events
Patients & Public	GP Patient Participation Groups	**Keep Informed and engaged via practices**	Meetings/briefings
Patients & Public	HealthWatch organisations	**Active Engagement and Consultation**	Meetings and presentations/ongoing briefings and updates/ consultation and engagement documents
Patients & Public	Protected groups, voluntary and community groups, third sector	**Active Engagement and Consultation**	Meetings with identified groups/ engagement events/ consultation events
Patients & Public	Foundation Trust members	**Keep Informed and Consult**	Briefings
Political Audiences	Local MPs	**Key Player**	Regular briefings/letters/ meetings
Political Audiences	Local Councillors	**Active Engagement and Consultation**	Regular correspondence updating on progress /OSC/engagement and consultation documents

Political Audiences	Overview and Scrutiny Committees	**Key Player**	Meetings & presentations/ regular briefings
Media	Local and regional media	**Keep Informed**	Pro-active and re-active press releases and statements/ interviews / briefings/ paid-for advertorials and supplements
Partners	Councils CXs / DASS / portfolio holders /leaders in relevant councils	**Key player**	Briefings as required/ engagement and consultation documents
Partners	Local Medical Committee	**Active Engagement and Consultation**	Meetings & presentations/ regular briefings
GPs	GPs	**Active Engagement and Consultation**	Meetings & presentations at clinical council/ regular briefings
Partners	Surrounding trusts	**Key player**	Briefings as required/ engagement and consultation documents
Governance & regulators	NHS England	**Keep Informed**	Briefings via regional office
Governance & regulators	Care Quality Commission	**Keep Informed**	Regular Briefings/ Consultation Documents
Governance & regulators	National Reconfiguration Team	**Keep Informed**	Briefings
Governance & regulators	Health Gateway Team	**Key Player**	Meetings/briefings
Governance & regulators	Local health and Wellbeing Board	**Key Player**	Meetings/briefings

Appendix B: communications and engagement action plan

Better health services action tracke