



# Communications and engagement strategy and plans for public consultation

August 2016

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## Communications and engagement strategy for public consultation

### Introduction

As Commissioners Working Together, we are a collaborative of eight NHS clinical commissioning groups across South and Mid Yorkshire, Bassetlaw and North Derbyshire and NHS England. Some people have better experiences, better outcomes and better access to services than others – and to ensure that everyone experiences the highest quality and safest services possible, we are working with all local hospitals and care providers, staff and patient groups to understand how best to do this for the benefit of our combined population of 2.8 million. Our key partners are:

- NHS Barnsley Clinical Commissioning Group
- NHS Bassetlaw Clinical Commissioning Group
- NHS Doncaster Clinical Commissioning Group
- NHS England
- NHS Hardwick Clinical Commissioning Group
- NHS North Derbyshire Clinical Commissioning Group
- NHS Rotherham Clinical Commissioning Group
- NHS Sheffield Clinical Commissioning Group
- NHS Wakefield Clinical Commissioning Group

We also work with voluntary and community sector partners as well as gaining assurance and input from national and regional clinical advisors and experts.

Between January and April 2016 we held an open pre-consultation for the review of children's surgery and anaesthesia and hyper acute stroke services. During this phase we gathered the views of our key stakeholders to inform plans for future service configuration and consultation. We are now preparing to enter 16 week public consultations on the options for reconfiguring children's

surgery and anaesthesia and hyper acute stroke services across our commissioning and provider partners in the region.

Effective communication and engagement is a two-way process. Our activity will focus on informing, sharing, listening and responding. Being proactive is central to our communications and engagement strategy of:

- Proactively and effectively communicating our purpose, priorities, messages and values.
- Developing effective, two-way mechanisms where we share news, we listen and respond whilst being open and transparent.
- Identifying relevant and effective methods for audience and stakeholder engagement.

In all communications and engagement activity, we will work with all our local partners and tailor our messages and methods accordingly to each individual group to ensure we maximise all opportunities for connecting with, informing and engaging with our target audiences.

## Aims and Objectives

- Raise awareness and understanding of the current provision and need for changes to children's surgery and anaesthesia and hyper acute stroke services in South and Mid Yorkshire, Bassetlaw and North Derbyshire
- Ensure patients, families, carers and the public are involved, are able to share their views on the proposed options and are listened to
- Inform key staff and clinicians in each locality about proposed change options and keep them updated throughout the consultation process
- Ensure existing patients, family and carers have the information they need about any changes to services
- Inform all stakeholders of new proposed models of care and opportunities to have their say in the consultations
- Provide high quality support, advice and updates on consultation activity to the Commissioners Working Together board, partners and staff within each member organisation.

## Key Messages

Alongside service and consultation specific messages, underpinning all our communications will be the following overarching messages of Commissioners Working Together:

- We know that there's variation in people's experiences of services across our region, with some people getting better access and outcomes than others.
- We know that many people are treated in hospital when their needs could be better met elsewhere or closer to home.
- If we are to continue providing high quality, safe and sustainable NHS services – we need to change, together.

- Our ambition is to develop excellent healthcare together by reconsidering how services are delivered, redefining how we work together as commissioners, and coming together with all our partners and stakeholders to find the best solutions for our populations.
- Planning and commissioning across a larger area is becoming increasingly urgent as more and more people use NHS services, are living longer and using more advanced technology to improve care.
- For some services, there won't be enough trained and experienced staff in the future if we continue to provide services the way we do today, with the quality and accessibility of services being reduced.
- At the same time, costs are increasing. If we don't act now, more people will suffer from unnecessary poor health.

## Target Audiences

Prior to the pre-consultation phase, a full stakeholder mapping exercise was carried out to identify all stakeholders involved in and affected by any proposed changes to the services reviewed

Through various and tailored communications and engagement methods, the following groups have been identified for targeted communications and engagement activity:

- Patients and the public - including seldom heard groups and those identified in the following protected characteristics (Equality Act 2010):
  - Age
  - Disability
  - Gender reassignment
  - Pregnancy and maternity
  - Race (breakdown per population)
  - Religion or belief
  - Sex
  - Sexual orientation
- National and local patient groups
- Local Authorities, MPs and councillors
- Public health
- Governing body members of all CCGs
- Executive board members of all providers

- Clinicians – acute, primary and community care
- Foundation trust and CCG members
- Clinical Senates
- Healthwatch
- Voluntary sector organisations
- Health and Wellbeing boards
- Local, regional and trade media

## Communications Approach

Overall communications and engagement activity will be pro-actively co-ordinated by the Commissioners Working Together communications team who will work with the programme management team, workstream leads and communications and engagement leads from our commissioner and provider partners to ensure all activity is joined up, timely and appropriate.

After evaluating the communications and engagement activity carried out during the pre-consultation phase, we agreed that our activity for consultations will follow and build on the approach already taken and in place. Our inclusive approach will include:

- Overarching strategic communications and engagement planning and support from the Commissioners Working Together team.
- CCG-led local conversation and awareness raising based on comprehensive, place-based communications and engagement plans.
- Regionally-led clinical and managerial engagement.
- Clinically informed communication materials.
- Clinically led conversations.
- Patient and public involvement in the development of communication materials.

We have established a working group with all communications and engagement leads from our CCG partners, along with communications leads from the region's acute provider organisations and NHS England, which has been meeting regularly since June 2015. As well as helping to shape and evaluate our communications and engagement approach, the group will meet to discuss and update on consultation feedback and progress.

Our communications and engagement approach for consultation has been further developed from patient and public response during our pre-consultation phase in terms of which methods were most favoured - which we will now use as a focus for our approach eg, website, social media, e-bulletins.

To further strengthen our communications and engagement working group and activity we will build on our relationships with our public health and also local authority communications colleagues – allowing us to work together to disseminate messages and target existing networks, eg, for seldom heard groups and those included in the protected characteristics.

## Communications Principles

All communications and engagement activity carried out by and on behalf of Commissioners Working Together will be:

- **Accessible and inclusive** – to all our audiences
- **Clear and concise** – allowing messages to be easily understood by all
- **Consistent and accountable** – in line with our vision, messages and purpose
- **Flexible** – ensuring communications and engagement activity follows a variety of formats, tailored to and appropriate for each audience
- **Open, honest and transparent** – we will be clear from the start of the consultations what our plans are, what is and what isn't negotiable, the reasons why and ultimately, how decisions will be made
- **Targeted** – making sure we get messages to the right people and in the right way
- **Timely** – making sure people have enough time to respond and are kept updated on a regular basis
- **Two-way** – we will listen and respond accordingly, letting people know the outcome of all conversations.

## Methods

No single communications channel will be effective in reaching and engaging all our audiences, therefore it is important that a variety of different communications and engagement methods are used, presenting relevant information in a timely and proactive way that best meets the needs of our individual stakeholders (as identified during pre-consultation).

Although full details of communications and engagement methods for individual audiences will be included in the communications and engagement planners for each of the consultations, some of our quantitative, qualitative and participatory methods will include the following:

- Stakeholder briefings
- Attendance at partner and stakeholder meetings and events
- Focus groups
- Flyers
- Newsletters and e-bulletins
- Local, regional and trade print and broadcast media
- Internal bulletins
- Public website
- Online surveys
- Deliberative events

- Videos and vox pops

Alongside these methods, a key mechanism for consultation communications and engagement activity will be through the use of **social media**. We know from the Commissioners Working Together pre-consultations and also by identifying key trends and best practice from similar health and care transformation projects in other regions, that social media is an effective way of communicating and engaging with a variety of audiences.

Social media is a useful way of:

- Disseminating information and signposting
- Raising awareness
- Collecting demographic data
- Demonstrating willingness to engage in dialogue with a target audience
- Speaking to a large number and variety of audiences in real-time.

By developing and creating a number of communications materials and assets, through social media we will listen and respond to and motivate our audience to both share the information we are communicating and also engage with us by taking part in the consultations.

## Branding

Brand identity is important – particularly when multiple partners are involved. As a partnership we want to be seen as joined up, open and honest, approachable, clinically sound and responsive.

We have developed a Commissioners Working Together logo and identity that will be used on all communications and engagement materials for the two public consultations. Based on feedback from the pre-consultations, a single logo avoids confusion between the eight partners and will be clear to anyone across the region that the consultations are being delivered on behalf of all partners and organisations in the Commissioners Working Together partnership.

## Consultation and engagement legislation

Throughout our communications and engagement activity for consultations into children's surgery and anaesthesia and hyper acute stroke services, we as a collaborative of clinical commissioning groups will abide by the following legislation:

### Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Health Commissioners must involve and consult patients and the public:

- in their planning of commissioning arrangements

- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

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

## **The NHS Constitution**

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is 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 the decisions to be made affecting the operation of those services.

Commissioners will ensure that the duties required in legislation are met and that patient, the public and stakeholders have the opportunity to have meaningful input in shaping future health services within the scope of the programme.

In undertaking public consultation commissioners we ensure that it is clear to public, patients and stakeholders what they are able to shape or influence and what areas are set due to national policy or safety reasons.

## **The Equality Act 2010**

The Equality Act 2010 unifies and extends previous equality legislation. The characteristics that are protected by the Act are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Section 149 of the Equality Act 2010 states all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'equality of opportunity,' and c) foster good relations between persons who share a relevant protected characteristics and persons who do not share it.

## **The Gunning Principles of Consultation**

The four 'Gunning Principles' are recommended as a framework for all engagement activity but are particularly relevant for consultation and would be used, in the event of a judicial review, to measure whether the process followed was appropriate. The Gunning Principles state that:

**Consultation must take place when the proposal is still at a formative stage:** Decision-makers cannot consult on a decision that has already been made. If the outcome has been pre-determined, the consultation is not only unfair, but it is also pointless.

This principle does not mean that the decision-maker has to consult on all possible options of achieving a particular objective. A decision-maker can consult on a 'preferred option', and even a 'decision in principle', so long as its mind is genuinely open - 'to have an open mind does not mean an empty mind.'

If a decision-maker has formed a provisional view as to the course to be adopted, or is 'minded' to take a particular course subject to the outcome of consultations, those being consulted should be informed of this 'so as to better focus their responses'.

**Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response:** Consultees should be made aware of the basis on which a proposal for consultation has been considered and will thereafter be considered. Those consulted should be aware of the criteria that will be applied when considering proposals and what factors will be considered 'decisive' or 'of substantial importance' at the end of the process.

**Adequate time must be given for consideration and response:** Unless statutory time requirements are prescribed, there is no necessary time frame within which the consultation must take place. The decision-maker may adopt a policy as to the necessary time-frame (e.g. Cabinet Office guidance, or compact with the voluntary sector), and if it wishes to depart from that policy it should have a good reason for doing so. Otherwise, it may be guilty of a breach of a legitimate expectation that the policy will be adhered to.

**The product of consultation must be conscientiously taken into account:** If the decision-maker does not properly consider the material produced by the consultation, then it can be accused of having made up its mind; or of failing to take into account a relevant consideration.

## Evaluation and Monitoring

Evaluation will play an important part in our communications and engagement activity, evidencing whether we have achieved our objectives by engaging with our target audiences successfully. We will monitor our activity throughout the consultation period to ensure we are reaching our audiences effectively and providing equal and appropriate opportunities for involvement and feedback.

Through monitoring and evaluation we will be able to learn lessons and gain valuable insight into public and stakeholder sentiment and behaviour, allowing us to tailor our methods appropriately. Examples of how we will monitor our activity include:

- Media and social media monitoring
- Stakeholder meetings for discussions and feedback (particularly Healthwatch and OSC)
- Staff feedback via briefings
- Patient and public feedback via our various methods

Where necessary we will update the strategy to adapt to staff, clinical, patient, public and stakeholder feedback. It is vital that we are able to demonstrate that we listen to comments and suggestions from all our stakeholders, including seeking assurance from independent advisors, in order that they are fully involved and engaged in the reconfiguration of services.



## Communications and engagement plan for public consultation on children's surgery and anaesthesia services

### Introduction

As Commissioners Working Together, we are a collaborative of eight clinical commissioning groups across South and Mid Yorkshire, Bassetlaw and North Derbyshire and NHS England. Some people have better experiences, better outcomes and better access to services than others – and to ensure that everyone experiences the highest quality and safest services possible, we are working with all local hospitals and care providers, staff and patient groups to understand how best to do this for the benefit of our combined population of 2.8 million.

Between January and April 2016 we held an open pre-consultation for the review of children's surgery and anaesthesia services. During this phase we gathered the views of our key stakeholders to inform plans for future service configuration and consultation. We are now preparing to enter a 14 week public consultation on the options for reconfiguring children's surgery and anaesthesia services across our commissioning and provider partners in the region:

- NHS Barnsley Clinical Commissioning Group
- NHS Bassetlaw Clinical Commissioning Group
- NHS Doncaster Clinical Commissioning Group
- NHS Hardwick Clinical Commissioning Group
- NHS North Derbyshire Clinical Commissioning Group
- NHS Rotherham Clinical Commissioning Group
- NHS Sheffield Clinical Commissioning Group
- NHS Wakefield Clinical Commissioning Group
- Barnsley Hospital NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust
- Sheffield Children's Hospital NHS Foundation Trust
- The Mid Yorkshire Hospitals NHS Trust
- The Rotherham NHS Foundation Trust

We are recommending that three options for the future of children's surgery and anaesthesia services are considered during public consultation. These are:

#### **Option 1:**

If your child needed an operation under general anaesthetic (where they are sent to sleep):

- ✓ At night, or
- ✓ At a weekend, or,
- ✓ They need to stay in hospital overnight

For the following kinds of surgery, they would go to Chesterfield Royal Hospital, Doncaster Royal Infirmary, Pinderfields General Hospital or Sheffield Children's Hospital (map).

- Ear, nose and throat (ENT)
- General surgery (for conditions usually of the abdomen/tummy – eg, appendicitis)
- Ophthalmology (for any condition of the eyes)
- Oral surgery (for any condition of the mouth or teeth)
- Orthopaedics (for any condition of the bones, muscles, nerves etc)
- Urology (for any condition of the groin, genitals or bladder)

Children's operations for these services would no longer be provided in Barnsley or Rotherham hospitals.

## **Option 2:**

If your child needed an operation under general anaesthetic (where they are sent to sleep):

- ✓ At night, or
- ✓ At a weekend, or,
- ✓ They need to stay in hospital overnight

For the following kinds of surgery, they would go to Doncaster Royal Infirmary, Pinderfields General Hospital or Sheffield Children's Hospital (map).

- Ear, nose and throat (ENT)
- General surgery (for conditions usually of the abdomen/tummy – eg, appendicitis)
- Ophthalmology (for any condition of the eyes)
- Oral surgery (for any condition of the mouth or teeth)
- Orthopaedics (for any condition of the bones, muscles, nerves etc)
- Urology (for any condition of the groin, genitals or bladder)

Children's operations for these services would no longer be provided in Barnsley, Chesterfield or Rotherham hospitals.

**Option 3:**

If your child needed an operation under general anaesthetic (where they are sent to sleep):

- ✓ At night, or
- ✓ At a weekend, or,
- ✓ They need to stay in hospital overnight

For the following kinds of surgery, they would go to Pinderfields General Hospital or Sheffield Children's Hospital (map)

- Ear, nose and throat (ENT)
- General surgery (for conditions usually of the abdomen/tummy – eg, appendicitis)
- Ophthalmology (for any condition of the eyes)
- Oral surgery (for any condition of the mouth or teeth)
- Orthopaedics (for any condition of the bones, muscles, nerves etc)
- Urology (for any condition of the groin, genitals or bladder)

Children's operations for these services would no longer be provided in Barnsley, Chesterfield, Doncaster or Rotherham hospitals.

### Aims and objectives

- Raise awareness and understanding of the current provision and need for changes to children's surgery and anaesthesia services in South and Mid Yorkshire, Bassetlaw and North Derbyshire
- Ensure patients, families, carers and the public are involved, able to have their say on the proposed options, and are listened to
- Inform key staff and clinicians in each locality about proposed change options
- Ensure patients, family and carers have the information they need about any changes to children's services
- Inform all stakeholders of new proposed models of care and opportunities to be involved

## Target audiences

The following audiences will be targeted through tailored communications activity. We will use a variety of methods to connect with each of our key stakeholders, ensuring our messages remain consistent and appropriate for each.

- Patients and the public (including parent and carer forums, seldom heard groups and identified protected characteristics)
- Local Authorities, MPs and councillors
- Governing body members of all CCGs
- Executive board members of all providers
- Clinicians – acute, primary and community care
- Foundation trust and CCG members
- Clinical Senate
- Healthwatch
- Health and Wellbeing boards
- Local, regional and trade media
- Public health

## Key messages

As with pre-consultation, our key messages will focus on the reasons why changes are needed to children's surgery and anaesthesia services whilst highlighting the importance of, and opportunities to get involved in, and take part in the consultation. These messages include:

- We know that across our region some people have better experiences, better outcomes and better access to services than others. We want everyone to experience the highest quality and safest service possible.
- We improving children's surgery services for everyone across South and Mid Yorkshire, Bassetlaw and North Derbyshire – and we need your help!

Why are we changing services? At the moment:

- Different hospitals refer children in different ways
- Doctors in our smaller hospitals don't treat as many children as our bigger ones

- Nationally, there aren't enough health care professionals qualified to treat children, and;
- Some people have better experiences than others – we want this to change.
- By making changes to how children's surgery and anaesthesia services are currently provided, we believe we can better run the services as one – sharing skills, knowledge and ultimately, providing a much better, equal service to every child in South and Mid Yorkshire, Bassetlaw and North Derbyshire.
- For most services, nothing will change. We are only proposing to make changes to services if;

Your child needs an operation under general anaesthetic (where they are sent to sleep):

- ✓ At night, or
- ✓ At a weekend, or,
- ✓ They need to stay in hospital overnight

For the following services,

- Ear, nose and throat (ENT)
- General surgery (for conditions usually of the abdomen/tummy – eg, appendicitis)
- Ophthalmology (for any condition of the eyes)
- Oral surgery (for any condition of the mouth or teeth)
- Orthopaedics (for any condition of the bones, muscles, nerves etc)
- Urology (for any condition of the groin, genitals or bladder)

All other services won't change. Children will still be treated at their local hospital for things like:

- Tonsil removal
- Glue ear
- Setting of fractures/broken bones

- Any treatment that only requires a local anaesthetic but not being sent to sleep

We're also not looking to change specialist services for children with very complex or multiple conditions who need care from specialist doctors and nurses. For these services, children will still go to Sheffield Children's Hospital as the only specialist centre in our region.

## Communications and engagement methods

To deliver the aims of our communications and engagement plan, we will carry out a range of activity across all geographic areas covered by the Working Together partnership, including both providers and commissioners. The methods and messages used to communicate will be tailored for each audience to maximise every opportunity for public and stakeholder involvement.

A key mechanism for consultation communications and engagement activity will be through the use of **social media**. We know from the Commissioners Working Together pre-consultations and also by identifying key trends and best practice from similar health and care transformation projects in other regions, that social media is an effective way of communicating and engaging with a variety of audiences.

Social media is a useful way of:

- Disseminating information and signposting
- Raising awareness
- Collecting demographic data
- Demonstrating willingness to engage in dialogue with a target audience
- Speaking to a large number and variety of audiences in real-time.

By developing and creating a number of communications materials and assets, through social media we will listen and respond to and motivate our audience to both share the information we are communicating and also engage with us by taking part in the consultations.

Further details of specific qualitative, quantitative and participatory communications and engagement methods for individual audiences are included in the planners below.

## Engagement planner

Type of engagement	Audience	Method examples	Responsibility
<b>Qualitative</b>	Patients and the public, parent and carer forums, MPs, Local Authorities	<ul style="list-style-type: none"> <li>• Focus groups</li> <li>• Attendance at relevant groups/events</li> <li>• Stakeholder briefings</li> <li>• Vox pops</li> </ul>	CCG and provider partners supported by the Commissioners Working Together team
	Seldom heard groups and protected characteristics	<ul style="list-style-type: none"> <li>• Attendance at existing groups eg, parents with children with learning disabilities, Mosques, homeless charities, LGBT forums, sixth form colleges</li> <li>• Disseminate information through existing networks for 1:1 and group conversations (eg, via public health colleagues to reach rural communities, BME groups, gypsy and traveller communities, asylum seekers, refugees, mental health support groups)</li> </ul>	

<b>Quantitative</b>	Patients and the public, healthcare staff	<ul style="list-style-type: none"> <li>• Online survey</li> <li>• Flyers in various locations: GP practices, outpatient departments, libraries, supermarkets, children's centres, schools and nurseries</li> </ul>	Commissioners Working Together team
	Seldom heard groups and protected characteristics	<ul style="list-style-type: none"> <li>• Flyers translated into most popular languages and disseminated in various locations. Information disseminated via social network groups, Women's Institute, Mosques, LGBT groups/events, activity centres (eg for people with learning disabilities).</li> </ul>	
<b>Participatory</b>	Patients and the public, parent and carer forums, seldom heard groups, healthcare staff and clinicians	<ul style="list-style-type: none"> <li>• Deliberative events (x8)</li> <li>• Listening events</li> <li>• Focus groups</li> </ul>	Commissioners Working Together team supported by CCG and provider partners
	Seldom heard groups and protected characteristics	<ul style="list-style-type: none"> <li>• Attendance at existing groups and events</li> <li>• Focus groups</li> </ul>	

<b>Social media</b>	All	<ul style="list-style-type: none"> <li>• Twitter and Facebook – blanket and targeted posts to various groups, including health and care organisations, patient groups, Healthwatch organisations, local authorities, press accounts, LGBT networks, youth groups, high profile local/regional businesses, activity centres, schools, parent and carer groups (eg, Mumsnet)</li> </ul>	Commissioners Working Together team supported by CCG and provider partners
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### Communications planner

Communication Type	Audience	Method examples	Responsibility
<b>Promotion/ Participation</b>	Patients and the public including targeted to parents and carers, voluntary sector organisations and staff	<ul style="list-style-type: none"> <li>• Newsletters</li> <li>• Social media</li> <li>• Media</li> <li>• Blogs/case studies</li> <li>• Event presence</li> <li>• 'Market stalls'</li> <li>• Attendance at partners</li> </ul>	Commissioners Working Together team supported by CCG and provider partners

		AGMs	
	Seldom heard groups and protected characteristics	<ul style="list-style-type: none"> <li>• Submissions to targeted publications and newsletters, eg, parent's assembly, BME community newspapers</li> </ul>	
<b>Updates and briefings</b>	Staff from all partners, members of all organisations, GPs, practice staff, Local Authorities, MPs, councillors, board and governing body members, OSC	<ul style="list-style-type: none"> <li>• NHS internal comms</li> <li>• E-bulletins</li> <li>• Briefing papers</li> <li>• Verbal briefings/attendance at partner and stakeholder meetings</li> </ul>	Commissioners Working Together team supported by CCG and provider partners as appropriate
<b>Media</b>	Patients, the public and staff including trade publications	<ul style="list-style-type: none"> <li>• Press releases</li> <li>• Media interviews</li> <li>• Media briefings</li> </ul>	Commissioners Working Together team supported by CCG and provider partners
	Seldom heard groups and protected characteristics	<ul style="list-style-type: none"> <li>• Submissions to targeted publications and newsletters, eg, BME community newspapers</li> </ul>	

<b>Social media</b>	All	<ul style="list-style-type: none"> <li>Twitter and Facebook – blanket and targeted posts to various groups, including health and care organisations, patient groups, Healthwatch organisations, local authorities, press accounts, LGBT networks, youth groups, high profile local/regional businesses, activity centres, schools, parent and carer groups (eg, Mumsnet)</li> </ul>	Commissioners Working Together team supported by CCG and provider partners
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Activity planner (Note: if it is agreed to move to public consultation, a full activity plan will be developed with communications and engagement colleagues to arrange engagement events and consultation activity – a meeting to discuss and plan these is arranged for 23 August 2016).

<b>Date</b>	<b>Activity</b>	<b>Audience</b>	<b>Comments</b>	<b>Update (complete?)</b>
17 August '16	<b>NHS England stage 2 assurance</b>			
18 August '16	Doncaster governing body meeting	Public	The options appraisals for both services have been approved by all other governing bodies (as of 3 Aug 16)	
w/c 22 Aug '16	CWT comms to send messaging and requirements for	Internal action	Although the response form will be offline until Monday 2 October, a holding page will be	

	web/online response form		published
23 Aug '16	CWT comms to meet with partner engagement leads	Internal action	Meeting to jointly plan engagement events and activities – local and regional
September '16	Development of consultation materials	Public	Consultation materials will be developed by the CWT team for both electronic use and face to face meetings. They will also be translated into the most popular/relevant languages for the region
September '16	Media training for clinical leads (Des Breen and Tim Moorhead)	Internal action	
w/c 26 Sept '16	Media release/conversations to align with opening of consultation	Public	Led by the CWT comms and engagement team and clinical leads
<b>3 October '16</b>	<b>Consultation opens to responses</b>		
<b>October '16 (throughout)</b>	Attendance at and running of local and regional deliberative events, focus groups, attendance at	Public	TBC once given approval to go to consultation

	parent and carer forum meetings/events (exact dates TBC)		
<b>November '16 (throughout)</b>	Attendance at and running of local and regional deliberative events, focus groups, attendance at parent and carer forum meetings/events (exact dates TBC)	Public	TBC once given approval to go to consultation
<b>December '16 (throughout)</b>	Attendance at and running of local and regional deliberative events, focus groups, attendance at parent and carer forum meetings/events (exact dates TBC)	Public	TBC once given approval to go to consultation
<b>20 January '17</b>	<b>Consultation closes to responses</b>		

**Other key dates to consider:**

NHS Barnsley CCG public governing body meetings: 13 October, 10 November, 8 December

NHS Bassetlaw CCG public governing body meetings: 11 October, 8 November

NHS Doncaster CCG public governing body meetings: 20 October, 17 November, 15 December

NHS Rotherham CCG public governing body meetings: 5 October, 2 November, 7 December

NHS Sheffield CCG public governing body meetings: 6 October, 1 December

NHS Wakefield CCG public governing body meetings: 8 November

(NHS Hardwick and North Derbyshire CCGs governing body meetings are TBC)

All governing body members will be provided with updates and key messages throughout the consultation period in preparation for public meetings.



## Communications and engagement plan for public consultation on hyper acute stroke services

### Introduction

As Commissioners Working Together, we are a collaborative of eight clinical commissioning groups across South Yorkshire and Bassetlaw and North Derbyshire and NHS England. Some people have better experiences, better outcomes and better access to services than others – and to ensure that everyone experiences the highest quality and safest services possible, we are working with all local hospitals and care providers, staff and patient groups to understand how best to do this for the benefit of our combined population of 2.8 million.

Between January and April 2016 we held an open pre-consultation for the review of critical care for people who have had a stroke (hyper acute stroke services). During this phase we gathered the views of our key stakeholders to inform plans for future service configuration and consultation. We are now preparing to enter a 16 week public consultation on the options for reconfiguring hyper acute stroke services across our commissioning and provider partners in the region:

- NHS Barnsley Clinical Commissioning Group
- NHS Bassetlaw Clinical Commissioning Group
- NHS Doncaster Clinical Commissioning Group
- NHS Hardwick Clinical Commissioning Group
- NHS North Derbyshire Clinical Commissioning Group
- NHS Rotherham Clinical Commissioning Group
- NHS Sheffield Clinical Commissioning Group
- Barnsley Hospital NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- The Rotherham NHS Foundation Trust

Our consultation has also been informed by the review into hyper acute stroke services by the Yorkshire and the Humber Strategic Clinical Network which made the recommendation, based on current and projected activity, that the number of hyper acute stroke services (HASUs) should be reduced from five to three or four in South Yorkshire and Bassetlaw.

We are recommending that we change services by adopting a system wide solution, working together better for the benefit of every stroke patient in South Yorkshire and Bassetlaw and North Derbyshire. Based on feedback from our doctors, nurses and regional and national clinical experts, we think the following option would allow us to do this.

### **Proposed option:**

If you live in South Yorkshire and Bassetlaw and North Derbyshire and have a stroke, you would receive hyper acute stroke care in:

- Chesterfield Royal Hospital
- Doncaster Royal Infirmary
- The Royal Hallamshire Hospital, Sheffield
- (and Mid Yorkshire Hospitals if you live in north Barnsley)

This would mean that Barnsley and Rotherham hospitals would no longer provide hyper acute care for people who have had a stroke.

After the first 72 hours of receiving critical care, if you live in Barnsley or Rotherham and are well enough, and want to, you would be transferred to your local hospital for the remainder of your care.

This is because we are not looking to make changes to 'acute' stroke care which is care received after the first 72 hours until you go home from hospital and this will still be provided in all our local hospitals.

Rehabilitation services, such as speech and language and physiotherapies, which help you to get better once you've left hospital, will also be provided closer to where you live.

We will also be asking for opinions, but not consulting on, the future of hyper acute stroke services at Chesterfield Royal Hospital.

### **Aims and objectives**

- Raise awareness and understanding of the current provision and need for changes to hyper acute stroke services across South Yorkshire, Bassetlaw and North Derbyshire
- Ensure patients, families, carers and the public are involved, able to have their say on the proposed options, and are listened to
- Inform key staff and clinicians in each locality about proposed change options
- Ensure patients, family and carers have the information they need about any changes to hyper acute stroke services
- Inform all stakeholders of new proposed models of care and opportunities to be involved

## Target audiences

The following audiences will be targeted through tailored communications activity. We will use a variety of methods to connect with each of our key stakeholders, ensuring our messages remain consistent and appropriate for each.

- Patients and the public (including stroke support groups, seldom heard groups and identified protected characteristics)
- Local Authorities, MPs and councillors
- Governing body members of all CCGs
- Executive board members of all providers
- Clinicians – acute, primary and community care
- Foundation trust and CCG members
- Clinical Senate
- Healthwatch
- Health and Wellbeing boards
- Local, regional and trade media
- Public health

## Key messages

As with pre-consultation, our key messages will focus on the reasons why changes are needed to hyper acute stroke services whilst highlighting the importance of and opportunities to get involved in and taking part in the consultation. These messages include:

- We know that across our region some people have better experiences, better outcomes and better access to services than others. We want everyone to experience the highest quality and safest service possible.
- We are improving critical care stroke services for everyone across South Yorkshire, Bassetlaw and North Derbyshire – and we need your help!

Why do we need to change services? At the moment:

- At the moment, 3 out of 5 of our critical care units (HASUs) admit less than 600 patients a year which is below the best practice minimum of 900 per year – meaning our workforce isn't being used in the best, or most efficient way, so could become deskilled

- We need more stroke doctors and nurses to run the existing services – but there aren't enough locally or nationally and this is leading to problems with medical cover in our local hospitals – and we have already seen temporary closures in some of our units
- How quickly scans and tests are done, and reported – which help to diagnose and then treat patients – varies from hospital to hospital
- Due to this delay in the necessary tests being done, there is a delay in some treatments that should be given after having a stroke
- We currently have two units less than 15 miles away from each other which are both unsustainable (treating less than 600 patients a year)

Because of the reasons above, the experience and treatment our patients receive currently varies across our region and it is getting harder to provide the level and quality of services that we expect – and our patients deserve.

### Communications and engagement methods

To deliver the aims of our communications and engagement plan, we will carry out a range of activity across all geographic areas covered by the Working Together partnership, including both providers and commissioners. The methods and messages used to communicate will be tailored for each audience to maximise every opportunity for public and stakeholder involvement.

A key mechanism for consultation communications and engagement activity will be through the use of **social media**. We know from the Commissioners Working Together pre-consultations and also by identifying key trends and best practice from similar health and care transformation projects in other regions, that social media is an effective way of communicating and engaging with a variety of audiences.

Social media is a useful way of:

- Disseminating information and signposting
- Raising awareness
- Collecting demographic data
- Demonstrating willingness to engage in dialogue with a target audience
- Speaking to a large number and variety of audiences in real-time.

By developing and creating a number of communications materials and assets, through social media we will listen and respond to and motivate our audience to both share the information we are communicating and also engage with us by taking part in the consultations.

Further details of specific qualitative, quantitative and participatory communications and engagement methods for individual audiences are included in the planners below.

### Engagement planner

Type of engagement	Audience	Method examples	Responsibility
<b>Qualitative</b>	Patients and the public, MPs, Local Authorities	<ul style="list-style-type: none"> <li>• Focus groups</li> <li>• Attendance at relevant groups/events</li> <li>• Stakeholder briefings</li> <li>• Vox pops</li> </ul>	CCG and provider partners supported by the Commissioners Working Together team
	Seldom heard groups and protected characteristics	<ul style="list-style-type: none"> <li>• Attendance at existing groups eg, Mosques, homeless charities, LGBT forums, social network groups</li> <li>• Disseminate information through existing networks for 1:1 and group conversations (eg, via public health colleagues to reach rural communities, BME groups, gypsy and traveller communities, asylum seekers, refugees, mental health support</li> </ul>	

groups)

**Quantitative**

Patients and the public,  
healthcare staff

- Online survey
- Flyers in various locations: GP practices, outpatient departments, libraries, supermarkets, stroke support groups, post offices, social network groups
- Flyers translated into most popular languages and disseminated in various locations. Information disseminated via social network groups, Women's Institute, Mosques, LGBT groups/events, activity centres (eg for people with learning disabilities).

Commissioners Working  
Together team

Seldom heard groups  
and protected  
characteristics

**Participatory**

Patients and the public,  
seldom heard groups,  
healthcare staff and  
clinicians

- Deliberative events (x8)
- Listening events
- Focus groups

Commissioners Working  
Together team supported by  
CCG and provider partners

Seldom heard groups  
and protected  
characteristics

- Attendance at existing groups and events
- Focus groups

<b>Social media</b>	All	<ul style="list-style-type: none"> <li>• Twitter and Facebook – blanket and targeted posts to various groups, including health and care organisations, patient groups, Healthwatch organisations, local authorities, press accounts, LGBT networks, youth groups, high profile local/regional businesses, activity centres, the Stroke Association, Patient Opinion etc</li> </ul>	Commissioners Working Together team supported by CCG and provider partners
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### Communications planner

Communication Type	Audience	Method examples	Responsibility
<b>Promotion/ Participation</b>	<p>Patients and the public including targeted to parents and carers and staff</p> <p>Seldom heard groups and</p>	<ul style="list-style-type: none"> <li>• Newsletters</li> <li>• Social media</li> <li>• Media</li> <li>• Blogs/case studies</li> <li>• Event presence</li> <li>• 'Market stalls'</li> <li>• Attendance at partners AGMs</li> <li>• Submissions to targeted publications and</li> </ul>	Commissioners Working Together team supported by CCG and provider partners

	protected characteristics	newsletters, eg, parent's assembly, BME community newspapers	
<b>Updates and briefings</b>	Staff from all partners, members of all organisations, GPs, practice staff, Local Authorities, MPs, councillors, board and governing body members, OSC	<ul style="list-style-type: none"> <li>• NHS internal comms</li> <li>• E-bulletins</li> <li>• Briefing papers</li> <li>• Verbal briefings/attendance at partner and stakeholder meetings</li> </ul>	Commissioners Working Together team supported by CCG and provider partners as appropriate
<b>Media</b>	Patients, the public and staff including trade publications	<ul style="list-style-type: none"> <li>• Press releases</li> <li>• Media interviews</li> <li>• Media briefings</li> </ul>	Commissioners Working Together team supported by CCG and provider partners
	Seldom heard groups and protected characteristics	<ul style="list-style-type: none"> <li>• Submissions to targeted publications and newsletters, eg, parent's assembly, BME community newspapers</li> </ul>	
<b>Social media</b>	All	<ul style="list-style-type: none"> <li>• Twitter and Facebook – blanket and targeted posts to various groups, including health and care organisations, patient groups, Healthwatch</li> </ul>	Commissioners Working Together team supported by CCG and provider partners

organisations, local authorities, press accounts, LGBT networks, youth groups, high profile local/regional businesses, activity centres, the Stroke Association, Patient Opinion etc

Activity planner (Note: if it is agreed to move to public consultation, a full activity plan will be developed with communications and engagement colleagues to arrange engagement events and consultation activity – a meeting to discuss and plan these is arranged for 23 August 2016).

Date	Activity	Audience	Comments	Update (complete?)
17 August '16	<b>NHS England stage 2 assurance</b>			
w/c 22 Aug '16	CWT comms to send messaging and requirements for web/online response form	Internal action	Although the response form will be offline until Monday 2 October, a holding page will be published	
23 Aug '16	CWT comms to meet with partner engagement leads	Internal action	Meeting to jointly plan engagement events and activities – local and regional	
September '16	Development of consultation materials	Public	Consultation materials will be developed by the CWT team for both electronic use and face to face meetings. They	

			will also be translated into the most popular/relevant languages for the region
September '16	Media training for clinical lead (Graham Venables)	Internal action	
w/c 26 Sept '16	Media release/conversations to align with opening of consultation	Public	Led by the CWT comms and engagement team and clinical leads
<b>3 October '16</b>	<b>Consultation opens to responses</b>		
<b>October '16 (throughout)</b>	Attendance at and running of local and regional deliberative events, focus groups and attendance at relevant existing meetings/events (exact dates TBC)	Public	TBC once given approval to go to consultation
<b>November '16 (throughout)</b>	Attendance at and running of local and regional deliberative events, focus groups and attendance at relevant existing meetings/events (exact dates TBC)	Public	TBC once given approval to go to consultation
<b>December '16 (throughout)</b>	Attendance at and running of local and regional deliberative events, focus	Public	TBC once given approval to go to

groups and attendance at relevant existing meetings/events (exact dates TBC)

consultation

**20 January '17**

**Consultation closes to responses**

**Other key dates to consider:**

NHS Barnsley CCG public governing body meetings: 13 October, 10 November, 8 December

NHS Bassetlaw CCG public governing body meetings: 11 October, 8 November

NHS Doncaster CCG public governing body meetings: 20 October, 17 November, 15 December

NHS Rotherham CCG public governing body meetings: 5 October, 2 November, 7 December

NHS Sheffield CCG public governing body meetings: 6 October, 1 December

NHS Wakefield CCG public governing body meetings: 8 November

(NHS Hardwick and North Derbyshire CCGs governing body meetings are TBC)

All governing body members will be provided with updates and key messages throughout the consultation period in preparation for public meetings.

