



Communications and engagement strategy and plans for public consultation

April 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 XX 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 (Appendix 1).

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 (Appendix 2: BME 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 (Appendix 3).

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.



DRAFT 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 XX 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
- Sheffield Teaching Hospitals NHS Foundation Trust
- The Mid Yorkshire Hospitals NHS Trust
- The Rotherham NHS Foundation Trust

We will be consulting on the following options: XXX

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.

Note: Key messages will be tailored and confirmed once the business case for change is agreed and there are definite options for consultation.

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
Qualitative	Patients and the public, parent and carer forums, MPs, Local Authorities	<ul style="list-style-type: none"> • Focus groups • Attendance at relevant groups/events • Stakeholder briefings • Vox pops 	CCG and provider partners supported by the Commissioners Working Together team
	Seldom heard groups and protected characteristics	<ul style="list-style-type: none"> • Attendance at existing groups eg, parents with children with learning disabilities, Mosques, homeless charities, LGBT forums, sixth form colleges • 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)

Quantitative

Patients and the public, healthcare staff

- Online survey
- Flyers in various locations: GP practices, outpatient departments, libraries, supermarkets, children's centres, schools and nurseries

Commissioners Working Together team

Seldom heard groups and protected characteristics

- Flyers translated into most popular languages (identified through census data in Appendix 2) and disseminated in various locations

Participatory

Patients and the public, parent and carer forums, 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

- Attendance at existing groups and

	characteristics	events	
		<ul style="list-style-type: none"> • Focus groups 	

Social media	All	<ul style="list-style-type: none"> • 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) 	Commissioners Working Together team supported by CCG and provider partners
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Communications planner

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

	Seldom heard groups and protected characteristics	<ul style="list-style-type: none"> • 'Market stalls' • Attendance at partners AGMs • Submissions to targeted publications and newsletters, eg, parent's assembly, BME community newspapers 	
Updates and briefings	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"> • NHS internal comms • E-bulletins • Briefing papers • Verbal briefings/attendance at partner and stakeholder meetings 	Commissioners Working Together team supported by CCG and provider partners as appropriate
Media	Patients, the public and staff including trade publications	<ul style="list-style-type: none"> • Press releases • Media interviews • Media briefings 	Commissioners Working Together team supported by CCG and provider partners
	Seldom heard groups and	<ul style="list-style-type: none"> • Submissions to targeted publications and 	

	protected characteristics	newsletters, eg, BME community newspapers	
Social media	All	<ul style="list-style-type: none"> • 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) 	Commissioners Working Together team supported by CCG and provider partners



DRAFT 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 XX 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 Children's Hospital 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 will be consulting on the following options: XXX

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 very 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:

- We need more stroke doctors and nurses to run our services – but there aren't enough locally or nationally
- Not all stroke patients are seen by a stroke doctor or admitted onto a stroke unit as quickly as they should be
- There is also a shortage of speech and language and occupational therapists who help rehabilitate people who have had a stroke
- How fast tests are done, which helps to diagnose patients, varies from hospital to hospital

For the above reasons, it is getting harder to provide high quality services and doctors, nurses and healthcare staff all agree that this needs to change.

Note: Key messages will be tailored and confirmed once the business case for change is agreed and there are agreed options for consultation.

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
Qualitative	Patients and the public, parent and carer forums, MPs, Local Authorities	<ul style="list-style-type: none"> • Focus groups • Attendance at relevant groups/events • Stakeholder briefings • Vox pops 	CCG and provider partners supported by the Commissioners Working Together team
	Seldom heard groups and protected characteristics	<ul style="list-style-type: none"> • Attendance at existing groups eg, Mosques, homeless charities, LGBT forums, social network groups • 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)

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 (identified through census data in Appendix 2) and disseminated in various locations, eg 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, parent and carer forums, 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

Social media

All

- 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

Commissioners Working Together team supported by CCG and provider partners

Communications planner

Communication Type

Audience

Method examples

Responsibility

Promotion/ Participation

Patients and the public including targeted to parents and carers and staff

- Newsletters
- Social media
- Media
- Blogs/case studies
- Event presence
- 'Market stalls'

Commissioners Working Together team supported by CCG and provider partners

	Seldom heard groups and protected characteristics	<ul style="list-style-type: none"> • Attendance at partners AGMs • Submissions to targeted publications and newsletters, eg, parent's assembly, BME community newspapers 	
Updates and briefings	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"> • NHS internal comms • E-bulletins • Briefing papers • Verbal briefings/attendance at partner and stakeholder meetings 	Commissioners Working Together team supported by CCG and provider partners as appropriate
Media	Patients, the public and staff including trade publications	<ul style="list-style-type: none"> • Press releases • Media interviews • Media briefings 	Commissioners Working Together team supported by CCG and provider partners
	Seldom heard groups and protected characteristics	<ul style="list-style-type: none"> • Submissions to targeted publications and newsletters, eg, parent's assembly, BME 	

		community newspapers	
Social media	All	<ul style="list-style-type: none">• 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	Commissioners Working Together team supported by CCG and provider partners

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List of appendices:

Appendix 1 – Stakeholder map

Appendix 2 – Population demographics per area

Appendix 3 – Favoured methods of communication as outlined in pre-consultation feedback

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Commissioners Working Together Stakeholder map: Power/influence and interest level

Little or no interest	Moderate interest	High interest
<p>High Power/Influence</p> <ul style="list-style-type: none"> All media: (currently at low interest, high power but some titles will shift right as the programme progresses and will require watching brief): BBC online, BBC Look North, BBC East Midlands, ITV Calendar, ITV Central East BBC Radio Leeds, BBC Radio Sheffield, BBC Radio Derby, Dearne FM, Hallam FM, Trax FM, Sine FM, Rother FM, Capital FM, Derbyshire Times, Worksop Guardian, Gainsborough Standard, The Star, Sheffield Telegraph, Barnsley Chronicle, Doncaster Star, Doncaster Free Press, Wakefield Express, Pontefract and Castleford Express, Yorkshire Evening Post, Rotherham Advertiser 	<ul style="list-style-type: none"> Regulators (Monitor, CQC). Monitor is currently working with Rotherham Hospital trust on an action plan and may also be involved in discussions with other hospitals. All of the hospitals will be subject to CQC inspections NHS England area teams:(East Midlands, Yorkshire and the Humber) Clinical Senates: (East Midlands, Yorkshire and the Humber) Health and Wellbeing Boards: Barnsley, Derbyshire, Doncaster, Nottinghamshire, Rotherham, Sheffield, Wakefield 	<ul style="list-style-type: none"> MPs: Sarah Champion, Kevin Barron and John Healey (Rotherham); John Mann (Bassetlaw); Harry Harpham, Paul Blomfield, Nick Clegg, Louise Haigh, Clive Betts, Angela Smith (Sheffield); Rosie Winterton, Ed Miliband, Jon Trickett, Caroline Flint (Doncaster); Mary Creagh, Yvette Cooper, Paul Sherriff (Mid Yorks); Natascha Engel, Toby Perkins, Dennis Skinner (NE Derbyshire, Hardwick); Dan Jarvis, Michael Dugher (Barnsley) Council cabinet members with relevant portfolio : Sheffield - Jackie Drayton (CYP), Mazher Iqbal (public health), Mary Lea (health, care independent living). Doncaster – Nuala Fennelly (CYP), Pat Knight (public health and wellbeing), Chris McGuinness (vol sector). Chesterfield – Chris Ludlow (health and wellbeing), Helen Bagley (health and wellbeing). Barnsley – Margaret Bruff (children and safeguarding), Jenny Platts (communities). Wakefield – O M Rowley (CYP), P A Garbutt (adults and health). N E Derbyshire – Lilian Robinson (community safety and health). Bassetlaw – none listed for health. Rotherham – currently decisions taken by government appointed commissioners. Joint OSC members: Clinical staff working in the services where change may happen (Barnsley Hospital, Chesterfield Royal Hospital. Doncaster and Bassetlaw Hospitals, Mid Yorkshire Hospitals, Rotherham Hospital, Sheffield Children’s Hospital, Sheffield Teaching Hospital) Chairs and chief officers of all CCGs: Barnsley – Nick Balac, Lesley Smith. Bassetlaw – Steve Kell, Phil Metham. Doncaster – Nick Tupper, Chris Stainforth. Hardwick – Steven Lloyd, Andy Gregory. North Derbyshire – Ben Milton, Jackie Pendleton. Rotherham – Julie Kitlowski, Chris Edwards. Sheffield – Tim Moorhead, Maddy Ruff. Wakefield – Phillip Earnshaw, Jo Webster. Members of all CCGS, via the governing body and comms teams in each CCG.

**Moderate
Power/Influence**

- **Local Authority commissioners**
- **All mental health provider trust boards:** (via chairs and chief executives) Rotherham, Doncaster and South Humber – Lawson Pater, Kathryn Singh. South West Yorkshire Partnership – Ian Black, Steven Michael. Sheffield Health and Social Care – Alan Walker, Kevan Taylor. Nottinghamshire Healthcare – Professor Dean Fathers, Ruth Hawkins.
- **Voluntary organisations working with people who may be affected by changes**
- **Healthwatch:** Sheffield – Carrie McKenzie (chief officer). Barnsley – Carriane Stones (chief officer). Rotherham – Tony Clabby (chief officer). Doncaster – Philip Kerr (chief officer). Bassetlaw – Christine Watson (chief officer). Derbyshire – Karen Ritchie (chief officer). Wakefield – Nicholas Esmond (chief officer). Nottinghamshire – Joe Pidgeon (chief officer).
- **Patient groups related to any potential service changes** (will move up the grid if become organised)
- **Working Together Provider Partnership**
- **All foundation trust governors:** (via membership offices in trusts). Barnsley, Sheffield Teaching, Sheffield Children’s, Rotherham, Doncaster and Bassetlaw, Chesterfield.
- **All acute hospital trust boards:** (via chairs and chief executives). Barnsley – Stephen Wragg, Diane Wake. Doncaster and Bassetlaw – Chris Scholey, Mike Pinkerton. Chesterfield – Helen Phillips, Gavin Boyle. Mid Yorkshire – Jules Preston, Stephen Eames. Rotherham – Martin Havenhand, Louise Barnett. Sheffield Children’s – Nicholas Jeffrey, Simon Morrit. Sheffield Teaching – Tony Pedder, Sir Andrew Cash.
- **Ambulance service trust boards:** (via chairs and chief executives). East Midlands – Pauline Tagg, Sue Noyes. Yorkshire – Della Cummings, Rod Barnes.
- **Unions** representing staff where changes could be made. Regional reps for Unite, Royal Colleges, MiP, Unison, GMB.

**Little or no
power/influence**

- Staff at NHS Greater East Midlands Commissioning Support unit
- Staff in CCGs
- Staff in NHS provider organisations (acute, mental health, ambulance)
- Staff in GP practices
- Voluntary groups (could move up and right)
- Communities and community groups (could move up and right)
- **All foundation trust members** (via membership offices in trusts). Barnsley, Sheffield Teaching, Sheffield Children’s, Rotherham, Doncaster and Bassetlaw, Chesterfield.

General stakeholder list for reference:

NHS Organisations/ Partnerships

NHS England – Area Teams
NHS Rotherham CCG
NHS Doncaster CCG
NHS Sheffield CCG
NHS Barnsley CCG
NHS Bassetlaw CCG
NHS North Derbyshire CCG
NHS Hardwick CCG
NHS Wakefield CCG
Yorkshire and Humber Clinical Senate
East Midlands Clinical Senate
The Working Together Provider Partnership
Barnsley Hospital NHS Foundation Trust
Chesterfield Royal Hospital NHS Foundation Trust
Doncaster and Bassetlaw Hospitals NHS Foundation Trust
The Mid Yorkshire Hospitals NHS Trust
The Rotherham NHS Foundation Trust
Sheffield Children's NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust
Yorkshire Ambulance Service
East Midlands Ambulance Service
Public Health England
NHS Yorkshire & Humber Commissioning Support Unit
NHS Greater East Midlands Commissioning Support Unit
Acute Clinical Care Operational Delivery Network

Wider Public Sector Organisations/ Partnerships

Healthwatch
Health and Wellbeing Boards
MPs
Local Overview and Scrutiny Committees
Council members and staff

Public/ Patients and Groups

Public
Patients
National & local patient/ pressure groups
Voluntary groups
Community groups
BME groups

Staff and Members

Staff at all of the provider and commissioner organisations
GP Members of the CCGs
Senior teams and Boards/ Governing Bodies at each of the commissioner organisations
Unions

Demographic data per area

Barnsley

231,221 total population

49.1% male

50.9% female

White: 96.03%

White Irish: 0.24%

White gypsy or Irish traveller: 0.07%

White other: 1.46%

Mixed /multiple ethnic groups – white and black Caribbean – 0.27%

Mixed /multiple ethnic groups – white and black African – 0.07%

Mixed /multiple ethnic groups – white and Asian – 0.18%

Mixed /multiple ethnic groups – other mixed – 0.16%

Asian/Asian British – Indian – 0.19%

Asian/Asian British – Pakistani – 0.09%

Asian/Asian British- Bangladeshi – 0.02%

Asian/Asian British – Chinese – 0.19%

Asian/Asian British – other Asian – 0.21%

Black/African/Caribbean/Black British: African – 0.43%

Black/African/Caribbean/Black British – Caribbean – 0.06%

Black/African/Caribbean/Black British – Other black –0.03%

Other ethnic group – Arab – 0.07%

Other ethnic group – any other ethnic group – 0.11%

Bassetlaw:

112,863 total population

56,024 male

56,839 female

White: 94.5%

White Irish: 0.33%

White gypsy or Irish traveller: 0.08%

White other: 2.44%

Mixed /multiple ethnic groups – white and black Caribbean – 0.4%

Mixed /multiple ethnic groups – white and black African – 0.07%

Mixed /multiple ethnic groups – white and Asian – 0.2%

Mixed /multiple ethnic groups – other mixed – 0.2%

Asian/Asian British – Indian – 0.38%

Asian/Asian British – Pakistani – 0.25%

Asian/Asian British- Bangladeshi – 0.06%

Asian/Asian British – Chinese – 0.16%

Asian/Asian British – other Asian – 0.24%

Black/African/Caribbean/Black British: African – 0.19%

Black/African/Caribbean/Black British – Caribbean – 0.21%

Black/African/Caribbean/Black British – Other black – 0.05%

Other ethnic group – Arab – 0.04%

Other ethnic group – any other ethnic group – 0.13%

Doncaster:

302,402 population

149,230 male

153,172 female

White: 91.8%

White Irish: 0.39%

White gypsy or Irish traveller: 0.19%

White other: 2.82%

Mixed /multiple ethnic groups – white and black Caribbean – 0.46%

Mixed /multiple ethnic groups – white and black African – 0.15%

Mixed /multiple ethnic groups – white and Asian – 0.29%

Mixed /multiple ethnic groups – other mixed – 0.2%

Asian/Asian British – Indian – 0.6%

Asian/Asian British – Pakistani – 0.9%

Asian/Asian British- Bangladeshi – 0.04%

Asian/Asian British – Chinese – 0.37%

Asian/Asian British – other Asian – 0.58%

Black/African/Caribbean/Black British: African – 0.43%

Black/African/Caribbean/Black British – Caribbean – 0.25%

Black/African/Caribbean/Black British – Other black – 0.08%

Other ethnic group – Arab – 0.07%

Other ethnic group – any other ethnic group – 0.27%

NE Derbyshire:

99,023 total population

48,564 male

50,459 female

White: 96.9%

White Irish: 0.26%

White gypsy or Irish traveller: 0.07%

White other: 0.79%

Mixed /multiple ethnic groups – white and black Caribbean – 0.32%

Mixed /multiple ethnic groups – white and black African – 0.1%

Mixed /multiple ethnic groups – white and Asian – 0.25%

Mixed /multiple ethnic groups – other mixed – 0.11%

Asian/Asian British – Indian – 0.35%

Asian/Asian British – Pakistani – 0.08%

Asian/Asian British- Bangladeshi – 0.03%

Asian/Asian British – Chinese – 0.18%

Asian/Asian British – other Asian – 0.15%

Black/African/Caribbean/Black British: African – 0.15%

Black/African/Caribbean/Black British – Caribbean – 0.06%

Black/African/Caribbean/Black British – Other black – 0.02

Other ethnic group – Arab – 0.04%

Other ethnic group – any other ethnic group – 0.08%

Chesterfield

103,788 total population

50,900 male

52,888 female

White: 94.8%

White Irish: 0.37%

White gypsy or Irish traveller: 0.004%

White other: 1.2%

Mixed /multiple ethnic groups – white and black Caribbean – 0.5%

Mixed /multiple ethnic groups – white and black African – 0.09%

Mixed /multiple ethnic groups – white and Asian – 0.27%

Mixed /multiple ethnic groups – other mixed – 0.17%

Asian/Asian British – Indian – 0.47%

Asian/Asian British – Pakistani – 0.32%

Asian/Asian British- Bangladeshi – 0.13%

Asian/Asian British – Chinese – 0.35%

Asian/Asian British – other Asian – 0.25

Black/African/Caribbean/Black British: African – 0.41%

Black/African/Caribbean/Black British – Caribbean – 0.26%

Black/African/Caribbean/Black British – Other black –0.07%

Other ethnic group – Arab – 0.06%

Other ethnic group – any other ethnic group – 0.08%

Rotherham

257,280 total population

126,247 male

131,033

White: 91.9%

White Irish: 0.3%

White gypsy or Irish traveller: 0.05%

White other: 1.3%

Mixed /multiple ethnic groups – white and black Caribbean – 0.3%

Mixed /multiple ethnic groups – white and black African – 0.11%

Mixed /multiple ethnic groups – white and Asian – 0.33%

Mixed /multiple ethnic groups – other mixed – 0.23%

Asian/Asian British – Indian – 0.37%

Asian/Asian British – Pakistani – 2.96%

Asian/Asian British- Bangladeshi – 0.04%

Asian/Asian British – Chinese – 0.23%

Asian/Asian British – other Asian – 0.5%

Black/African/Caribbean/Black British: African – 0.65%

Black/African/Caribbean/Black British – Caribbean – 0.11%

Black/African/Caribbean/Black British – Other black – 0.06%

Other ethnic group – Arab – 0.22%

Other ethnic group – any other ethnic group – 0.28%

Sheffield

552,698 population

272,661 male

280,037 female

White: 80.84%

White Irish: 0.5%

White gypsy or Irish traveller: 0.06%

White other: 2.25%

Mixed /multiple ethnic groups – white and black Caribbean – 0.98%

Mixed /multiple ethnic groups – white and black African – 0.23%

Mixed /multiple ethnic groups – white and Asian – 0.63%

Mixed /multiple ethnic groups – other mixed – 0.55%

Asian/Asian British – Indian – 1.06%

Asian/Asian British – Pakistani – 3.97%

Asian/Asian British- Bangladeshi – 0.6%

Asian/Asian British – Chinese – 1.33%

Asian/Asian British – other Asian – 1.04%

Black/African/Caribbean/Black British: African – 2.0%

Black/African/Caribbean/Black British – Caribbean – 0.99%

Black/African/Caribbean/Black British – Other black – 0.54%

Other ethnic group – Arab – 1.52%

Other ethnic group – any other ethnic group – 0.7%

Wakefield

325,832 total population

159,913 male

165,924 female

White: 92.76%

White Irish – 0.27%

White gypsy or Irish traveller: 0.09%

White other: 2.27%

Mixed /multiple ethnic groups – white and black Caribbean – 0.33%

Mixed /multiple ethnic groups – white and black African – 0.11%

Mixed /multiple ethnic groups – white and Asian – 0.27%

Mixed /multiple ethnic groups – other mixed – 0.17%

Asian/Asian British – Indian – 0.47%

Asian/Asian British – Pakistani – 1.5%

Asian/Asian British- Bangladeshi – 0.009%

Asian/Asian British – Chinese – 0.26%

Asian/Asian British – other Asian – 0.36%

Black/African/Caribbean/Black British: African – 0.6%

Black/African/Caribbean/Black British – Caribbean – 0.1%

Black/African/Caribbean/Black British – Other black –0.07%

Other ethnic group – Arab – 0.11%

Other ethnic group – any other ethnic group – 0.17%

DRAFT

During the pre-consultation phase we asked people, “How would you want to see/read/hear about the formal consultation?”

Summary of responses:

By email: 42.7% (82 out of 192 responses)

Online (social and digital media): 34.9% (67 out of 192 responses)

Local media (print and broadcast): 12.5 % (24 out of 192 responses)

Face to face meetings and events: 9.9% (19 out of 192 responses)

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