North Durham Clinical Commissioning Group
Durham Dales, Easington and Sedgefield Clinical Commissioning Group
Darlington Clinical Commissioning Group

STROKE Consultation and Communications Plan

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Introduction

County Durham and Darlington Clinical Commissioning Groups (CCGs) and County Durham and Darlington Foundation Trust (CDDFT) have made a commitment to review stroke rehabilitation services.

Following a period of engagement the CCGs were able to understand what works well and what could be improved, especially with regards to rehabilitation from a patient and carer perspective. Also by engaging with those who have used services, the CCGs have been able to understand how the decisions they make have an impact on those using the services.

The aim of this consultation and communication plan is to ensure that complex messages are easy for the local people of County Durham and Darlington to understand. This will be reinforced by good communications and engagement processes.

The aim is to ensure that the consultation is accessible to all so an informed decision can be made. This will also mean the decision makers and commissioners can understand public feedback in a systematic way, which can be fed into the decision making process.

Background

Back in 2011 a public consultation took place during to consolidate hyper acute stroke care to one site based at University Hospital North Durham (UHND) and rehabilitation care at Bishop Auckland Hospital (BAH) for those patients requiring further inpatient rehabilitation.

Following the public consultation, County Durham and Darlington Primary Care Trust (PCT) and CDDFT agreed to review stroke rehabilitation services. The CCGs and CDDFT recognise that although significant improvements have been made in the hyperacute stage (the short term care provided at the pit someone has a stroke) there is a need to ensure that high quality patient experience and outcomes are continued into the rehabilitation phase.

Longer term rehabilitation is a key area for improvement in the NHS long term plan. It is recognised that currently patients are unable to access sufficient therapy to maximise recovery and it is particularly difficult to obtain vocational rehabilitation to help people get back to work. Stroke is a national priority and the lack of standardised inpatient and community rehabilitation services within our CCG areas does not currently optimise the potential to meet rehabilitation goals.

Policy and legislation

In the development of this consultation and communications plan, the CCGs in County Durham and Darlington have referenced national guidance setting out their legal duty to involve patients and the public in the planning of service provision. Included below is a summary of the various legislation, guidance and principles relevant to this consultation, such as, the requirements set out in the Health Act 2006 as amended to Health and Social Care Act 2012:

- Section 242, of the Health Act 2006
    - *Places a duty on the NHS to make arrangements to involve patients and the public in planning services, developing and considering proposals for changes in the way services are provided and decisions to be made that affect how those services operate.*
- Section 244, of the Health Act 2006
    - *Requires NHS bodies to consult relevant OSCs on any proposals for substantial variations or substantial developments of health services. This duty is additional to the duty of involvement under section 242 (which applies to patients and the public rather than to OSCs).*
- Section 14Z2 of The Health and Social Care Act 2012,

  Places a duty on CCGs to make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

    - *in the planning of the commissioning arrangements by the group,*
    - *in the development and consideration or proposals by the group 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,*
    - *in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.*

Other specific considerations have related to:

The 'four tests':

The 2014/15 mandate from the Government to NHS England outlines that proposed service changes should be able to demonstrate evidence to meet four tests:

1. Strong public and patient engagement
2. Consistency with current and prospective need for patient choice
3. A clear clinical evidence base
4. Support for proposals from clinical commissioners

NHS England introduced a new test applicable from 1 April 2017. This requires that in any proposal including plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions:

I. Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
II. Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
III. Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

The Gunning Principles

I. Consultation must take place when the proposal is still at a formative stage
II. Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response
III. Adequate time must be given for consideration and response and
IV. The feedback from consultation must be conscientiously taken into account

The Equality Act 2010

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

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 in England 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.

Aims and objectives

Generic CCG Consultation and Communication Objectives

Regular and consistent communications and engagement is crucial in ensuring that the CCG commissions services that are of good quality, value for money and meet the needs of local people.

- To communicate the recommended service model for each CCG area clearly and effectively with all identified stakeholders
- To consult the local population on the development of further services to be delivered as part of the provision outlined
- To ensure that all voices are heard and that views are used to inform future service delivery
- To ensure messages from the local community are heard and used to inform decision making. Feedback will be given in a timely manner based on the 'you said, we did' methodology.
- To ensure that all key stakeholders are aware of the consultation, surveys and events and have the opportunity to get involved should they wish to do so.

Stroke Consultation and Communication Objectives

For this stroke rehabilitation services consultation, the objectives are as follows;

- To consult with patients and carers/families who have used stroke services to gain an understanding of their experiences and their views on a different approach to their care
- To outline a range of options for the provision of stroke rehabilitation within a hospital setting as well as the community
- To outline a preferred option for a new model of care which assesses impact on the system and individual patient care
- Communicate clearly, effectively and honestly with local communities in order to build trust and confidence in the NHS and health professionals;
- Engaging effectively with every segment of the population, especially those seldom heard and from protected characteristic groups, in order to ensure that local people are given the opportunity to consider and comment on the options for the proposals around a new model of stroke rehabilitation in County Durham and Darlington areas;
- Using the comments and feedback from the local communities to inform consideration by the CCG as to how it should provide the Stroke Rehabilitation Services to best meet the needs of the local population
- Ensuring that the CCG is complying with all its legal obligations in relation to public consultations and engagement
- Arrange our meetings so they cover the local geographical areas

- Arrange meetings in accessible venues and offer interpreters, translators and hearing loops if required
- Inform partners of out consultation activity and share plans

Scope of the Consultation

The purpose of this plan is to describe our process for formal consultation and how we will reach stakeholders including patients, their carers, families and members of the public across County Durham and Darlington. This process will ensure that our methods and approaches are inclusive and tailored to the people we want to reach so that they can have their say. These include:

- Public, patients, carers and their representatives
- Key stakeholders including partner organisations
- Voluntary and community sector organisations
- Staff of affected partner organisations
- Local Councillors and MPs
- County Durham Health Overview and Scrutiny Committee
- Darlington Health Overview and Scrutiny Committee
- Healthwatch County Durham and Healthwatch Darlington
- Particular interest groups, including seldom heard groups

The plan sets out the activity which will take place and the timelines involved, including the resources required to deliver the plan. The intention of the plan is to help people understand what to expect from the formal consultation, how they can be involved and how long the process will take.

The purpose of the consultation, communications and engagement activity is to:

- Raise awareness of and provide information on the changes being proposed
- Involve stakeholders in discussions about the proposed changes and closures and to draw out any issues and concerns
- Work with stakeholders to consider potential solutions to any issues raised
- Gather feedback which will inform the decision about the future model of this service
- Ensure we meet our statutory duties as set out later in this document.

Pre-engagement

As part of the review a patient engagement exercise took place with patients that have recently had a stroke.

A period of engagement was carried out in autumn 2018 and then again in May, June and July 2019.

An extensive period of pre-engagement was carried out with patient, carer and public engagement to help the CCGs to understand the experience of people using Stroke Rehabilitation Services.

Views and feedback were gathered via and online and paper survey and also from focus groups where people, who have suffered a stroke, were invited to attend to tell us about their care.

This engagement gave us rich feedback around what patients thought of their stay in hospital and the treatment they received, the discharge process, rehabilitation and on-going care.

More recently we have worked with the Stroke Association who supported the CCGs with engagement. The Stroke Association carries out a six month review with patients, and assesses their progress six months after their stroke.

The CCGs engagement team wrote a survey and covering letter in conjunction with the Stroke Association. The Stroke Association then sent a letter and accompanying survey to patients who had signed up to a six month review and live in County Durham and Darlington. The feedback received gave a clear view from patients/carers and family of their recent experiences.

A copy of the full report can be found on the CCGs websites.

Stakeholder Mapping

A stakeholder is anyone who is effected by or can affect, the project. The CCG needs the right information to inform decisions for its community. It continually strives to maintain and strengthen its strong working relationships with its stakeholders.

The key stakeholders that need to be considered by this process include:

Patients and the public	Healthcare professionals / providers	Partner organisations and Voluntary and Community Groups	Political / Governance
Patients who access these services	CDDFT staff teams at Bishop Auckland Hospital	Local Authority directors of Social Care / Adults services	Local MPs
Family members and carers	CDDFT staff teams at other hospital sites	County Durham Healthwatch, Darlington Healthwatch	Health Overview and Scrutiny Committees
Patient Reference Groups (PRGs)	Community staff and teams	Voluntary and Community sector providers	Local Councillors and elected members
MY NHS members with an interest in stroke	Physiotherapists / Orthopeadic staff	Area Action Partnerships	Health and well-being boards
People who have responded or taken part in stroke rehabilitation engagement	Ambulance Service / Patent Transport	Durham County Carers Support	CCG Governing Body
	GPs and Primary Care	Housing organisations	NHS England
	Primary Care Networks	Health networks	
	CCG Staff	Neighbouring CCGs	
	NHS Improvement		
	Staff Unions		
	Local Medical Committee		

In order to establish the most appropriate means of communicating with our stakeholders, further analysis is required to better understand each one in terms of:

- Their level of influence over the project
- The impact of the project on them

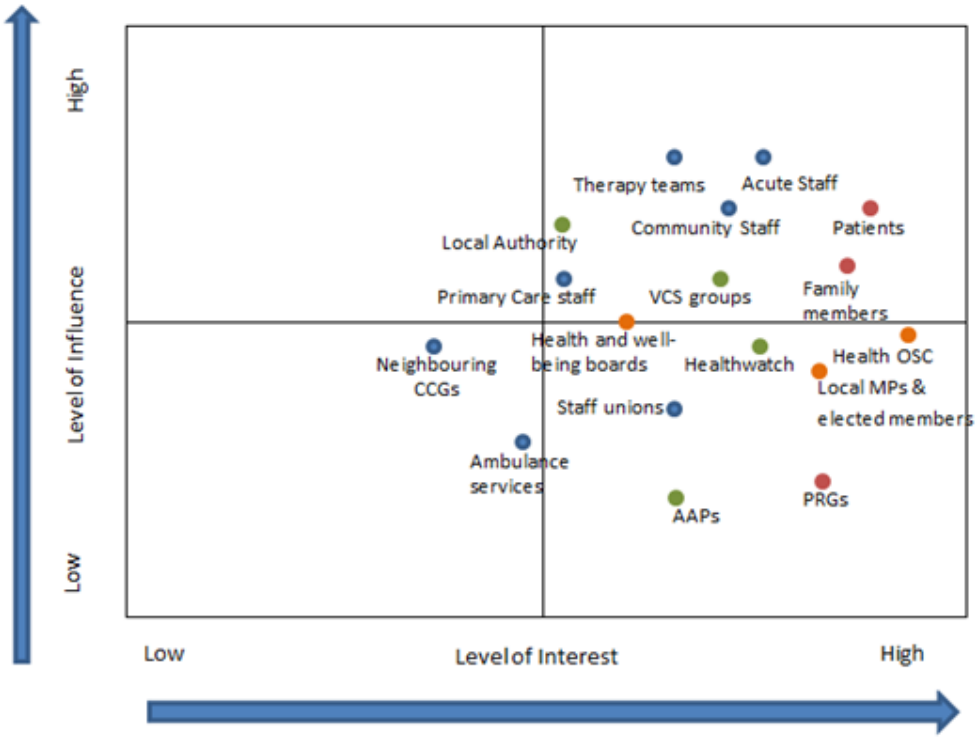
This enables the CCG to formulate a bespoke communications plan based on influence and impact, increasing the chances of the communications and engagement plan being successful.

The communications engagement process will also includes a focus on disadvantaged, marginalised and minority groups and communities, who may not always have the opportunity to have their say in decisions that affect them. This is particularly important in the County Durham and Darlington areas due to high levels of deprivation and health inequalities, as well as the diverse make-up of the local population. The engagement team will work to establish links with these groups.

Healtwatch and Patient Reference Groups (PRGs) will be key partners in supporting the CCG with the communications and consultation work to ensure that we simplify messages and don't use jargon and to act as critical friends throughout the process.

Stakeholder Mapping

This map shows the levels of interest of identified stakeholders have alongside the scope to influence as part of this process.


High
Level of Influence
Low
Therapy teams
Acute Staff
Community Staff
Patients
Local Authority
Primary Care staff
VCS groups
Family members
Health and well-being boards
Neighbouring CCGs
Healthwatch
Health OSC
Local MPs & elected members
Staff unions
Ambulance services
AAPs
PRGs
Low
Level of Interest
High

What we already have in place

The CCG already engages and communicates extensively with a range of key stakeholders and regularly through Patient Reference Groups (PRGs), Health Networks, Area Action Partnerships (AAPs), community council and various community groups.

The Health and Wellbeing Boards and Adults Overview and Scrutiny Committees are also regularly kept up to date. This is important as it engages on its commissioning priorities and the CCGs strong beliefs and commitment to put local communities at the heart of everything they do.

There are dedicated pages on the CCGs websites which contain a range of information including evidence of pre-engagement. Social media will continue to be a pro-active communications tool to promote the consultation but more traditional methods will also be utilised

More detailed information and the findings of the engagement carried out around Stroke Rehabilitation can be found in on the DDES, North Durham and Darlington CCG websites.

The engagement activities helped to inform the development Stroke Rehabilitation ‘options’. These options are ideas on how services could be further developed or delivered differently to best meet the needs of local people.

Importantly, throughout the pre-engagement, an on-going dialogue was maintained with the local health Overview and Scrutiny Committees (OSC) for both County Durham and Darlington.

In particular, the rationale for the proposed changes to Stroke Rehabilitation Services were presented at a meeting in November 2018.

Methodology

These intended methodologies will be used to enable the CCGs to deliver effective and meaningful consultation with the identified stakeholders. This will be a working document and may alter slightly depending on feedback and suggestions.

A consultation document will be written which will be available for people to access online and as a paper version. This will give people full information and informa them to able them to complete a survey which will be available on line and as a paper version.

We will hold a small number of public events to give the public the opportunity to hear from staff at the CCGs and CDDFT about the proposals and the background information. This will also be an opportunity for attendees to share their experiences and thoughts to help to inform their own decisions.

The CCG Engagement Teams will attend already established meetings with local groups and community organisations with the intention of speaking to as many people as possible to gather views from patients themselves and families / carers.

Consultation Communications and Engagement Action Plan

Pre-engagement activity

Activity	Detail	Additional information
Pre-engagement	Stage 1 pre-engagement activity 2018 Stage 2 pre-engagement activity 2019	
Stakeholder Mapping	Develop stakeholder spreadsheet - contacts Establish existing stakeholder mapping from pre-engagement Conduct additional stakeholder mapping to ensure complete stakeholder list for consultation Review and update stakeholder list throughout consultation	
Communications Key Messages	Development of key messages, FAQs	
Developing and supporting dialogue – programme of events and activities	Identify suitable, accessible venues for public events. Four formal public events across North Durham, Durham Dales, Easington and Sedgefield and Darlington Visit venues to check suitability (disability access, parking, bus route, acoustics, large numbers) Promote events Send invites to all stakeholders, including those who took part in the pre-engagement Develop facilitator packs for facilitators at events	

	Develop agendas and evaluation sheets for events Identify and confirm facilitators and scribes for events	
Consultation briefing document	Develop Communication and consultation document Consider different languages and formats that may be required, including large print, braille, audio, easy/read etc. Work with expert partners to ensure documents meet best practices requirements and communication needs Determine number of each type of document *Have documents produced by agreed supplier within agreed timescales*	
Stakeholder briefings	Briefing prepared stakeholders about the consultation and what we want to do, the events and any other information	NECS comms to support
Consultation Dialogue	Plan content and format of required communications and engagement activity Develop, make arrangements for and publicise consultation activity, including: Press / media Targeted discussion groups with stakeholders with an interest in the protected characteristics defined in the Equality Act 2010/ Facilitated and self-directed discussion groups with community and voluntary organisations Additional meetings - People's Parliament/ Investing in Children/Gypsy Roma	

	Travellers Practitioners Forum/LGBT group/Macmillan Information stall and presence at local public events Online and hardcopy consultation document and survey Information and surveys in public places	
Development of survey questions	Confirmation of the agreed questions and key feedback that is required	
Development of animation / video for consultation messages	Summary of key information and issues to help inform people with feedback. Work with PRG / Healthwatch members to help review content and language to ensure that key messages and issues being proposed are clear and in plain English	
Online	Design dedicated section on CCG website Ask for partners and stakeholders to place on their websites and to cascade via their social media channels Develop content and schedule for social media	
Confirm freepost address responses and identified information collection points	Work with partners to help ensure a variety of methods and locations are available for stakeholders to share feedback	
Public Relations and Advertising	Press release prepared for circulation at launch of consultation	
Distribution of Consultation Materials	Develop distribution plan for flyers and posters to public places	

Recording	Develop and maintain consultation action log	
Analysis and Reporting	Ensure independent supplier identified and procured in good time to conduct analysis and reporting when the consultation closes	
Quality and risk assurance	Provide quality and risk assurance of the engagement process	

Consultation activity

Activity	Detail	Additional information
Public events	Deliver the public events, likely to include presentation to set out scenario and proposals, table discussions for participants to share comments and gather group feedback. Open opportunities for questions	
Presentations	Attend AAPs, Parish councils or other local groups requesting presentations on issues and consultation options	
Targetted outreach sessions	Meetings with specific and identified audiences from stakeholder list Visit open public events and space; farmers markets, community evets etc.	

PR Activity	Updates on events and activities on the websites and social media. Continued promotions of ways to respond and contribute.	

Post consultation activity

Activity	Detail	Additional information
Data input and collection	Ensure all feedback from surveys and events is gathered and appropriately complied and recorded for analysis	
Analysis of feedback for key themes and preferred options	Key themes and preferred options identified.	
Consultation summary briefing	In conjunction with the NECS Communications Team and provide to stakeholders	
Update website pages	Ensuring information is continuously updated and reflects what is happening at that current time and to mark that the consultation is closed	
Draft full consultation report	Written in conjunction with Communications Department	
Consultation report published	Document shared with all stakeholders including OSC, Governing Body and ensure the document is available through CCG websites	

Standard formats of information

All information produced as part of the consultation will be written in language that can be understood by members of the public. Technical phrases and acronyms will be avoided, and information will be produced in other formats as required, to reflect the needs of the diverse County Durham and Darlington populations. This may include, but is not limited to:

- Large print
- Audio
- Braille
- Different languages
- Computer disk
- Interpreters at public events
- Short animations

Suppliers will be identified as part of the development work to provide these formats of information when they are required.

Documentation and resources

Development work will include consideration of required documentation and resources. This will include, but is not limited to:

- Consultation briefing documents and questionnaires
- Posters
- Video?
- Website
- Surveys – online and paper
- Flyers
- Leaflets (including leaflet drop)
- Stand-up banners
- Venues for public events

Key messages for consultation

Key messages to be used:

- There is an opportunity to improve both the quality and efficiency of the care we commission and provide for stroke rehabilitation in County Durham and Darlington. If we are to have safe, sustainable stroke services that are set up to facilitate greater advances in care and outcomes we need to address three key factors:
    - Changing patterns of need;
    - Improving clinical standards of care;
    - Making the best use of an expert workforce;

- Currently stroke rehabilitation care is not compliant with the national model which recommends inpatient rehabilitation should provide a multi-disciplinary approach to care with dedicated and adequate therapy input with supported discharge into the community.

- People should be further assessed in their home through early supported discharge with as few handoffs of care as possible

- The transition between inpatient and community care should be seamless

- Community based services should provide the right level of therapy input to improve individual patient outcomes.

- Evidence to show that people especially older and frailer people benefit from timely discharge from hospital – to promote independence and the right environment for effective rehabilitation

- We want to secure the right services in the right place at the right time and delivered by a skilled, multi-disciplinary workforce

- We want to manage resources effectively - through reducing lengthy stays in secondary care providing a more efficient use of resources and promoting care closer to home where possible

- Deliver a standard, equitable and appropriate stroke rehabilitation pathway.

- Make services more accessible and responsive to the needs of our communities

Questions for consultation

As a structure for the engagement that will take place, the following questions will be included as part of all of the conversations undertaken during the consultation process. To enable appropriate analysis of the feedback from the information

provided, these are a mixture of closed and open-ended questions. This format enables analysis to include direct measurement of responses as well as more qualitative feedback.

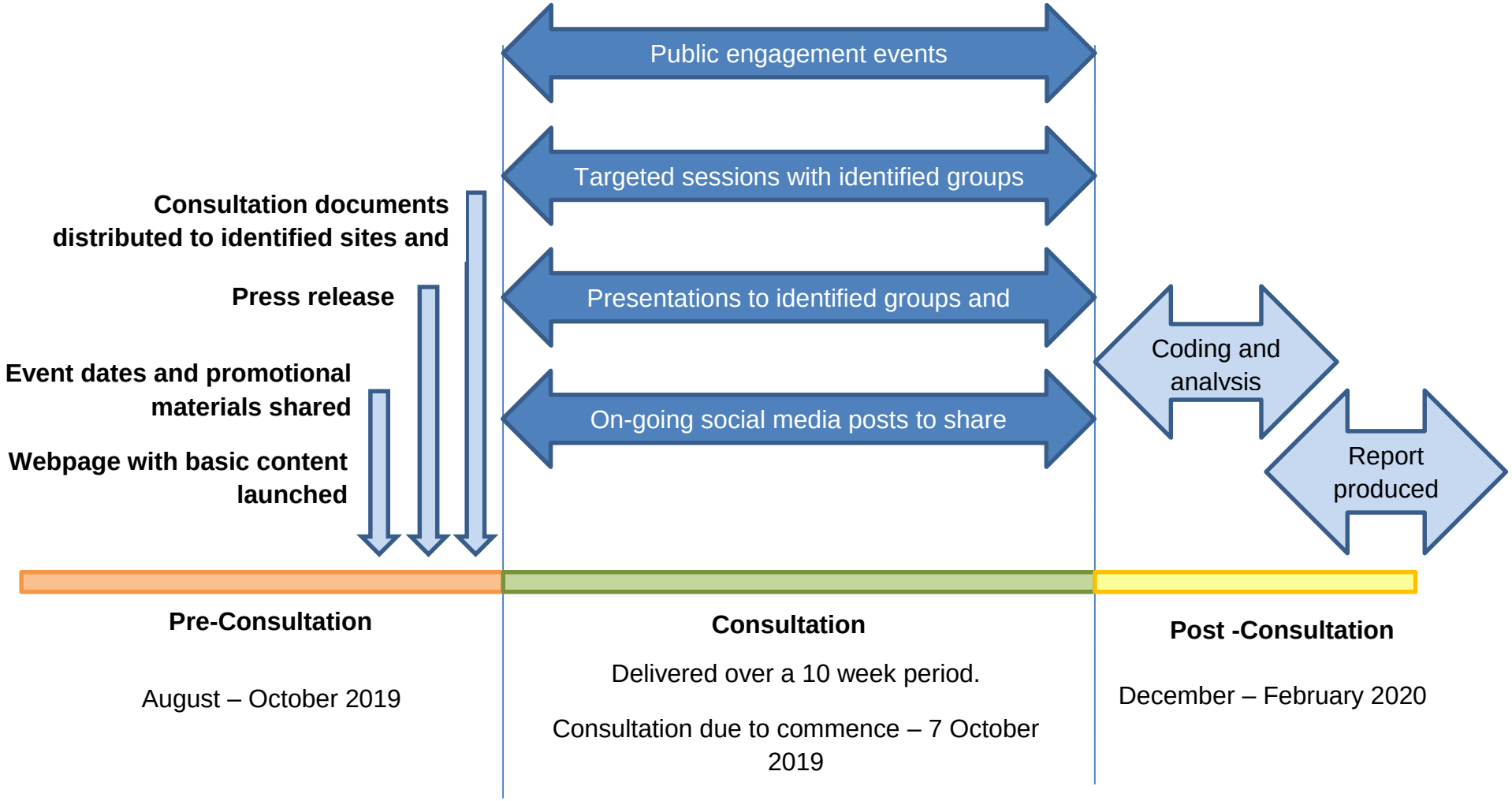
The proposed questions are as follows:

1. Have you been a stroke patient within County Durham and Darlington?
2. Have you had a family member utilising stroke services within County Durham and Darlington?
3. Do you understand the proposals outlined?
4. Based on the information available what is your preferred option?
5. What do you think are the benefits of the preferred option?
6. Are there any barriers associated with the preferred option?
7. Is there anything that we haven't considered?
8. First four digits from postcode

There will also be further equal opportunity questions to help us understand more about the range of people who have been able to respond.

Timeline

Included below is an overview of some of the key activities and at what points in the process these will be completed. The timing of the consultation will be dependent on receiving assurance from NHS England and NHS Improvement.



Reporting and Feedback

The consultation feedback will be received and reviewed by the CCGs before any final decisions are made about future services. It is anticipated that the consultation feedback will enable the CCG to make informed decisions about commissioning services that reflect public need.

Following a period of consideration, the CCG will then make a decision on any changes to stroke rehabilitation services. This decision will be published and communicated to stakeholders, along with the rationale for making that decision and the reasons that other options were not taken forward.

This will be assured and signed off by NHS England.

Equality Impact Assessment

STEP 3 - FULL EQUALITY IMPACT ASSESSMENT
The Equality Act 2010 covers nine 'protected characteristics' on the grounds upon which discrimination and barriers to access is unlawful. **Outline what impact (or potential impact) the project/service review outcomes will have on the following protected groups:**
Age A person belonging to a particular age
The service benefits the local population of County Durham and Darlington CCGs. There are no foreseen negative consequences for people accessing the services due to age. All attendances may include particular protected groups but these would be reviewed in line with the CCGs Equality and Diversity Strategy.
Disability A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities
The service benefits the local population of County Durham and Darlington CCGs. There are no foreseen negative consequences for people accessing the services due to age. All attendances may include particular protected groups but these would be reviewed in line with the CCGs Equality and Diversity Strategy.
Gender reassignment (including transgender) Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.
The service benefits the local population of County Durham and Darlington CCGs. There are no foreseen negative consequences for people accessing the services due to gender reassignment. All attendances may include particular protected groups but these would be reviewed in line with the CCGs Equality and Diversity Strategy.
Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters
The service benefits the local population of County Durham and Darlington CCGs. There are no foreseen negative consequences for people accessing the services due to marriage or civil partnership. All attendances may include particular protected groups but these would be reviewed in line with the CCGs Equality and Diversity Strategy.
Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.
The service benefits the local population of County Durham and Darlington CCGs. There are no foreseen negative consequences for people accessing the services due to pregnancy or maternity. All attendances may include particular protected groups but these would be reviewed in line with the CCGs Equality and Diversity Strategy.

Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.
The service benefits the local population of County Durham and Darlington CCGs. There are no foreseen negative consequences for people accessing the services due to race. All attendances may include particular protected groups but these would be reviewed in line with the CCGs Equality and Diversity Strategy.
Religion or belief Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
The service benefits the local population of County Durham and Darlington CCGs. There are no foreseen negative consequences for people accessing the services due to relgion or belief All attendances may include particular protected groups but these would be reviewed in line with the CCGs Equality and Diversity Strategy.
Sex/Gender A man or a woman.
The service benefits the local population of County Durham and Darlington CCGs. There are no foreseen negative consequences for people accessing the services due to sex/gender. All attendances may include particular protected groups but these would be reviewed in line with the CCGs Equality and Diversity Strategy.
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes
The service benefits the local population of County Durham and Darlington CCGs. There are no foreseen negative consequences for people accessing the services due to sexual orientation. All attendances may include particular protected groups but these would be reviewed in line with the CCGs Equality and Diversity Strategy.
Carers A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person
The service benefits the local population of County Durham and Darlington CCGs. There are no foreseen negative consequences for people accessing the services who are carers. All attendances may include particular protected groups but these would be reviewed in line with the CCGs Equality and Diversity Strategy.
Other identified groups relating to Health Inequalities such as deprived socio-economic groups, substance/alcohol abuse and sex workers
The service benefits the local population of County Durham and Darlington CCGs. There are no foreseen negative consequences for this group of people accessing the service. All attendances may include particular protected groups but these would be reviewed in line with the CCGs Equality and Diversity Strategy.