



## **My Care, My Way – Home First – Implementation. Communication & Engagement Plan**

### **Introduction**

The purpose of this document is to provide an overview of the approach to be taken to communicating the current situation and proposals about community beds and enable patients and the public who wish to get involved in informing the decisions of NHS North Staffordshire and NHS Stoke-on-Trent Clinical Commissioning Groups (CCGs) in the implementation of the new model of care 'My Care, My Way – Home First'.

At present, some of the beds situated in Community Hospitals across northern Staffordshire are temporarily closed to new admissions and this has caused concern amongst residents, patients and carers. Many people have made their views known via the media, their MPs, on social media and directly to the CCGs.

On 1 November a four week communication plan and engagement exercise will be implemented with the following principles:-

- We will fulfil our statutory duties to inform staff, the public, patients and stakeholders about changes in service delivery;
- We will be transparent and accountable in the rationale for the current situation and future proposals;
- We will consider all suggestions put forwards in the development of options
- We will seek to maintain the reputation of the NHS as a whole; and
- We will respond to questions raised by those with concerns in a timely and informative manner.

### **High Level Key Messages**

The CCGs are working across northern Staffordshire to ensure capacity is aligned to patient need. The beds were commissioned to provide sub-acute medical care, they are not for assessments for ongoing care to be carried out and they are not waiting rooms for patients who are much better served with care in their own homes or in their assessed permanent place of residence following a health and/or social care assessment.

My Care My Way, Home First consulted on a new model of care which revealed that people preferred to be treated at home. People wanted reassurance that there will be the capacity for community based care – this will allow that to happen and unless we do this we can't invest in those services.

The patients in the beds will receive a personal transfer plan which will be carefully monitored throughout the process.

The current model is not cost effective or sustainable and not the best use of public money. Essentially there is not enough money to do everything and this is a better use of existing resources. It is essential that the public understand that we can fund A or B but not both.

## **Communications & Engagement Channels**

### **Events**

A series of four engagement events will be held across Northern Staffordshire to allow people to inform the CCGs Press releases will be issued and media briefings will take place proactively during the 4 week engagement period.

The venues will be easily accessible and will adhere to audio visual standards which allow people to meaningfully engage in the process

A combination of day time and evening events will allow flexibility and choice about when to attend

### **Publicising the Events**

Leaflets will be produced and distributed widely across GP surgeries and through partner agencies to inform people about the communication events and how they can get involved

The engagement process, timescales and alternative methods to get involved will be clearly publicised via the website, social media and print media.

An ongoing dialogue about the engagement activity will take place via press releases, social media posts and radio interviews.

The CCGs' websites will be updated. The information about My Care, My Way Home First phase 1 will be moved to a subsection and the current engagement process will move to the fore.

Video briefings from key spokespeople will be used on the website to clearly explain the situation in a personable way

The Patient & Public Engagement Briefing will contain a clear rationale for the current situation and future proposals, will be published on the website with an online survey written in plain language

Printed copies will be available at the engagement events which will be based around a Power Point presentation and workshop style open questions for participants to answer.

## **Internal Communication & Engagement**

Employees, GP members, Patient's Congress, PPGs and 'Our NHS' patient members will be included in the process via newsletters, briefings and being invited to attend the engagement events.

### **Equality & Diversity**

Due regard to the needs of people with protected characteristics will be made in the approach to engagement, accessibility of the engagement process and when considering future options.

Every effort will be made to ensure that engagement with protected groups takes place through organisations which represent those groups. Equality monitoring data will be gathered (although optional for participants to provide) through the survey.

The Patient and Public Engagement briefing will be discussed with the Local Equality Advisory Forum.

### **Recording Feedback and analysis**

The information collected through survey (paper and online) will be anonymous. A record of each engagement event will be made, contemporaneous notes will be taken, but no reference will be made to participants by name.

The names of organisation which participate may be recorded.

Minutes of formal meetings, including Health Overview & Scrutiny Committees will be recorded and included in the analysis.

Letters sent to the CCGs from MPs, Councillors, partners and the public will be recorded, responded to and acknowledged in the analysis of feedback.

On line and written petitions will be acknowledged in the analysis.

The CCGs will allow sufficient time to record and analyse the engagement activity and will publish a report of themes and sentiment and will give the suggestions made due consideration in developing future proposals.