

Engagement Plan

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1. Introduction

This document sets out how Herefordshire's Service Integration Programme Team will engage with external and internal stakeholders over the service integration proposals put forward in the Transition Board's Report to Sponsors. Beginning in August 2010, a programme of intensive engagement activities will take place during a three month period.

Communication and engagement are key components of the service integration programme and as such are managed through one of 18 workstreams, working to an overarching strategy. This document is an adjunct to the main Communication and Engagement Plan and covers a period of intensive engagement in more detail.

The engagement activities set out in this document will be delivered and monitored by the Communication & Engagement Workstream, reporting to the Service Integration Programme Board.

2. Context

In August 2009, the four sponsor organisations (NHS Herefordshire, Hereford Hospitals NHS Trust, PCT Provider Services and Herefordshire Council) together with the West Midlands SHA formed an independently-chaired Transition Board with multi-disciplinary membership to develop a model for the integrated delivery of health and social care services within the county which would contribute to maximising health and well being and reducing health and social inequalities in Herefordshire.

The work concluded with a report back with a number of recommendations which were approved at the PCT and Herefordshire Hospital NHS Trust Boards in May 2010. The proposition set out in the report was to:

- Create a new integrated model of health and social care provision in Herefordshire, with specific care pathways aimed at providing personalised high quality, safe and sustainable care for local people which promotes personal health, well being and independence; a model which is focused on providing care as close as possible to people's homes, rather than in an institutional setting; a model which is also aimed at identifying our most vulnerable clients and shifting the emphasis from diagnosis and treatment to prediction and prevention.
- Create an integrated care organisation under one management structure composed of an integrated NHS Trust combining community and acute health services that is also integrated with social care so far as is practicable under current legislation.

This document sets out how the health and social care community will engage key stakeholders in the proposals around the creation of a new model of care.

3. Aims

Over the last year, the Herefordshire health and social care community has developed a high-level statement of common purpose to reflect its ambition for health and social care in Herefordshire:

'We will provide integrated, high quality and safe care to support personal health, well being and independence within a sustainable Herefordshire health and social care community.'

The key features of our future health and social care service are:

- A quality of care that we would want for ourselves, families and friends.
- Localised care where possible, centralised where necessary
- Led by clinical and social care practitioners
- A kind, timely and personalised approach
- The very best outcomes
- Excellent value for money
- Care models based on self care, prevention and early diagnosis
- Financially sound and efficient

The principle aim is to make all stakeholders aware of the purpose and engage them in its realisation.

4. Principles

Herefordshire's Health & Social Care Involving People Strategy (2004) set out a framework for patient and public involvement (PPI). The objectives of the joint strategy were to:

- ensure that health and social care organisations fulfil their commitment to involving local people.
- embed a culture of involvement and recognition of its benefits in Herefordshire health & social care organisations.
- ensure the outcome of involvement work has a clear impact on service delivery.
- establish a coordinated approach to involvement, which makes best use of available resources, avoids duplication and consultation fatigue.
- build and maintain close working relationships with Herefordshire LINK, the Health Scrutiny Committee, local service users, patient, carer and community groups.
- encourage inclusion and the recognition of diversity amongst Health & Social Care services.

The table below demonstrates the involvement continuum that spans information giving to full partnership. The activities set out in this plan will be from the right of the continuum, designed to allow maximum involvement. Communication activities are already discussed within the Programme's overarching Communication and Engagement Plan document.

Minimum Involvement		Maximum Involvement		
←		→		
Giving Information	Getting Information	Forums for debate	Participation	Partnership
Exhibitions & displays	Questionnaires & Surveys	Focus Groups	Expert patients	PALS Involvement Group
Leaflets and written documents	Stakeholder Feedback	Service User/Public Groups	Membership	Giving feedback
Press releases	PALS interactions	Visits to community groups	Clinical site visits	Stakeholder representative on Integration groups
Reports	Discovery interviews (patient stories)	Public Board Meetings	Reference Groups	Members/ Board interactions
Website		Site Roadshows	Advocacy for 'hard to reach groups'	

5. Stakeholders

The key stakeholders are listed below. A full list is available in the Communications & Engagement Plan.

Key Stakeholders
Service Users/Service User Groups
Carers/Carers Group
Employees across Hereford Hospitals NHS Trust, PCT Provider Services and Herefordshire Council
Health Scrutiny Committee
Herefordshire LINK
General public including HHT Members
Voluntary organisations and community groups
Primary Care

6. Engagement Plans

The engagement plans below are specifically designed to get the best response from each group using a mixture of the activities set out in the involvement continuum above. Each activity will be designed to obtain feedback on the key parts of the proposed new service model, specifically around the proposed care pathway changes.

Engagement materials will be produced, aimed specifically at the stakeholder group. These materials will set out the proposed service model and will focus on the major pathways:

- Frail Older People
- Diabetes
- Chronic Obstructive Pulmonary Disease
- Lower Back Pain
- Stroke
- Unscheduled Care

6.1 Service Users/Service User Groups

Activity	Commentary	Key Dates/ Frequency
Engagement with Expert Patients Group	Continue existing dialogue with Expert Patients Group including pathway specific sessions, building feedback into detailed implementation plans	Aug/Sep/Oct 2010
Engagement with Service User Groups	Request for feedback from pathway specific information to appropriate service user groups such as Age Concern and Diabetes UK. Meetings with pathway specific groups will be arranged as required.	Aug/Sep/Oct 2010
HHT Member Reference Group	Engage existing HHT Reference Groups around experiences of unscheduled care including the use of Discovery Interviews (patient stories) to identify key themes	Sep 2010
HHT Older People Focus Group & HC Older People Group	Engage two existing focus groups on the Frail Older People pathway including the use of Discovery Interviews (patient stories) to identify key themes	Sep 2010
HHT Consumer Group	Engage Consumer Group in a pathway event and obtain feedback and experiences	Oct 2010

6.2 Carers/Carers Group

Activity	Commentary	Key Dates/ Frequency
Herefordshire Carers Support members engagement	Care pathway proposals to be sent to all members of the HCS mailing list and feedback obtained. Further feedback will be obtained from sub-groups within HCS such as those concerned with older people	Sep 2010

6.3 Employees across Hereford Hospitals NHS Trust, PCT Provider Services and Herefordshire Council

Activity	Commentary	Key Dates/Frequency
Roadshow	County-wide Roadshow events in the main health and social care facilities. Presentation of the care pathways and a chance to comment and feed back	Aug/Sep/Oct 2010
Website with e-mail feedback option	A micro-site on each organisation's intranet with an e-mail link to feedback directly to the programme team	Aug/Sep/Oct 2010
Pathway groups	Continued engagement through existing staff pathway groups	Aug/Sep/Oct 2010
Engagement materials	Engagement materials sent to all staff across all organisations and partner organisations	Aug/Sep/Oct 2010
Staff side meetings	Engagement of staff side through existing meetings to receive member feedback	Aug/Sep/Oct 2010

6.4 Health Scrutiny Committee

Activity	Commentary	Key Dates/Frequency
Engagement event	Event for HSC members to review the proposed service model.	Sep 2010

6.5 Herefordshire LINK/Brecon & Radnorshire Community Health Council

Activity	Commentary	Key Dates/Frequency
Engagement event	Event for LINK and CHC members to review the proposed service model	Sep 2010
Distribution to LINK & CHC members	Engagement materials to be distributed to all LINK members with a request for feedback and option to undertake more detailed group work.	Aug 2010

6.6 General Public

Activity	Commentary	Key Dates/Frequency
HHT members	Engagement materials to be distributed to all 2,500 HHT members requesting feedback	Aug 2010
Distribution to Parish Councils	Engagement materials to be distributed to all parish councils with a request for feedback	Aug 2010
Website with e-mail feedback option	A micro-site on each organisation's website with an e-mail link to feedback directly to the programme team	Aug/Sep/Oct 2010
Herefordshire Matters	Short piece guiding the public to the website and offering to arrange group sessions for interested parties.	Sep 2010

6.7 Voluntary Organisations and Community Groups

Activity	Commentary	Key Dates/Frequency
Herefordshire Alliance membership	Distribution of engagement materials to Alliance members with a request for feedback	Aug 2010
Alliance Older People and Disability Group	Specific engagement event around the Frail Older People pathway	Sep 2010

6.7 Primary Care

Activity	Commentary	Key Dates/Frequency
GP engagement	Engagement through existing meetings: locality meetings, Practice Based Commissioning & Local Medical Committee GP representatives will continue to engage across the entire programme.	Aug/Sep/Oct 2010
Primary Care Engagement Meetings	Specific engagement event within localities for all primary care staff	Oct 2010

7. Evaluation

All responses provided during the engagement period will be recorded. Where a response has led to a service change, this will also be recorded along with the changes made. A final report will describe the overall process, the responses and any changes made to the service model as a result. The report will be made available in December 2010.