

**Communication and Engagement Plan on behalf of Telford and Wrekin CCG for the Service redesign of the Emotional Health and Wellbeing Service for 0 -25 years**

**Key contacts**

- Anna Hammond (Senior Responsible Officer (SRO) for the Project, Telford and Wrekin CCG)
- Rob Holt (Project Manager, GE Health Care Finnemore)
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**1 - Background**

In 2015 Telford Clinical Commissioning Group, Shropshire Clinical Commissioning Group, Telford and Wrekin Council and Shropshire Council agreed to proceed with the commissioning of an emotional health wellbeing service for children and young people.

The new service will provide a seamless service from targeted support, training and early effective help to specialist support. However all four organisations will proceed with a major procurement exercise in order to facilitate the service change.

The service redesign would involve a disinvestment in current services, reinvesting those funds in the new service as well as investing an additional amount of money, yet to be determined, to improve services significantly patients, including representative groups, those of the edge of care, and those in the nine protected groups. The improvement will also address many of the problems with the current services which have been identified by service users and their families.

Initial service outcomes have been designed by young people which will be included as part of the service specification. Further engagement with young people, their carers and families will take place to co-produce the final service model, ensuring that any stakeholder gaps are identified and addressed.

Any public consultation work will need to adhere to best practice guideline and ensure the Gunning Principles are followed. The Gunning Principles state that consultation must take place when the proposal is still at a formative stage;

- Sufficient reasons must be put forward for the proposal to allow for intelligent
- Consideration and response;
- Adequate time must be given for consideration and response; and
- The product of consultation must be conscientiously taken into account.

**2 - Approach and Delivery**

Midlands and Lancashire Commissioning Support Unit was commissioned in December 2016 to support the four organisations to develop a Communications and Engagement Strategy for the service redesign of the Children and Adolescent Mental Health Services (CAHMS) – now known as the Emotional Health and Wellbeing Service for 0 -25 years. The strategy was developed with key stakeholders, working directly with the SRO and project manager

The communication and engagement strategy outlines the main stakeholders, key messages and commonly asked questions. Importantly it describes the mechanisms the four organisation will use to ensure that the service is coproduced alongside people with lived experience.

As part of the communications and engagement strategy the project team have agreed to adopt an Experienced Led Commissioning Approach to help them develop an outcomes based specification which includes those outcomes most valued by children, young people and their families.\* (see appendix). This will form much of the engagement work, although not all of it as other tactics to communicate and engage will also be employed.

The time and resource needed to support the communications and engagement element of the project through to fruition has also been highlighted and discussed and regular meetings are held with the CCG to agree any extra resource needed.

As an ongoing process, communications and engagement updates are shared at the monthly project team meeting. Regular updates will also be provided to HOSC and each of the area’s Healthwatch.

### 3 - Aims and Objectives of the Communications and Engagement Strategy

- Outline the planned communications and engagement activity/tactics to be employed throughout the procurement/any engagement process.
- Establish a range of mechanisms to enable patients, the public, providers, stakeholders to feedback their views and be part of any engagement/consultation process.
- Ensure all stakeholders have been identified and are appropriately engaged with
- Make sure all key messages are consistent and delivered in an effective way
- Mitigate any risk to the CCGs and Councils of judicial review by employing the right communications and engagement tactics.
- Reporting and evaluation techniques must be included

### 4 - Risk and Issues

Risk	Actions to mitigate risks
Ineffective engagement/consultation could lead to judicial review	Ensure a communication and engagement strategy is developed and a detailed action plan is produced and followed
Mixed messages and inconsistency in timings of message, due to a lack of communications between commissioners and providers which could undermine public confidence	<p>Identify key spokespeople for each organisation and hold a media training session to ensure consistency of message.</p> <p>Develop key messages and share at the project board</p> <p>Ensure all board meetings for each organisation where the service redesign is being discussed are included in the communications action plan</p> <p>Produce a frequently asked questions sheet with answers to ensure consistency of approach</p>

Ineffective engagement/consultation due to tight procurement deadlines	Liaise with procurement lead to ensure procurement timeline is embedded into the communications and engagement plan and an action plan is developed in conjunction with the procurement timeline
Local opposition to a service redesign	Ensure communications and engagement is carried throughout the service redesign process to ensure openness and transparency, and the sharing of key messages.  Ensure stakeholders are communicated and engaged with throughout the process
Negative reaction from the existing provider and their staff and impact on public perception	Ensure consistent two way communication with the key leads at the provider, through the process agreed at project board. Share key messages, any planned statements, communications with the provider before issue and vice versa.
Withdrawal of funding from adult mental health services to re-investment in this new service could concern adult service users and lead to negative publicity	Ensure key messages address this point in all communications material
There is a risk that the current provider of CAMHS could be destabilised if notice is given on the service.	The impact assessment would need to address this, which would need to be managed by the project board
A lack of resources to implement a change of this scale across multiple organisations.	Commissioners need to address this as part of the project planning process and ensure enough budget, time and resource have been allocated to the project

## 5 - Stakeholder Analysis (stakeholder map/stakeholder list)

There are a wide range of target audiences/stakeholders that need to be informed and involved. It would be impossible and undesirable to reach all of these audiences at the same level of concentration therefore a stakeholder analysis has been carried out to identify the target audiences and their priority levels.

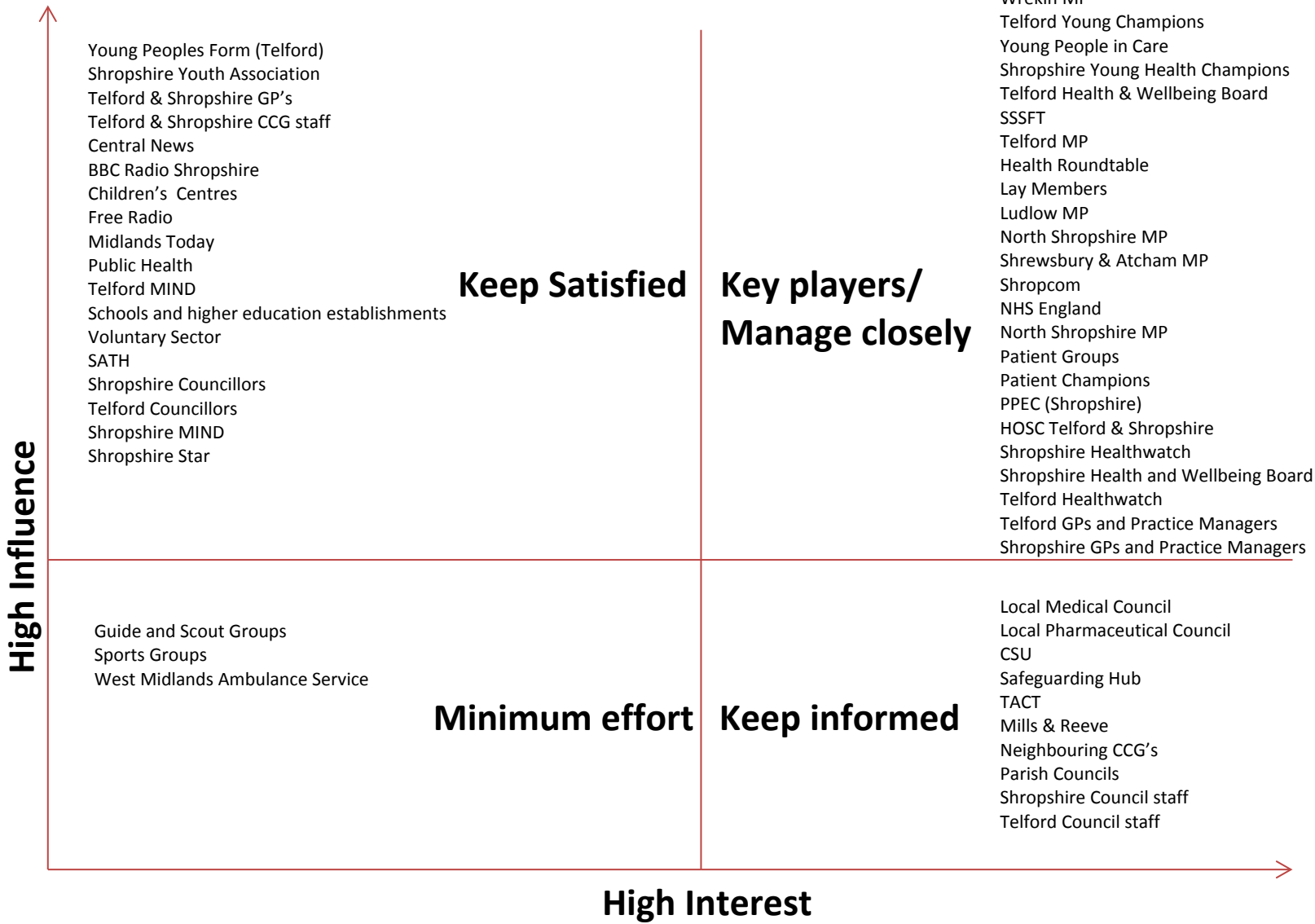
## 6 - Key Stakeholders (in alphabetical order, not in order of priority)

- BBC Radio Shropshire
- Central News
- Children's Centres
- Free Radio (Commercial Radio)
- Guiding and Scout groups
- Health Roundtable
- Lay Members
- Local Medical Council
- Local Pharmaceutical Council

- Ludlow MP – Philip Dunne
- Midlands and Lancashire Commissioning Support Unit
- Midlands Today
- Mills and Reeves (legal advisors)
- Neighbouring CCGs
- NHS England
- North Shropshire MP – Owen Paterson
- Parish Councils
- Patient Groups
- Patient Champions
- PPEC (Shropshire)
- Public Health
- Safeguarding Hubs
- Schools and higher education establishments
- Shrewsbury and Telford Hospital NHS Trust (SATH) – Simon Wright, Chief Executive
- Shrewsbury and Atcham MP- Daniel Kawczynski
- Shropcom (Chief Executive Jan Ditheridge, clinicians,)
- Shropshire CCG staff
- Shropshire Council Councillors
- Shropshire Council Staff
- Shropshire GPs and Practice Managers
- Shropshire Health Overview and Scrutiny Committee (Amanda Holyoak and Gerald Dakin)
- Shropshire Healthwatch ( Chair, Carole Hall)
- Shropshire Health and Wellbeing Board (Chair, Karen Calder)
- Shropshire MIND
- Shropshire Star
- Shropshire Youth Association
- Shropshire Young Health Champions
- South Staffordshire and Shropshire Healthcare NHS Foundation Trust (Neil Carr, Chief Executive)
- Sports Groups
- Telford Action After Care (TACT)
- Telford Healthwatch (David Bell)
- Telford Health and Wellbeing Board (Chair, Richard Overton)
- Telford MIND
- Telford and Wrekin Councillors
- Telford and Wrekin Health Overview and Scrutiny Committee (Fiona Bottrill and Andy Burford)
- Telford and Wrekin Council staff
- Telford and Wrekin CCG staff
- Telford and Wrekin GPs and Practice Managers
- Telford MP – Lucy Allen
- Telford Young Health Champions
- Voluntary Sector (VCSA)
- West Midlands Ambulance Service

- Wrekin MP – Mark Pritchard
- Young People in Care
- Young Peoples Forum (Telford)

# Prioritising stakeholders



## 7 - Key Messages

- The new model of care will be based on an innovative approach that: will provide a service offer for 0-25-year-olds, a specific service for looked after children and their carers, a wide range of therapeutic services and training
- There are currently multiple services delivered by different organisations, which means the current system isn't efficient. As a result both patients and organisations are not getting value for money and services are very difficult for young people and their families to navigate,
- There is not enough capacity with current services to cope with increased or changing demand
- There needs to be a change in focus from the delivery of treatment to early intervention and help
- There is currently confusion on what happens when a service user turns 18, which means patients may get lost in the system. Our new service means that there will be better transition between child and adult hood, ensuring no patient will get lost.
- We want to promote resilience, by giving young people the tools and techniques to cope with every-day life, to help them avoid going into crisis
- Although some money is being disinvested from adult mental health services to reinvest in our new service, this will not lead to cuts in services for adults. This is about ensuring a better transition of service from child to adult-hood which effectively means the resource will follow the patient
- Our young health champions have told us they want to see the following outcomes from a new service: young people who develop mental health problems need to be noticed sooner, improved access to services in schools and colleges, improved access, increase choice of treatment methods
- By using innovative practices and introducing new ways of working we want to reduce the stigma of mental health illness among young people and their peers

## 8 - Frequently Asked Questions

- Is this about cost cutting? *Absolutely not. The current system is not using resources effectively or efficiently, which means our patients are not getting value for money. We want to spend the money we do have more efficiently and make sure we have a better service as a result. In addition we have been successful in our bids for additional funds which will be invested directly in care*
- Is this because the service is so bad now? *There a variety of reasons why we need to look at services and there are clearly areas that the new service would need to address. Demand and the kind of service needed have changed over time and our services need to reflect those changes. Current services are inefficient, which means we are not getting the best value for money to serve the population. We know that waiting times are not good enough and there isn't capacity to cope with the demand. Patient, carers and staff have also told us that current services are not easy to navigate and some of the existing services have a maximum age limit of 18 years old which creates service transitions at a vulnerable age, which certainly isn't ideal.*
- Why have the organisations involved not stepped in beforehand if the existing service is so bad? *Demand for services and the kind of services needed has changed over-time. We need the kind of services we commission to reflect that and now is that time. Our contracts however are of course monitored for performance. In addition to this procurement we will be working closely with our current provider to reduce waiting times over the next year.*

- Why are you taking money away from adult mental health service to fund this? Doesn't this mean you are robbing Peter to pay Paul and adults with mental health problems will suffer a result? *No, as it stands some elements of the current service have a maximum age limit of 18. This isn't acceptable as it means someone of that age may transition into another service another age, or potentially get lost in what is a complex system. This service redesign will change that and the time and resources will actually follow the patient. This isn't about cost-cutting in one area to fund another, this is about using the resources we do have more effectively for the benefit of all our patients.*
- If you are ending the contract with the existing provider does this mean there will be job losses? *Potentially there could be job losses however we will be working with providers and their staff to keep any potential redundancies to a minimum. TUPE could also apply.*
- What will the new service look like? *It is too early to say exactly what the new service will look like. We will be working with young people, patients and our stakeholders to hear what they would like to see included in the new service. We will also go out to market to ask potential providers how they can deliver the kind of services we want to introduce. We will be designing the services over the next 18 months with those who are most likely to be affected. We want to promote innovation and reflect need rather than be very prescriptive about how that service is developed.*
- Is there any point in engaging with young people and other stakeholders? You've already decided what you want haven't you? *No, this isn't the case at all. We know that the current service doesn't have the capacity to deliver what we need and isn't working in its current form. We need to change that and we need the public's help to do this as we want to work with them to hear what services they would like to see delivered. A full communication and engagement plan has been developed and a full programme of engagement has been arranged, giving young people and our other stakeholders, a real opportunity to get involved and have their say.*
- They tried to do this in Birmingham didn't they but failed? How can you be sure this won't happen here? *We couldn't comment on the specifics relating to the service redesign in Birmingham as we weren't involved. However we hope to utilise any learning from their experience. However we have a full project plan in place here which all four commissioners have signed up to. We want to ensure the right processes and tactics are employed throughout the process to ensure the successful introduction of a new Emotional and Health and Wellbeing Service from April 1<sup>st</sup> 2017.*

## **9 - Tactics and Approach (Resources and Budget)**

This plan outlines the communications and engagement tactics that can be used to deliver the communications and engagement strategy. This includes the strategic support required, as well as specific engagement tactics (including adopting an Experienced Led Commissioning approach),\* marketing material (e.g. posters, leaflets, paid for advertising) and communication tactics (e.g. press releases, newsletters)



High level support will need to include:

- Identified strategic support to oversee and manage the communications and engagement strategy for the duration of the service redesign process
- Scope out specialist engagement support to specifically reach target groups including hard to reach groups and with specific regards to both children in care and those at risk or on the edge of care. An Experienced Led Commissioning\* approach has been adopted for part of this work.
- Identifying those key commissioning leads who will be the key spokesperson for each commissioning organising and involving them in a media training exercise to ensure consistency of message.

## 10 - Reporting and Evaluation

The communications and engagement strategy will be reviewed throughout the procurement and service redesign process to ensure the aims and objectives are being met. The actions and strategy will be amended throughout the process if this is felt by the SRG and Project Manager that amendments are needed.

Once the new service is in place the communications and engagement strategy will be fully evaluated so any lessons can be learned for future service re-designs.

## 12 - Procurement Timeline (key dates included only, for engagement purposes)

- Draft service specification to be completed on date to be determined in January
- Pre-market provider engagement event - early February (exact date to be confirmed) - Communications and engagement initial exercise can begin 13<sup>th</sup> January, to run throughout the process, however initial engagement exercise feedback will be captured and fed back by 17<sup>th</sup> March
- Revised service specification to include engagement feedback – completed mid-March
- Contract termination notice to be served to incumbent provider – 31<sup>st</sup> March
- New contract begins – 1<sup>st</sup> April 2017

## 13 - Action Plan

Below is a draft action plan for information. The fully developed action plan will be added to and developed overtime and will be a separate document, attached to the strategy as an appendix. (Date and times may be subject to review to ensure procurement timelines are adhered to). *Please note the action plan is currently being updated to include the latest information and dates. This will be shared with relevant parties once completed – it will of course be regularly updated*

Date	Communications tools	Details	Stakeholder	Progress
November to December 2015	Creation of a communications and engagement strategy	TP to lead	All	Underway
November 2015	Develop key messages	TP to lead	All	Complete
November 2015	Develop frequently asked questions	TP to lead	For key commissioning	Complete

			spokespeople	
December 2015 (meeting held 9 <sup>th</sup> Dec)	Work with the procurement team to determine timeline	TP to lead	Project Team	Ongoing
December 15 <sup>th</sup> 2015	SRO to attend joint HOSC to update then	AH attending	HOSC	Dec 15th
December 2015	Work with the CSU engagement team to agree timeline	TP to lead	All stakeholders	Ongoing
January 2016	Develop powerpoint slide deck to explain the project and service redesign	AH/RG/TP	All stakeholders – will need to tweaked for differing audiences	TBC
January 2016	Start the ELC process	LG/TP	Six focused groups	Started in January 2016 and ongoing
January 21 <sup>st</sup> 2016	ELC Programme and design templates to complete	ELC team	Six focused Groups	Complete
W/C January 25 <sup>th</sup> January 2016	Letters to go out to project team and keys groups inviting them to take part in outreach interviews	TP/LG	Six focused groups and project team	To be completed by 29 <sup>th</sup> January 2016
W/C 1 St February 2016	Begin outreach interviews	TP/LG	As above	To be completed by 22 <sup>nd</sup> February 2016
W/C 25 <sup>th</sup> February 2016	Transcription of outreach work to be completed	ELC team	Nil	
March 2016	Interim Analysis to be completed	ELC team	Project team	To be completed by 16 <sup>th</sup> March 2016
March 2016	ELC event to be held with key stakeholders and providers	ELC Team	Stakeholders and Providers	March 19 <sup>th</sup> 2016
Dates to confirmed and agreed	Develop core brief for all partners to ensure consistency of message	AH/TP	Partners	TP to discuss with AH
	Develop and introduce specific engagement exercise with young people		Specific identified groups, including young people, health champions	
	Develop website		Public	

	copy for CCG and local authority websites			
	Develop messages to CCG staff and council staff		CCG and council staff	
	Develop messages to GPs and practice managers		GPs and practices	
	Written brief to MPs		MPs	
	Written to brief to incumbent provider to be shared with staff		Incumbent provider staff	
	Written briefing to councillors at both authorities		Council staff	
	Written briefing to Health and Wellbeing Board		Health and Wellbeing Board	
	Written briefing to Telford and Shropshire Healthwatches		Healthwatch	
	Briefings to LMC/LPC/LOC		LMC/LPC/LOC	
	Key patient groups including Health Round Table and PPEC - briefings		Patient Groups	
	Develop leaflet on service redesign – with details on where the survey can be completed			
	Voluntary sector - briefings		Voluntary sector	
	Surveys		All stakeholders	
	Public Engagement Events - invitees		Key stakeholders	
	Press and PR – press releases and media interviews		Media	
	Produce targeted social media communications		Public – young people	

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#### **14 - Media and Communications Support**

All media enquiries relating to the CAMHS service re-design will be managed throughout the procurement and service redesign process by the Midlands and Lancashire Commissioning Support Unit. All media enquiries and press releases related to the project will be logged on the CSU's media handling system called Vuelio.

*Report written and compiled by Tamsin Parker*

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**ENDS**

## **Appendix 1**

### **Experienced Led Commissioning\***

Experience Led Commissioning provides a new way of approaching commissioning, service redesign and whole system change, which is evidence based and driven by the ambition to deliver a fantastic care experience. It resonates perfectly with the NHS's ambition to deliver 'no decision about me without me' and fills a significant gap in 'know how' for CCGs, the NHS Commissioning Board and policy makers at the Department of Health. ELC supports providers and commissioners to explore the co design of care that sees patients, carers and front line professionals working together within a structured, evidence based quality improvement programmes.

As part of ELC for this project, key outreach interviews will be held with 30 people in each of the six groups outlined below. Our interviewees will use emotional touchpoints to discuss services now and how they would like to see services shaped in the future. The feedback received will be analysed and themed to help inform the procurement of the new service. A specific event bringing together stakeholder, key groups and providers will also be held on Saturday March 19<sup>th</sup> 2016.

**Proposed Programme Design** (the sections below form the outline of the outreach work to be completed)

Focussed Commissioned Questioning: "What needs to happen to build strong emotional wellbeing and resilience in children, young people and their families in Shropshire, Telford and Wrekin?"

#### **Six Focused Groups**

1. Children and young people who are under local authority care
2. Children and young people who are subject to a child protection plan
3. Older children and young adults with mental health issues (ages 16 to 25)
4. Younger children with mental health issues (under 16)
5. Parents or legal guardians of children with mental health issues
6. Foster parents and people paid to support children in local authority care

#### **Touch Points – Children and Young People Living with Mental health Problems**

1. Spotting the signs; getting help and support
2. Treatments (including meds, talking therapy and complimentary therapies)
3. School, college or work life
4. Coping with every day and home life
5. Managing my physical health
6. Social support (friends, family and others like me)
7. Relationship with professionals and support workers

#### **Touch Points – Parents, Legal Guardian and Foster Carers**

1. Spotting the signs; getting help and support for my child
2. Supporting treatment (including meds, talking therapy and complementary therapies)
3. Supporting my child with school, college or working life
4. Supporting my child to cope with everyday life
5. Impact on family and home life
6. Impact on my working life
7. Relationship with my child

8. Social support (friends, family and other parents like me)
9. Relationship with professionals and support workers
10. My own physical and emotional health