

Communications strategy to support the Covid-19 System Restoration process

Shropshire, Telford & Wrekin STP

July 2020 - TBC

Version control

Development	Date	Author	Version
First draft from STP engagement and communications lead	May 2020	PS	V1.0
Revised draft following receipt of NHSEI submission feedback letter	May 2020	PS	V1.1
Refresh following feedback from NHSEI, discussions with JHOSC chairs and PHE Report.	June 2020	PS	V1.2
Refresh following draft of preliminary Covid-19 restore and recover engagement report	17 June 2020	PS	V1.3
Refresh based on ongoing developments	09 July 2020	PS	V1.4

1.0 Background

The initial assumption for a steep and early surge in C-19 has not happened as predicted, it has to date not overwhelmed capacity in STW. However, services still need to be in place to prepare for another wave. While work is underway to reinstate some diagnostics and elective surgery, local demand and capacity modelling continues to take into account the changes to services that need to remain in place and what can be reinstated either temporarily or longer term in preparing for a potential further wave or outbreaks as we progress towards the winter months.

From June 2020, we started to have a clearer picture of the services that we believe may be beneficial to remain changed and those that required restoration. In addition, clear guidance became available from NHSEI regarding priority services to restore.

For each of these 'restore' services, communications and engagement colleagues have been supporting the activity around services being restored by their own organisations. The process continues to be enhanced and is defined and coordinated by the STP lead for communications and engagement through collating feedback from documentation presented initially to the System Restoration Group each week.

In making assessments regarding any proposed service changes we consider both the hard and soft data. From a communications and engagement perspective we consider all members of the public including those within the protected characteristics and contribute to Equality Impact Assessments as part of the system Quality Impact Assessments required for approval for any service restoration.

System communications and engagement is carried out to inform local people of changes to services and reassure the public. Collaborative activity continues to gather views on all services, but also specific priority services and those that may see longer term changes.

Staff remain a priority audience and system partners are ensuring that frequent, in most cases daily updates are provided. These are on message and promote a range of initiatives, such as the national Help us help you campaign. Thanking and celebrating staff, including those that have re-joined the NHS, is part of the ongoing communications activity and work is aligned to support the workforce plan.

2.0 Aims and objectives

- Support and celebrate the integrated working with local authorities and other partners to date and in the recover and restore phase
- Highlight and triumph the contribution of all staff across the health and care system
- Educate and reassure that there is a plan in place to recover and restore quality services and that decisions are clinically led
- Inform staff, stakeholders and the public of the scale and complexity of restoring services and the considerations and interdependencies
- Communicate the changes to restore services and educate with regard to why decisions have / are being made
- To highlight statutory duties to involve, Public Sector Equality Duty, health inequalities etc. and understand the legal position and advice available with regard to any potential consultations
- Ensure that research into new ways of working is being undertaken in order to facilitate the above, including online engagement tools
- Support the work of the public health teams in planning for outbreak resilience
- Share and learn from best practice through regional and national NHSEI communications and engagement networks

3.0 Patient and public involvement

We cannot assume that changes that are perceived by us as being positive are seen so by members of the public. Our Duty to Involve is a continuous process and we need to ensure that any service changes have a correlating Equality Impact Assessment (included within the Quality Impact Assessments in most cases). This will allow us to understand those that may negatively impact and any mitigations. That said, there will be many positive angles that should be communicated through partners' channels and the media.

We need to take into account that some services may be performing better post a service change. However, we need to know what data is in place to measure this and how we involve the patients and public in retaining some changes and how we consider the need for future consultations that may be required once the service change can no longer be considered a necessity due to the emergency.

As part of this activity, a separate Covid-19 engagement mapping report has been produced to assess feedback to date. A subsequent gap analysis will identify activity required to gather further feedback in regard to specific key themes and services and also to understand the key needs of those with protected characteristics to address health inequalities.

4.0 Staff engagement

Staff across the system are continuously involved and informed via each partners' channels. These include daily updates from clinicians, CEOs, AO and HR directors; intranets; social media and local media. Key messages are coordinated via the Communications and Engagement Task and Finish Group and collated in the system sitreps. As we've moved into the restore and

recover phase we are issuing all staff communications across the system from the Independent Chair of the ICS Shadow Board. These will continue moving forward with updates at regular intervals.

Staff and public communications are on message. For instance, we provide weekly or more frequent updates when appropriate regarding the “Help us, help you” campaign materials and messaging. We continue to thank and celebrate our staff for the work they are doing, those who have stepped into new roles and those that have returned to work in health and care organisations locally. The ongoing recruitment of new staff is covered in the workforce plan and supported by communications.

A communications lead is aligned to the Workforce Task and Finish Group and coordinates messages. Staff communications form an ongoing part of the discussions at the resurrected STP Communications and Engagement workstream and a detailed coherent and unified system plan will be produced in line with the system restoration timeline.

5.0 Positive communications

Ongoing feedback via multiple channels continues to highlight the messages of reassurance around availability of services and those being restored while being mindful of the need to communicate that the way we access services has changed for the foreseeable future. We are addressing any confusion with regard how services are operating to ensure people can receive access to the care they need.

6.0 Crisis communications

The nation has been supportive of the NHS and the staff during the pandemic. However, we cannot expect the honeymoon period to last. As we have seen during previous service change engagement and consultation, local people will still have concerns and be resistant to change of location, hours, services offered and we will undoubtedly hear raised noise levels from those that believe some changes were made in order for a longer term change to be implemented under the guise of responding to the need to have safe services during C19.

In addition, we are seeing small local outbreaks and have been learning from the experiences of other STP’s experiencing larger scale outbreaks. The Communications and Engagement Lead for the STP sits on the local outbreak resilience engagement board alongside local authority colleagues to ensure that although public health lead on planning and handling communications and engagement, NHS commissioners and providers are represented, fully informed and prepared to support in the advent of a crisis of this nature, along with the potential of a further surge.

7.0 Audiences and channels

In all communications, audiences will include communications leads in all STP member organisations; key partners (including Joint HOSC chairs and members, Healthwatch Shropshire and Healthwatch Telford & Wrekin, councillors and MPs, VCSE); staff, media; general public. Stakeholder mapping to support this approach is ongoing to identify any further key groups and channels for communication, such as the increased number of voluntary and community organisations formed or resurrected during the Covid-19 response.

There will be a range of stakeholders and members of the public that will need to be involved in any specific plans to retain temporary changes to services. A focus on the impacts on members of the local population within the protected characteristics are addressed in equality impact assessments and stakeholder mapping with a clear focus on health inequalities.

Below we have taken an example of where engagement will be required, as an example this could be virtual consultations. Consideration will need to be given with regard to:

- Are alternative forms of consultation available to this approach?
- Who could be disadvantaged by the change and what if any are the mitigations?

Audience	Channel
Staff in all NHS and LA organisations	CCG and LA communications leads
GPs and practice nurses	CCG
Care home staff	LA
Patient groups	CCG
Members of the public	All partners' channels, media
Seldom heard groups / nine protected characteristics	Carry out EqIA to assess communication channels. This involves the VCSE, patient advocates including Healthwatch, feedback from HWBBs and through the scrutiny function of the Joint HOSC.
Key stakeholders including MPs and Councillors	STP communications through virtual stakeholder briefings
Healthwatch	STP communications through virtual stakeholder briefings and through their representation on care pathway groups, system transformation meetings and input as members of the ICS Shadow Board.
Joint HOSC	Weekly briefings to joint chairs and attendance at virtual meetings with jointly defined agendas.

8.0 Message delivery and timing

The STP Communications and Engagement workstream consists of all partner organisations: SaTH, Shropcom, RJAH, MPFT, Shropshire Council, Telford & Wrekin Council and the CCGs. Members also include the VCSE leads for two umbrella organisations, VCSA and COG and both local Healthwatch organisations. We draw on communications colleagues in all organisations to support the messaging through their own channels and internal communications. We work closely with local media to communicate all changes.

Stage 1 – w/c 25th May - on going

- Continue to undertake regular staff and stakeholder communications
- Commence issuing communications regarding services returning to same status as pre Covid 19

- Continue with NHS open as usual and Help Us Help You messaging and other national messaging
- Continue with wider Covid 19 messaging re Test and Trace, PPE etc
- Commence research into online engagement tools
- Collate feedback gathered by Healthwatch, PALS, commissioners and providers and provide a summary document for the 19th June submission
- Feed into internal discussions for system restoration
- Liaise with Healthwatch
- Continue discussions with Joint HOSC Chairs

Stage 2 - w/c 29 June (TBC) - on going

As above plus:

- Commence public and patient discussions / surveys / forums etc to gather feedback on some of the changes to services that have been experienced to inform decisions moving forwards
- Reboot generic engagement activity – survey in conjunction with Healthwatch, use of online tools, messaging to CCG patient forums, provider membership schemes and SaTH academy etc
- Prepare stakeholder mapping for services that have the potential to remain changed
- Provide advice and guidance internally with regard to future requirement for consultation and the necessary processes and include discussions with joint HOSC Chairs and our reach to JHOSC members
- Develop a detailed programme of engagement and communications activity to incorporate identification of resource requirements

Stage 3 – w/c 13th July (TBC) - ongoing

As above plus:

- Introduce communications with regard to services that have the potential to remain changed
- Prepare crisis handling plans for services that have the potential to remain changed
- Adopt online engagement tools and continue with engagement activities
- Commence detailed engagement activity as per plan
- Feedback on engagement activity to date and influence on decisions
- Receive scrutiny on plans for service changes

Delivery:

- Via the STP, CCG and provider engagement and communications teams
- Internal communications via partners' channels to all staff
- Through partners and stakeholders' channels, including forums, VCSE, Healthwatch, MPs, Councillors etc
- Media coverage and social media

9.0 Additional channels requiring budget approval

Consideration to be given to additional channels:

- Production of leaflets and posters for staff if required
- Website development
- Procurement of online engagement tools
- Advertising – broadcast and print
- Door drops – following requests from partners during the pandemic

10.0 Risks and mitigations

These risks are specific to this strategy and supplement the wider system risk strategy

Risk	Mitigations
Duty to involve – lack of continuous engagement runs risk of future challenges to changes we wish to implement	<ul style="list-style-type: none"> • Recommence engagement activity • Research online engagement technology • Develop and publish online survey (in conjunction with Healthwatch) • Discussions ongoing with colleagues in partner organisations to assess capacity and organisational focus
Language used pre-determines outcome of any necessary consultation	<ul style="list-style-type: none"> • Work through the Communications and Engagement task and finish group and resurrected workstream to ensure colleagues understand the risk and can seek advice moving forwards • Provide advice and guidance to the System Restoration Groups and liaise with JHOSC chairs and Healthwatch
Lack of immediate opportunity to conduct face to face engagement	<ul style="list-style-type: none"> • Research online alternatives in response to social distancing and to move to greener options • Use social media and email to reach people direct, their carers and families and advocates • Discuss with Healthwatch and VCSE how to reach communities through alternative methods
Lack of EqlAs and therefore engagement with groups that may be more negatively affected and not reaching seldom heard groups	<ul style="list-style-type: none"> • Develop EqlAs as part of the QIAs • Work through the Communications and Engagement Workstream partners to ensure all groups are being considered and best effort is made to reach them • Stakeholder mapping • Use of multiple channels and tools to reach the widest possible audience and also deliver targeted activity • Identify a system E&D champion to support the work of the C&E Group
Lack of immediate capacity for engagement activity and budget	<ul style="list-style-type: none"> • Provide a programme and resource plan once level of service changes are understood • Discuss challenges with colleagues and leaders to assess any availability of suitably skilled and knowledgeable resource • Liaise with partners with regard to smarter ways of working e.g. VCSE involvement • Provide information on budgetary requirements

11.0 Guidance and legislation

Appendix 1 of the refreshed STP communications and engagement strategy details the guidance and legislation governing engagement and consultations. The following is an overview of this:

Duty to involve

Section 14Z2 of the NHS Act 2006, as amended by the Health and Social Care Act 2012 - covers the duties in relation to public involvement and consultation when commissioning health and care services. It includes the need 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):

- a. in the planning of the commissioning arrangements by the group
- b. in the development and consideration of 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 and
- c. 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.

Public sector equality

We are committed to equality, equity and diversity, paying due regard to the duties placed on us under the Equality Act 2010 and the Public Sector Equality Duty. The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the ground of 'protected characteristics', these are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex and sexual orientation.

As well as these prohibitions against unlawful discrimination the Equality Act 2010 requires us to have 'due regard' to the need to:

- eliminate discrimination that is unlawful under the Equality Act 2010
- advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Reducing health inequalities

Under a separate statutory duty there is a need to have regard to the need to reduce health inequalities between patients in access to health services and the outcomes achieved (sections 13G and 14T of the NHS Act, as amended by the Health and Social Care Act 2012, respectively).

Involving people in their own health and care

CCGs and NHS England also have a key role to play in ensuring that providers make individuals' personal involvement in their health and care a reality. This guidance supports

CCGs and NHS England to fulfil their legal duties to involve people in their health and care, so that people experience better quality care and improved health and wellbeing, and the system makes more efficient use of resources.

Consultations

Our approach to consultation is also informed by legal case law which has established some key principles (commonly referred to as The Gunning Principles). In summary these are:

- A consultation must be held “when proposals are still at a formative stage”
- There must be “sufficient reasons for proposals to permit ‘intelligent consideration’”
- There must be “adequate time for consideration & response” of proposals
- Responses “must be conscientiously taken into account”

Assurance for any public consultation needs to meet the five tests of service change. There must be clear and early confidence that a proposal satisfies the governments four tests, NHS England’s test for proposed bed closures (where appropriate), best practice checks and is affordable in capital and revenue terms.

The government’s four tests of service change are:

1. Strong public and patient engagement.
2. Consistency with current and prospective need for patient choice.
3. 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:

1. 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
2. Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
3. 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).

12.0 Next steps

- Continue to support the System Restoration Task and Finish Group and coordinate communications and engagement with colleagues
- Continue to support the ICS Shadow Board and understand any broader system interdependencies

- Continue to coordinate the Communications and Engagement Task and Finish Group
- Develop stakeholder mapping for service changes
- Develop communications and engagement plans as required
- Provide timely advice regarding potential future consultations
- Research engagement technologies
- Provide a programme plan and associated resource plan
- Work with system partners and Healthwatch to gather the views of patients and the public and feed into decision making
- Support the Acute / Specialist; Out of Hospital and; Mental Health workstreams
- Inform Joint HOSC of ongoing challenges and changes including coordinating meetings with Scrutiny Officers in the planning and handling of outbreaks
- Play a role in the Local Engagement Board in the planning and handling of outbreaks
- Continue to learn from and share best practice through the NHSEI networks

Appendix A: References

Planning, assuring and delivering service change for patients:

<https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf>

COVID-19: review of disparities in risks and outcomes (Published by PHE 02.06.20):

<https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

Accessible Information Standard:

<https://www.england.nhs.uk/ourwork/accessibleinfo/>

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Appendix B: Process for restore and restart of services

