

Community Equipment Engagement Plan– a Summary

Following the extension of the current and jointly funded Integrated Community Equipment contract until the end of March 2024, a communication and engagement plan was devised to co-ordinate the co-production activities to develop a service model and specification with people who interact with the service. Kent County Council (KCC) and NHS Kent and Medway Integrated Care Board (ICB) communication and engagement team colleagues worked in partnership to jointly deliver this engagement plan.

The plan builds upon a survey that was conducted from July to October 2021 inviting people who use the service, carers, family members and a range of other stakeholders who interact with it, to share their experiences and views on how well this service is working, areas that need improvement and how they could be improved.

Just over 100 respondents completed the online survey questions and overall, the feedback was very positive about the service with three-quarters of respondents rating the service as good/very good/excellent and provided useful insights as how the service could be improved further. The feedback was used to plan future engagement activities.

The aims of the engagement plan were:

- To capture feedback from a wide range of stakeholder groups and hear experiences of people who use the service,
- To explore ideas and proposed changes to the service with stakeholders to ensure we continue to meet their needs,
- To drive service improvement and transformation,
- To inform stakeholders about the procurement and any proposed changes.
- The learnings and insights from this engagement were reviewed by commissioners and fed into the development of the service model and specification.

Approach

Engagement with stakeholders took the form of deep dive discussions, such as one-to-one interviews and focus groups, to allow us to explore specific areas of the service in sufficient depth to understand stakeholder needs and how these can be best met by the service.

The discussions followed a discussion guide, which differed according to the different stakeholder groups, and covered three key questions:

1. What areas of the current service are working well?
2. What areas of the current service are not working so well?
3. How can the service be improved?

Channels

The reach of engagement activity was maximised by tapping into existing networks, platforms and partners of Kent County Council and in health. Feedback was sought across a wide-reaching audience throughout social care and health, such as paediatrics, care homes, hospices, education and learning disability teams.

Stakeholder mapping

There was a focus on the views of people the service has supported, their families and carers as well as other stakeholders who interact with the current service. Feedback was sought from across Kent but did not include Medway as this area has a separate service which is commissioned by Medway Council.

The engagement plan included 5 key groups:

1. The Market
2. Experts by Experience
3. Prescribers
4. Public
5. Other stakeholders

Engagement overview

Communication inviting stakeholders to engage was sent to over 2,000 contacts in the County Council's stakeholder database.

Dedicated meetings were held for

- people who use the service or support someone who does
- prescribers from health and social care
- Occupational Therapy teams
- Service providers

Appendix 1 – Summary of Engagement Activities

A full list of the key stakeholders and approach taken for each group is given below:

	Audience Group	Approach	Stakeholders
1.	The Market:	Workshops with providers from Kent Commercial Services Framework will be held to co-design the new service model	<ul style="list-style-type: none"> • Kent Commercial Services Framework • AJM • Millbrook Healthcare • NRS • Medequip
2.	Experts by Experience:	<p>A mix of in-depth interviews and focus groups will be used to capture feedback and engage people in the design of the new service model.</p> <p>Vox pop interviews to bring to life the voice of people who use the service to highlight some of the benefits and issues with the current service</p>	<ul style="list-style-type: none"> • People who use the ICES or may do in the future (to include a wide age range, Black Asian and Minority Ethnic users, those with learning disabilities, a range of needs i.e. those with a low-level need to complex needs) • Family members/parents • Carers/ Carer groups • People from the survey who expressed an interest to participate in further engagement work
3.	Prescribers:	A range of lessons learned sessions will be used to capture learning from both health and social care prescribers who use the current service	<ul style="list-style-type: none"> • Adult Social Care (ASC) directorate staff • Council colleagues outside ASC including: • Children's Social Care directorate staff • Education/SEND • OTs, physio's and other colleagues in health (adults, paediatrics, learning disability): • NHS Kent Community Health Foundation Trust • NHS East Kent Hospitals University Foundation Trust • NHS Medway & Tunbridge Wells Trust • Health Care Research Group (HCRG) • Medway Community Hospital • NHS Kent and Medway Health and Social Care Partnership Foundation Trust (KMPT) • Pilgrim's Hospice • Continuing Health Care Teams • Technician services (KCHFT, EKHUFT teams)
4.	Public:	Events will be used to capture the views from people in the local community which will help to refine the new service model	<ul style="list-style-type: none"> • General public • Wider Kent residents (self-funders) • Customer contact centre and additional public contact points (e.g., Community Safety Team) • Local voluntary and community organisations (Those who support people to live independently, Carer organisations, those who support people who are frail) • Disability Assist • Physical Disability Forum

Engagement findings

Feedback from prescribers

Prescribers told us that areas which needed to be improved included more accurate delivery appointments.

Feedback from Kent County Council Occupational Therapy (OT) teams

OT teams identified key areas of the contract that were working well such as 3-day delivery, communication, training videos, clinical support and the timeliness of room to room moves and the joint working with Waste Management to support equipment collections from waste sites. They recommended these areas are retained and built upon in the new service.

Many of the suggestions that were made were in connection with booking appointments to improve collection and delivery times.

Feedback from people who access the service

People told us they wanted more choice of delivery and collection appointments to avoid them having to wait all day for a delivery. They asked for better communication for appointments and asked for more choice in equipment.

People asked for improved information on how to use equipment. Some people reported equipment is sometimes left.

People asked improved communication around how to return equipment for recycling. They suggested a wider variety of collection points in the community to support this.

People told us that “Integrated” Community Equipment isn’t very clear and that “Community Equipment would be easier for people to understand.

Feedback from the market

- There are opportunities to enhance the service using digital approaches, and give greater choice and control to people who draw on this support service, including in booking arrangements,
- A Hub and Spoke model could be adopted,
- A purchase model could reduce expenditure and environmental impact,
- Any extension period should be for more than one year,
- A block payment arrangement could work well,
- The service can offer a range of contributions to Net Zero ambitions,
- There is potential to improve recycling rates,
- The contract can deliver a varied programme of social value over its term.
- Reducing the breadth of the catalogue may achieve improvements in financial sustainability.

Appendix 1 – Summary of Engagement Activities

Equality Impact Assessment (EQIA)

The EQIA identified several areas which needed to be addressed as part of the engagement work.

These areas were:

- Issues with older people not being familiar with digital technologies to take advantage of the signposting benefits,
- Some disabilities may mean people are less able to use digital technologies,

However, the mitigations around this are that prescribers are able to provide this information to everyone verbally and it can also be communicated via the Customer Service and Clinical Team by the Provider. Both of which have been included in the new service specification.

Raising the voice of seldom heard communities

The outputs of the initial engagement events were reviewed and it was noted that there had been no representation from people who were not White, or those who first language was not English. We worked with Healthwatch to address this and the views of the Nepalese community were used to shape the new service, including on issues of access, awareness and inclusion across all communities. The EQIA was revised as a result.

You said, we did

You Said	We Did
3-day delivery service is working well and should be retained	This is included in the specification, section 17. Deliveries
5-day delivery service is working well	This will continue, as per specification, section 17. Deliveries
Some items take too long to arrive	There have been supply issues with some items. A new supplier has been found and improvements made. Expectations about deliveries, repairs and sourcing equipment have been written into the specification e.g. A target time of 8 weeks has been stipulated in the service specification for 'specials' to be sourced and delivered to the warehouse (17 Deliveries , 'p').
Sometimes equipment is being left and not fitted.	This has been fed back to the current provider to remind staff of the correct process. Expectations as to what actions are to be taken if a delivery cannot be made/completed are clearly set out within the service specification under section 17. Deliveries (mm).
Clinical team is an excellent resource and we need to keep this.	The role of the clinical team has been recognised and has been expanded in the service specification to include assessments for repairs and replacement equipment, section 24. Planned Maintenance and Testing.
There sometimes needs to be better communication when difficulties rise	The service specification dictates that prescribers are to be notified of 'difficulties' the same day via email through the secure ordering system/email or, if the order is an 'emergency' they are to be contacted by telephone with an email follow up (20. Delays and Difficulties)
A direct line to the Clinical Team would be preferred	There is a dedicated number for the clinical team as well as a dedicated email available and this will continue in the new service contract.

Appendix 1 – Summary of Engagement Activities

<p>Prescribers would like changes for repairs and replacements they sit under the provider clinical team.</p>	<p>In the new service specification, it is a requirement that the clinical team has the ability to conduct assessments for equipment that needs to be repaired or replaced which would address this issue and significantly reduce the need to contact the last prescriber (10. Clinical Teams)</p>
<p>Advice to care homes around equipment would be helpful</p>	<p>We are undertaking work to provide better links with care homes to ensure they understand the process for equipment loans, and their responsibilities including the circumstances when they should provide it. This is a joint KCC/IB workstream where improved guidance and processes will lead to improvements</p>
<p>Specials can take a long time between the order being processed and being received by the Provider.</p>	<p>There is a target time within the service specification of 8 weeks for 'specials' to be sourced and delivered to the warehouse (17 Deliveries , 'p'). This target has been set as the provider is reliant on manufacturer timelines to complete the order and the complexity of the equipment needed impacts how quickly it can be sourced.</p>
<p>Collection times can vary and can wait a long time.</p>	<p>Targets for collections have been reduced from 10 to 5 days in the new specification. (19. Collections/Credits) This will be monitored continuously as part of contract and KPIs. The provider will try to be as flexible as possible to any prescriber requests.</p>
<p>Flexibility – due to appointments not being able to have a specified time slot/period, it can be difficult for some people to allocate a whole day waiting for delivery/collection.</p>	<p>Where People who draw on care and support can be contacted by telephone, the Provider will make contact to arrange a delivery, People will be offered a convenient date for delivery/collection. We will also empower people more by giving them access to an online portal where they can monitor their orders and take more control in the process.</p>
<p>If consent is given to share the key code, could the equipment delivery not have access to the property?</p>	<p>We have set out the ambition within the specification for a narrower time window for when deliveries should take place and also asking to provide innovative solutions which could include portals to help people have a better understanding of when items are due for delivery</p>
<p>Communication – there needs to be better means of communication that work for the individual. Sending a letter with an appointment day isn't always helpful</p>	<p>We have set out the ambition within the specification for a narrower time window for when deliveries should take place and also asking to provide innovative solutions which could include portals to help people have a better understanding of when items are due for delivery</p>
<p>Choice – a choice around things like colour or style would be really nice, this is something that children's is good at and could be something to think about for adult social care.</p>	<p>If people who draw on care and support wish to have greater choice around colour or style, there is the option to self-purchase and information will be provided as to how to do this if this is something they wish to consider. We have included a section within the specification around retail and choice (58)</p>
<p>Sustainability – there's not enough information on returning equipment and reusing it and more collection sites.</p>	<p>This has been and continues to be a focus for commissioners to ensure there are greater opportunities to return equipment which can be recycled back into the community. The service specification outlines our expectations for the Provider to offer these going forward (19. Collections / Credits)</p>
<p>Support people to be as independent as possible by showing them how to use the equipment properly. There's no induction or details of who to call if you need help.</p>	<p>The specification requires that information e.g. leaflets is to be provided to people who draw on care and support to make clear how to use the equipment as well as essential contact information for the provider (19. Collections/Credits)</p>
<p>Language – 'Integrated Community Equipment' isn't very clear. Maybe 'Community Equipment' would work better for people to understand.</p>	<p>The word integrated was used to capture the fact that this contract is a partnership between KCC and the NHS. We acknowledge that this doesn't necessarily mean much to the people who draw on care and support. The name has been changed to the 'Community Equipment Service'.</p>

Conclusions

Whilst there are high levels of satisfaction with the current model, feedback from stakeholders, including the market, indicates that there are changes that can be made to the new service that would give people who draw on care and support greater choice and control, deliver more options for self-directed support and achieve improved financial and environmental sustainability.