

Communications and engagement plan phase 2 for Kent and Medway’s children and young people’s mental health procurement

November 2023

Key contacts

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Introduction

Children, young people and young adults (CYP/A) in Kent and Medway receive mental health support from a range of providers. Most services were set-up prior to Covid-19 and, as the impact of Covid-19 on mental health continues to emerge, services are adapting to meet the changing need, within the constraints of their specification and financial envelope.

More than 35,000 children, young people and young adults' access mental health services commissioned by NHS Kent and Medway Integrated Care Board each year. However, the impact on outcomes is not as high as we would want due to increased demand, increased acuity, reducing workforce and emergence of new vulnerable groups (for example autistic transgender young people, and disordered eating).

NHS Kent and Medway is looking to significantly improve patient access and the offer of support for CYP/A emotional wellbeing and mental health across Kent and Medway. NHS Kent and Medway intends to develop an offer that is informed by young people's voice and is undertaking a comprehensive engagement process.

Core principles to be applied to the development and implementation of a new model are:

- **Contract for a generation:** The impact of procurement on service delivery cannot be underestimated. In the previous two children and young people's mental health procurements, it took time for the providers to settle into new and stable models of delivery which led to an erosion of system and partner confidence in new providers' ability to deliver. We therefore sought and received support from NHS Kent and Medway's Executive Team to 'contract for a generation' and procure contracts to NHS Trusts and the voluntary community social enterprises (VCSE) for long periods of time. For example, 10 plus years to ensure stability of service and stability for an already vulnerable workforce.
- **Children, young people, and family-led design:** Making sure they are at the heart of planning future services and continuing our commitment in terms of engagement and voice in the development of future service models and procurement process.
- **Whole system approach that values the VCSE as key partners:** All partners will be engaged early to design the future model helping to reduce duplication, increase workforce, particularly through the VCSE, and increase opportunity to make sure holistic care is offered to all children with complex needs.
- **Holistic and early intervention approaches reinforced as a key component of overall model of care:** This recognises the role that robust universal, early support pathways, and prevention, all have in working alongside, and with, the specialist mental health services.
- **Evidence-based, THRIVE and trauma informed:** Making sure that future models of care are within an evidence-based framework and approach. This supports a shared language across the system and a similar approach to support for families and their children.

Background

The NHS Long Term Plan requires NHS Kent and Medway to deliver against identified targets for CYP/A mental health. All targets are currently being achieved and are delivered under the framework of the [Kent and Medway Local Transformation Plan for Children, Young People and Young Adults' Emotional Wellbeing and Mental Health](#).

Investment for CYP/A mental health is through a combination of NHS Kent and Medway baseline investment and NHS England funding. All spend on CYP/A mental health contributes to the Mental Health Investment Standard. In 2022/23, a total of £31.8million was invested.

A new model of care must be developed to meet emerging and different needs. The specifications for the current specialist mental health services were drafted in 2015 in partnership with Kent County Council (KCC) and Medway Council (MC). Since then, there have been several additional investments and disinvestments resulting in several contract variations. A new model must:

- consider new guidance, policy, and legislation since 2015. This relates to, for example, looked-after children, including unaccompanied asylum-seeking children, children and young people with long-term conditions, and young people in the criminal justice pathway
- respond to the increase in complexity and acuity, changes in inequalities and relationships between different conditions/needs up to the age of 25
- make sure there is a consistent approach to integration, flexibility and family
- be affordable and deliver the biggest impact for the most vulnerable CYP/A.

Initial engagement

As part of the process of understanding what a future offer for children and young people might look like, we have begun engaging with children, young people, families, partners, providers, and other stakeholders.

Key activities have included:

- A review of all patient and partner insights into children's mental health within the past two years so that we can learn from what people have already told us. This includes looking at what people told us during: our 2023 young adults' mental health and wellbeing conference; our ongoing participation work with existing CYP/A groups; our work with lived experience and experts-by-experience; and wider engagement on our Local Transformation Plan. A report of findings is expected by December 2023.
- Asking five key questions of children, young people, young adults, carers and families, and professionals working with children and young people via the [Have your say Project hub for children and young people](#), as well as face-to-face at summer and autumn 2023 events. A full analysis and report is being prepared by independent contractors Hood and Woolf.
- Holding the first of a series of pre-market engagement events with interested providers, to share their early ideas and hear their views.
- Initiating a clinical reference group, attended by children's mental health clinicians, to develop the clinical model for future services.

Guiding principles

NHS Kent and Medway is working with system partners to support the people of Kent and Medway to lead healthier lives for longer. We see our future as one where we collaborate with the people of Kent and Medway to create thriving communities that are amongst the healthiest in England. We want to be known for the quality and safety of our services as well as an influential partner working with our communities.

To do this, we will strive to have a deep understanding and connection with the people and communities we serve, and actively involve them in co-producing and shaping improvements to local services. By working with, listening to, and acting on feedback from people and communities, NHS Kent and Medway, together with health and care partners in the integrated care system, can:

- support people to sustain and improve their health and wellbeing
- involve people and communities in developing plans and priorities
- continually improve the way we deliver our services

- address health inequalities by working with our people and communities where inequalities exist to co-produce solutions
- work with wider partners to create holistic services and pathways across organisational and sector boundaries that best serve the whole person or community.

Throughout this process NHS Kent and Medway will be **accountable and transparent**. The NHS Constitution states:

'The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff.' Organisations should be able to explain to people how decisions are made in relation to any proposal – and how their views have been taken onboard. Transparent decision-making, with people and communities involved in governance, helps make the NHS accountable to communities. Engaging meaningfully with local communities build public confidence and support as well as being able to demonstrate public support for proposals.

Throughout this process NHS Kent and Medway will **improve quality of care by working with people, partners and communities**. Co creation and working in partnership means services can be designed and delivered more appropriately, because they are personalised to meet the needs and preferences of local people. Without insight from people who use, or may not use, services, it is impossible to raise the overall quality of services. It also improves safety, by making sure people have an opportunity to raise problems, which can be addressed early and consistently.

We view the world through our own lens and that brings its own judgements and biases. Business cases and decision-making are improved when insight from local people is used alongside financial and clinical information to inform the case for change. Their insight can add practical weight and context to statistical data, and fill gaps through local intelligence and knowledge. **This makes for better decision-making**. Challenge from outside voices can promote innovative thinking, which can lead to new solutions that would not have been considered had the decision only been made internally.

Aims

We will deliver a comprehensive programme of engagement with the following aims:

- To raise awareness of the programme of engagement and how to contribute across Kent and Medway.
- To collect views from the full spectrum of people who may be affected or have a view – including children, young people, families, people with lived experience and their friends and families, providers, professionals and other stakeholders, and the public. Gathering feedback from both individuals and representatives.
- To make sure we use a range of methods to reach different audiences, including activities that target specific groups with protected characteristics and those quieter more diverse communities affected by health inequalities.
- To explain how the proposals have been developed, what this means in practice, so people can engage fully.
- To ensure the integrity and legality of the engagement process, to the best of our ability, working with both Kent and Medway's Health Overview and Scrutiny Committees.
- To meet or exceed our objectives and deliver our programme of engagement within the published timeframe.
- To produce series of reports on the engagement responses which will be considered in developing the model of care and the service specifications.
- To feedback to all those who have contributed any decisions and actions agree in a timely and consistent way using all appropriate channels.

The quality of feedback is important alongside the quantity. It is important that we seek and get both broad and representative views and undertake targeted work to make sure a diverse range of views give rich insights to support the development of the model of care and the subsequent service specifications.

Young Researcher Project

The i-Thrive and Participation Team have recently been successful in receiving funding from the National Institute of Health Research to increase opportunities for young people to participate in, and develop their own, research on topics relating to health and social care.

Working with the University of Kent we have already recruited and trained the first cohort of young researchers, aged 11 – 18 years and supported them to develop and undertake their own research project. The group really engaged with their project on Sustainable Development Goals across the UK.

We will now be recruiting and training three further cohorts of young researchers (two groups aged 11-18 and one group aged 19-25). The next cohort will be trained in January 2024 and will work with the current young researchers to develop their next research projects. This group provides an opportunity to link in and develop peer research opportunity on children and young people’s mental health services, considering accessibility, inclusion and what good looks like.

Research developed by the young people, including surveys, interview questions and focus group interactive activities, will also be shared with the Kent Youth Research Network; a network of practitioners across Kent working with young people as part of KCC delivered services, commissioned providers and voluntary sector, who have signed up to provide space for the young people they work with to participate in research opportunities.

This is who will lead in co designing our research methods for the next phase of the engagement.

Smart objective	Measure of success
<p>Raising awareness through opportunities to see or hear about the programme of engagement. Informing a minimum of 150,000 about the proposals during the extended engagement phases.</p>	<p>To be achieved through multiple channels and activities including: a dedicated website for engagement work; paid advertising; online publicity; and printed materials in local communities, in addition to more personalised and interactive engagement including evaluation of social media, research, face-to-face and virtual events and focus groups.</p>
<p>Co production of research with CYP: Trained children and young people will develop the research questions and approach that will allow a range of young voices to contribute their views on increasing access and creating relevant measures of success to influence future service provision.</p>	<p>A mixed cohort of children and young people will develop the plan for detailed engagement with CYP whose voices are less heard. Blending creative and fun approaches with qualitative research questions and agreed questions and materials to allow for consistent social research to be carried out across vulnerable CYP and families identified by the equality impact assessment.</p>
<p>Outreach target for active and direct engagements: CYP participation workers from partners in KCC and MC will reach out and engage a range of seldom heard groups. They will collect their views and experiences themselves, or commission trusted community organisations to facilitate the involvement of CYP and their families. This will help to make sure future services address issues of access and health inequalities.</p>	<p>To be achieved through working in partnership with a network of groups who are engaged with communities, and who will assist in creating safe and inclusive opportunities for:</p> <ul style="list-style-type: none"> - CYP with physical disabilities - CYP from Kent and Medway’s black and Asian communities - Unaccompanied Asylum Seeking CYP - CYP/A not in education employment or training - Romany Gypsy Traveller communities

Smart objective	Measure of success
	<ul style="list-style-type: none"> - CYP from trans or non-binary community - Populations whose voices are less often heard.
<p>Target for responses: 500 CYP will be involved in engagement activities, with an additional 1,000 separate responses to the wider online engagement (approximately five per cent of those receiving mental health services currently, recognising the specialist nature of the service).</p>	<p>Collecting responses to the engagement including questionnaire, focus groups, emails, social media interactions, phone calls, letters, comments at events, etc.</p>
<p>Working with existing service users and providers to offer a safe, supportive, and creative means to gather views of existing services and measures for success that future services should offer.</p>	<p>Agree potential opportunities for 100 CYP current service users and their families to be interviewed or take part in focus group activities exploring expectations for success. What it means how it could be measured.</p>
<p>Recognising families and carers also have lived experience and need to make informed choices with their children. We'll continue to find a variety of ways they can contribute safely and anonymously. Building on existing networks and means of engagement.</p>	<p>Taking advice from North East London NHS Foundation Trust (NELFT), voluntary and community and people with lived experience to allow a range of engagement to take place. Making sure information and processes overcome barriers and a variety of formats are available to include all.</p>
<p>Communication and information will be coordinated with local authority partners using existing channels, the Have your say platform, networks and both internal and external facing communication routes to share information and opportunities across all sectors of the population.</p>	<p>Using a variety of appropriate channels (social media, newsletters, media publicity as set in this plan) to make sure affected individuals, and/or their families/carers can respond during both phases of engagement.</p> <p>We will achieve direct engagement with affected patients and their families, and working with our partners, will involve representative groups of people with lived experience of services and their families.</p> <p>Assessment will be based on the opportunities to engage, and responses received.</p>
<p>CYP and carers/family will be trained and supported to take part in the formal evaluation of tenders in the summer.</p>	<p>NHS Kent and Medway and KCC have a track record in using this approach and will work with colleagues in Medway to recruit, train and support a cohort of young commissioners.</p>
<p>Attending suitable family CYP friendly public events, possibly as roadshow/manned exhibitions, working in partnership with community partners: VCSE, local authorities (LAs), schools and children centres. We'll recognise aligned pieces of work such as children's strategy work, learning difficulty (LD) and autism work, special educational need (SEN) activities, as well as CYP mental health support services.</p>	<p>To make sure wider public and families have variety of ways to contribute through in-person events, as well as remotely through online surveys. At least 200 people to take part.</p>
<p>Involve partners and attend stakeholder meetings: Many partners have their own meetings that we can attend to brief people, raise awareness of the engagement work and the issues involved, and share information and evidence e.g., Healthwatch, LAs, health and care partnerships (HCPs), VCSE networks and staff networks.</p>	<p>Attend as many meetings as possible within the three-month engagement period, depending on number of invites/service issues. Measured by spread and range of invitations. Many stakeholders will have been involved in the early engagement and we will make sure we keep them are briefed throughout.</p>

Smart objective	Measure of success
We have a clinical reference group meeting regularly to consider different aspects of the CYP journey, as well as different parameters of care and workforce issues. We will supplement clinical engagement by engaging a wider range of professionals through workshops and involving staff networks, team meetings and offer drop-in sessions and online surveys so that everyone has a range of ways to contribute.	Clinicians, allied VCSE organisations and staff at different professional levels will have opportunities to access information about the plans as they develop. They will be able to contribute their views via workshops, surveys and during the second phase of engagement. Measured by numbers taking part.
NHS Kent and Medway and partners will assist in collecting and reporting on the responses received , to feed into the development of plans for the model of care and service specifications.	Reports will be fed into discussions, workshops, and drafting of specifications. A library of the evidence will be compiled and form a part of the overall evidence base. Building on the foundation of the evidence collected over the last two years and the engagement carried out in phase one over the summer and autumn.
Budget we will achieve this within the agreed funding for operational costs.	Funding is available depending on scale of work agreed.

Stakeholder mapping

This engagement plan sets out the activities we will undertake to gain responses and promote engagement and involvement. Through our early engagement work we have identified and worked with a broad range of audiences and stakeholders. This will continue during the second phase of engagement but allow for more detailed activities with different audiences. We will work with both targeted and vulnerable audiences, seek clinical and professional advice in developing our thinking, and ask the population served how to improve the overall quality of care by having clear principles of inclusion and personalisation at the heart of all services.

See below an initial stakeholder map of those we intend to involve.

People and communities served	Staff across partnerships
<ul style="list-style-type: none"> • CYP/A with lived experience, loved ones, unpaid carers. • Residents in Kent and Medway. • EK360 patients, service users, carers, and volunteers. • LA participation groups. • Family and carer support groups. • CYP MH networks. • Healthwatch in both Kent and Medway. • Those diverse communities potentially affected: Looked After Children, LGBT+; young carers; CYP on neurodiverse spectrum; CYP with disabilities; CYP in Pupils Referral Unit/youth justice system; home schooled, CYP affected by poverty/homelessness. • Protected characteristic groups (under equalities legislation) including: age; disability; gender reassignment; race; religion or belief; sex; sexual orientation; marriage and civil partnership; pregnancy and maternity. • Advocacy and peers support groups. 	<ul style="list-style-type: none"> • NELFT and existing VCSE providers (including staff side and trade unions). • Local clinical, psychiatric, GPs, and advanced health practitioner (AHP) leads. • Provider trusts: Kent and Medway NHS and Social Care Trust (KMPT); Kent Community Health NHS Foundation Trust (KCHFT); East Kent University NHS Hospitals Foundation Trust (EKHUFT); Medway NHS Foundation Trust (MFT); Medway Community Health CIC (MCH); Maidstone and Tunbridge Wells NHS Trust (MTW); Dartford and Gravesham NHS Trust (DGT); HCRG care group. • Kent Police. • Dartford, Gravesham and Swanley HCP; East Kent HCP; Medway and Swale HCP; West Kent HCP – stakeholders. • General practice (including primary care network clinical directors and primary care teams). • Medway Council and Kent County Council (including social care and public health teams).

<ul style="list-style-type: none"> • VCSE groups and networks. • NHS Kent and Medway local health network patient and community engagement groups. • GP patient participation groups. • NHS providers patient governors and membership. 	
System leaders	Clinical and Professional bodies
<ul style="list-style-type: none"> • NHS Kent and Medway governing body (including as decision-makers for this consultation). • Kent and Medway Integrated Care Partnership. • Dartford, Gravesham and Swanley HCP; East Kent HCP; Medway and Swale HCP; West Kent HCP • Medway and Kent Health and Wellbeing Boards. • Medway and Kent Council executive teams. • Partner leadership – VCSE alliances, Health subcommittee. 	<ul style="list-style-type: none"> • Southeast Clinical Senate. • Kent and Medway local medical and pharmacy committees. • The Royal College of Psychiatrists. • The Royal College of Physicians. • KSS Academic Health Science Network.
Regulators/assurance	Elected Officials
<ul style="list-style-type: none"> • Department for Health and Social Care. • NHS England. • Care Quality Commission. • Healthwatch Medway, Healthwatch Kent. • Medway CYP Overview and Scrutiny Committee, Kent Health Overview and Scrutiny Committee. 	<ul style="list-style-type: none"> • MPs. • Kent Council and Medway Council. • District and parish councils.

Accessibility

We will target, and cater for, groups and individuals with additional requirements, or those responding on behalf of another individual, and those who are less familiar with the subject matter. To best meet the needs of people with additional requirements we will:

- produce information and any documents in plain English
- use accessible formats, such as Easy Read, audio and video updates, and in different print formats on request. For example: large print, audio, foreign language translation, or braille
- Telephone and freepost contact details: To support open and accessible communications, the Engagement Team will be accessible via telephone, email, and post. This will give people the opportunity to give feedback in the way they prefer and is inclusive.

Throughout the extended engagement period we will monitor channels of information and engagement activity closely to identify any demographic trends that may indicate a need to adapt our approach. An example would be underrepresentation from a particular demographic group or geographic area, particularly where there is a demonstrable disproportionate impact upon individuals within that group.

Media approach

We will promote engagement events and opportunities through the local news media, social media, and all our established newsletters, bulletins, and communication channels. We will also work with the local press (print, online and radio) to further amplify messages about the engagement and encourage involvement.

We will provide programme leads and clinical spokespeople wherever possible to explain the reasons for change and our proposals, recognising that people have high levels of confidence and trust in clinicians and health professionals.

Specific action plans will be created for any significant milestones during the engagement. This could include:

- inclusive methods of involvement
- key message
- any information or questions and answers needed to support engagement approaches or information cascades to staff, stakeholders and the media.

We will keep a record of which organisations and outlets have been approached and will also keep CYP/A safe by making sure consent to be involved is known and recorded for all activities.

An efficient monitoring and approvals process will be important in terms of reacting quickly to requests for information/responses, rebutting any inaccurate media articles, social media posts and signing off any response to issues and themes as they develop throughout the engagement process. In addition, we will develop and agree a media handling protocol that will make sure all partner organisations are able to respond and react appropriately to queries from the media.

We will evaluate all media/social media coverage to assess its effectiveness, and the inclusion of our key messages, adapting our approach as appropriate.

Impact of engagement on outcomes and decision-making

What we seek from the engagement phase is to fully understand what people think of services and how the future model of care can be resilient, inclusive, and flexible to a range of needs - giving them an opportunity to shape the final service model for future services.

As well as understanding what people might want from services, we want to understand how any problems with access might be mitigated, and provide an opportunity for any additional evidence, data, or alternative ideas to be put forward that would support improving the quality of care. Feedback will be used to shape the final service specifications and allow us to consider mitigating actions for any concerns raised.

After the engagement phase has closed, and the independent report analysing responses has been carefully considered by NHS Kent and Medway, the Engagement Team will publish a final summary of the outcome.

Resourcing plan

We will be working in partnership with Kent County Council, Medway Council, and EK360, using their expert CYP/A participation and lived experience teams, to reach out to vulnerable children, young people and families. We will co-create the means of engagement with children and young people trained as researchers to deliver an effective, best-practice programme of engagement. Despite current financial pressures, we will commit sufficient resources, including internal staff, specific expertise from external agencies, and a non-pay budget for a range of essential expenditure.

An effective engagement programme will produce rich feedback and insights to improve the overall quality of decision-making and service design and, in turn, the quality of people's outcomes and experience in the future. This approach makes sure we meet our statutory duties around involvement and co-production and reflects the inclusive values and principles which all our organisations espouse.

Programme of engagement tasks for children and young people's mental health procurement

Engagement tasks	Owner	Oct 23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Stakeholder mapping to identify involvement levels.	SW C&E group							
Review of existing insight and evidence of CYP/A views and their families gathered over last 18 months.	Hood and Woolf							
Highlight and full report to be produced once analysis of summer/autumn engagement activities and 'Have Your Say survey' responses is completed.	Hood & Woolf							
Communications and Engagement working group plans and oversees programme of engagement.	SW							
'Have Your Say' project page updated for use in phase two of engagement. Including the updating of information, and links to wider documentation and evidence-base to be explored on the integrated care system (ICS) website.	LB / SW							
Develop narrative briefing document, FAQs, and glossary.	Comms / SW							
Preparation and commission of videos to promote engagement and share information.	Lived experience lead							
Develop plan for social media promotion.	Comms							
Develop plans to involve young researchers to develop phase two engagement methods.	KCC/EK360/MC							
Regular, coordinated, updates in staff, primary care, and stakeholder bulletins (including MPs) that link to website.	SW							
Initial briefing submitted to Kent HOSC/ Medway CYP OSC.	ICB							
Run outreach engagement to vulnerable communities and seldom heard voices.	KCC/EK360/MC							
Involvement of existing service users CYP/A and families.	KCC/ICB/NELFT/VCSE							
Focussed stakeholder engagement including with CYP, families, and professionals.	SW (supported by AF/JB/SM)							
Engage with people with lived experience/Local Mental Health Networks	TP							
Engage with HCPs and partners.	SW (supported by JB/SM)							
Briefing/Focus group/discussions with GPs.	SW (supported by JB/SM)							
Briefing/Focus group/discussions with schools.	SW (supported by JB/SM)							
Briefing/Focus group/discussions with providers.	SW (supported by JB/SM)							

Working groups with Clinical and Professional Board to discuss/develop plans.	SM / JOR						
Attending public events/other people activities.	SW (supported by JB/SM)						
Review findings from programme of engagement to ensure it is reflected in final service model.	JB/SM (supported by SW)						