e-mail: HOSC@kent.gov.uk
Date: 19 January 2017

Dear Member

KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE - MONDAY, 22 JANUARY 2018

I am now able to enclose the following reports for consideration at next Monday, 22 January 2018 meeting of the Kent and Medway NHS Joint Overview and Scrutiny Committee.

These papers have been added to the agenda, because the Chair of the Committee has agreed that they should be considered at this meeting as a matter of urgency, as permitted under section 100B of the Local Government Act 1972. This is to enable the Committee to consider the options and consultation plan and to avoid possible delay to the start of the public consultation. These reports were not available for despatch as part of the main agenda on 12 January 2018 as it required approval of an NHS Committee, the meeting of which took place on 18 January 2018.

Agenda Item No

4 **Kent and Medway Hyper Acute and Acute Stroke Services Review (Pages 3 - 82)**

Yours sincerely

Benjamin Watts
General Counsel

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Transforming health and social care in Kent and Medway

Kent and Medway Sustainability and Transformation Partnership

Kent and Medway Joint Health Overview Scrutiny Committee

Discussion Document

22 January 2018

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.

Medway Council Serving You

Kent County Council kent.gov.uk

NHS

Agenda

Item		Time
Overview of the stroke review	PD	15 mins
Governance	PD	10 mins
Evaluation process	PD	20 mins
Proposal	PD	30 mins
Integrated Impact Assessment	MR	15 mins
Consultation	SH	20 mins
Next steps	PD	10 mins

The Kent and Medway JHOSC is asked to:

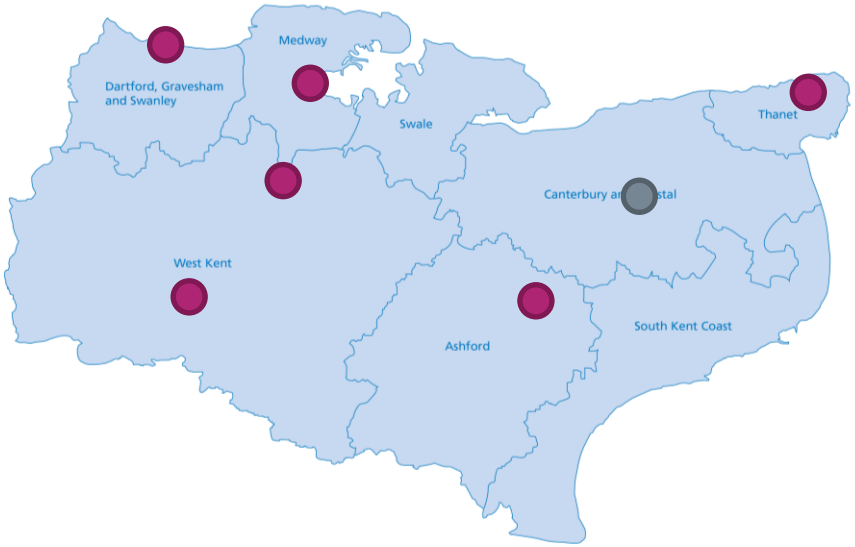
1. NOTE the shortlisted options
2. SUPPORT the proposed public consultation plan on the shortlisted options
3. SUPPORT the proposed duration of the public consultation.

Overview of the stroke review (Patricia Davies)

Stroke is a serious life-threatening condition caused by a blood clot or bleed in a blood vessel in the brain.

How well people recover is affected by speed and quality of treatment.

- Around 3,000 people a year who have a stroke live nearest to a Kent and Medway hospital
- Around 250 patients currently treated for stroke in Kent and Medway hospitals are from outside of Kent and Medway

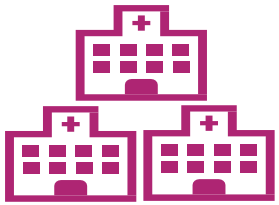


*Services not currently provided at Kent and Canterbury Hospital

Six of our seven* hospitals currently provide some urgent stroke care across Kent and Medway.

But we are **not consistently meeting national quality standards** or delivering best practice care.

We want anybody who has a stroke, day or night, anywhere across Kent and Medway, and our border areas, to have the **best chances of survival and recovery**. To do this we must reorganise our stroke services.



Consolidate urgent stroke care on **three hospital sites**

Each site to run 24/7 and include:

- Hyper acute stroke unit
- Acute stroke unit
- Transient ischaemic attack (TIA or ‘mini stroke’) clinic

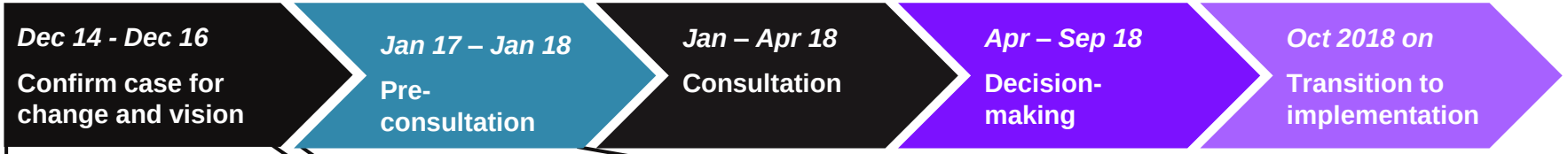
Urgent stroke services would **no longer be available at other hospitals** in Kent and Medway

Investing up to £40m in hospitals and recruiting more staff

Overview of stroke engagement

- Thousands of people have engaged in stroke review since late 2014 including: stroke survivors/ their families and carers/ members of the public/ clinicians/ key stakeholders including CCGs, providers from Kent, Medway, and across the borders in Sussex, Surrey and south London
- They have provided a valuable challenge and helpful insight throughout the review
- Views have been fed into the decision-making process
- Variety of engagement channels have been used including surveys, focus groups, listening events, roadshows, face to face meetings
- We have used a variety of channels to communicate including e newsletters, printed magazines, emails, media, social media, websites
- All engagement work has been logged and evidenced.

Overview of work to date and high level timeline



During this phase, the Stroke Review:

- ✓ Established governance
- ✓ Published case for change (July 2015)
- ✓ Agreed vision for stroke care in Kent and Medway
- ✓ Developed the benefits framework
- ✓ Undertook pre-consultation stakeholder engagement with clinicians, commissioners, providers, patients and other local stakeholders
- ✓ Developed a draft business case proposing a 3 site HASU configuration

During this phase, the Stroke Review:

- ✓ Further developed the acute stroke clinical model
- ✓ Developed and assessed options against agreed hurdle criteria to create a medium list of site specific options
- ✓ Developed and evaluated the medium list of options against agreed evaluation criteria
- ✓ Conducted sensitivity analysis to support identification of a shortlist of options
- ✓ Developed the Pre-Consultation Business Case (PCBC)
- ✓ Continued engagement with the full range of stakeholders, including numerous stakeholder events to inform the work of the programme
- ✓ Carried out an equalities impact assessment
- ✓ Planned the public consultation and developed consultation documents

Current challenges – our case for change

Specialist stroke resources are spread too thinly and most hospitals do not meet national standards and best practice ways of working.

24/7 access is not consistently available for consultants, brain scans and clot busting drugs

Over 1/3 of stroke patients are **not getting brain scans** in recommended time

We only have 1/3 of the stroke consultants needed to deliver a best practice service in all hospitals

Half of appropriate patients **not getting clot busting drugs** in recommended time

Only one unit seeing enough stroke patients for staff to maintain and develop expertise (recommended minimum of 500 stroke patients per year)

Hyper acute stroke units in action

- Run 24 hours a day, 7 days a week

- Always have access to a stroke consultant with seven day/week consultant ward rounds

- Able to do brain scans and give clot-busting drugs within 2 hours of calling an ambulance, round the clock

- Staffed by teams of stroke specialist doctors, nurses and therapists

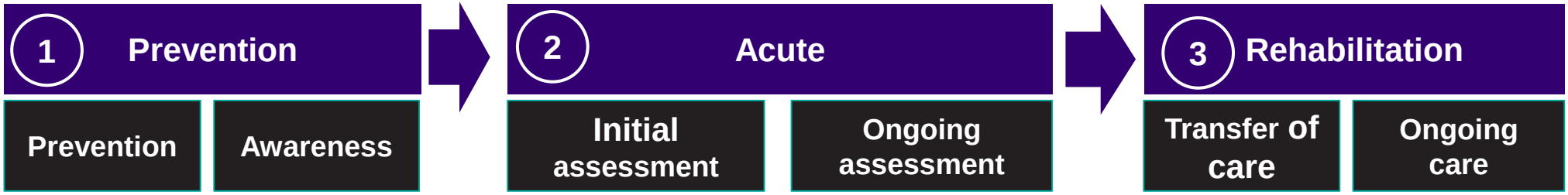
- Inpatient care for first 72 hours is on the hyper acute unit, follow up care is also on specialist acute stroke unit

Benefits of change

Consolidating urgent stroke services would help deliver consistently high-quality care regardless of where people live or when a stroke/TIA occurs

- more patients getting brain scans and, if needed, clot busting drugs within the recommended time
- a reduction in deaths from stroke
- fewer people living with long-term disability following a stroke
- fewer people losing their independence and being admitted to nursing/care homes following a stroke
- shorter stays in hospital
- fewer vacancies within the stroke services and less turnover of staff
- improved experiences for patients and staff through best practice care delivered in specialist units 24 hours a day, seven days a week.

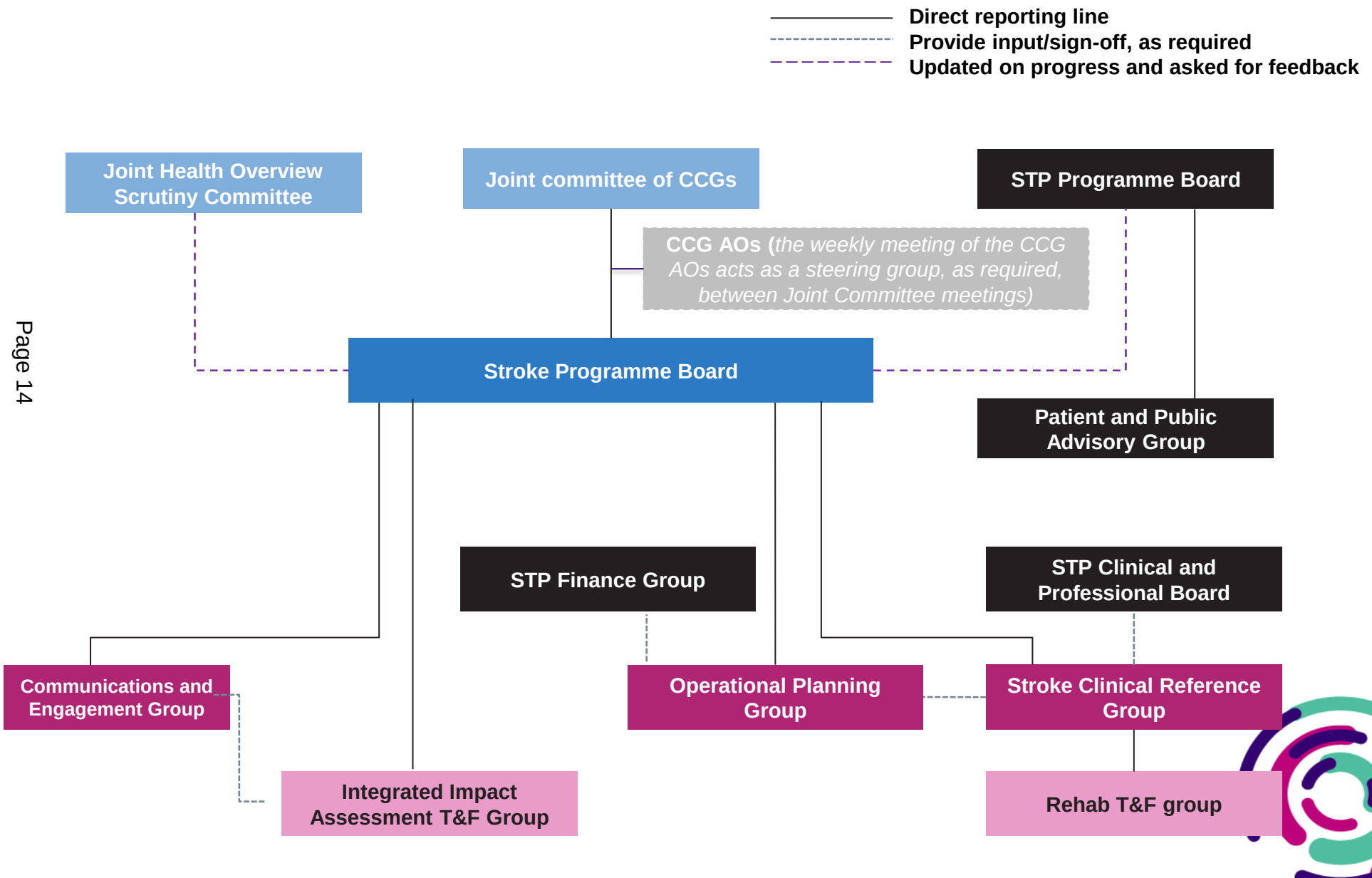
This acute delivery model will be supplemented by additional work on the rest of the stroke pathway, including rehabilitation



- The Kent and Medway stroke review has focussed on the **acute** part of the stroke pathway
- It is recognised that rehabilitation (including Early Supported Discharge) is a crucial part of the overall model

SOURCE: Kent & Medway Review of Stroke Services (2015 /2016); The Clinical Co-Dependencies of Acute Hospital Services: A Clinical Senate Review December 2014]; Sir Bruce Keogh, Transforming Urgent and Emergency care services in England, End of Phase 1 Report, 2014

Governance structure (Patricia Davies)



A Joint Committee of the ten clinical commissioning groups in Kent, Medway, Bexley and High Weald Lewes and Haven has been established

The JCCG enables CCG members to work effectively together, collaborate and take joint decisions about stroke. Its role is to:

- Consider and approve a collective strategy and associated commissioning intentions for stroke services across Kent and Medway, enabling the delivery of high-quality, sustainable and financially viable clinical services. This will include determining the service delivery model and locations from which services will be provided
- Ensure effective public and stakeholder engagement and involvement, including formal consultation as required, has taken place to enable informed and legally compliant decision making
- Oversee the implementation of the approved service delivery model and any associated reconfiguration of services
- Ensure representation and contribution to national, regional or other relevant Alliances and Networks, including clinical networks, as appropriate
- Work with the Kent and Medway STP Board to ensure any decisions made by the JC are informed by the complement wider strategic planning

The Kent and Medway Stroke Review Joint Committee of CCGs is meeting in public to discuss the shortlist on 31 January 2018 at County Hall in Maidstone

Agenda

1. Welcome, Introductions and apologies
2. Background context
3. Case for Change
4. Proposal
5. Evaluation process
6. Assurance process
7. Questions
8. Close

It is a meeting in public, but places are limited by the venue. Members of the public can book a place and register in advance via: https://strokejcccg.eventbrite.co.uk

Decisions about any future location of stroke services will not be taken at this meeting. Those decisions will be taken after formal public consultation and once all the feedback and evidence has been thoroughly considered, likely in the autumn of 2018.

Establishing a JHOSC to include Bexley and East Sussex, in addition to Kent and Medway

A new JHOSC is to be established to include Bexley Council and East Sussex County Council as voting members

The formal decision to establish a new JHOSC incorporating Bexley Council, East Sussex County Council, Kent County Council and Medway Council will be made by:

Kent County Council on 20 February
Medway Council on 22 February

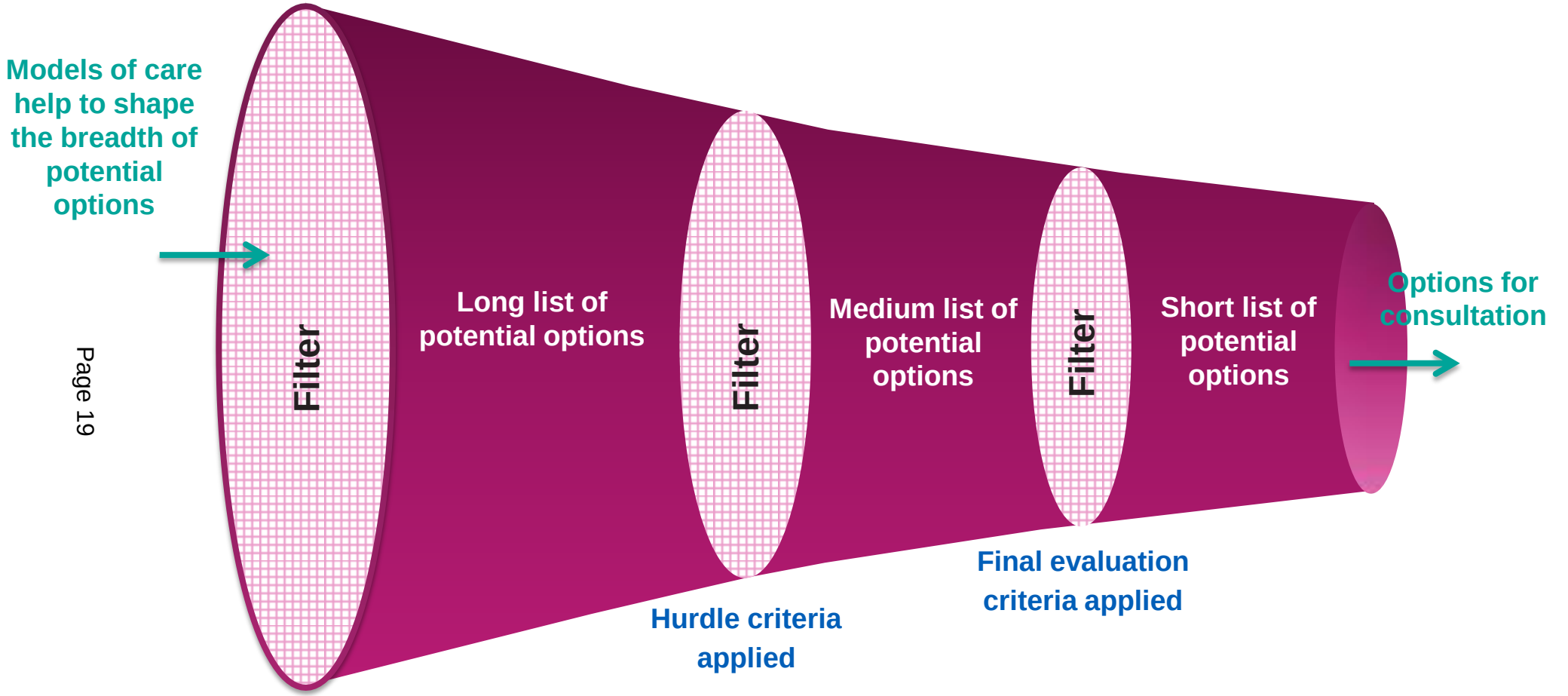
Bexley and East Sussex have their own arrangements for agreeing the establishment of a new Joint HOSC.

Evaluation process (Patricia Davies)

Significant service change requires consultation with the public on the proposed changes

NB - This stage involves multiple stakeholder review as part of the agreed evaluation process

The evaluation process



An agreed set of hurdle criteria were applied to the long list of stroke options which resulted in a medium list of 13 remaining options

Hurdle criteria

- Is the potential configuration option clinically sustainable?
- Is the potential configuration option implementable?
- Is the potential configuration option accessible?
- Is the potential configuration option a strategic fit?
- Is the potential configuration option financially sustainable?

Hurdle criteria applied

Medium list of options

1. DVH, WHH, QEQM
2. MGH, MMH, QEQM
3. DVH, MMH, WHH
4. DVH, MMH, QEQM
5. DVH, MGH, WHH
6. DVH, MGH, QEQM
7. DVH, TWH, QEQM
8. MGH, MMH, WHH
9. TWH, MMH, QEQM
10. TWH, MMH, WHH
11. DVH, TWH, WHH
12. DVH, MGH, MMH
13. MGH, WHH, QEQM

Darent Valley Hospital (DVH)
Tunbridge Wells Hospital Pembury (TWH)
Maidstone General Hospital (MGH)
Queen Elizabeth The Queen Mother Hospital (QEQM)
William Harvey Hospital (WHH)
Medway Maritime Hospital (MMH)

The 13 options were evaluated against the following five domains: Quality, Access, Workforce, Ability to deliver and Affordability

Criteria		Sub-criteria
1	Quality of care for all	• Clinical effectiveness and responsiveness
2	Access to care for all	• Time to access services
3	Workforce	• Scale of impact • Sustainability
4	Ability to deliver	• Expected time to deliver • Trust ability to deliver
5	Affordability and value for money	• Net present value

Full evaluation matrix

		1) DVH, WHH, QEQM	2) MGH, MMH, QEQM	3) DVH, MMH, WHH	4) DVH, MMH, QEQM	5) DVH, MGH, WHH	6) DVH, MGH, QEQM	7) DVH, TWH, QEQM	8) MGH, MMH, WHH	9) TWH, MMH, QEQM	10) TWH, MMH, WHH	11) DVH, TWH, WHH	12) DVH, MGH MMH,	13) MGH, WHH, QEQM
1	Quality													
	• SEC co-adjacencies	/	/	+	/	+	-	/	+	/	++	+	+	/
	• Co-adjacencies for mech. thrombectomy	/	/	+	/	+	-	/	+	/	++	+	+	/
	• Req. for MEC	++	/	++	+	+	/	+	+	+	++	++	/	+
2	Access													
	• Blue light, proxy	++	+	+	+	+	+	+	++	++	++	++	- -	++
	Private car, off peak	++	++	+	+	+	++	+	+	++	++	++	- -	++
3	Workforce													
	Gap in workforce requirements	-	-	/	/	/	/	-	-	-	-	/	/	-
	• Vacancies	++	- -	/	-	+	/	++	- -	- -	-	++	- -	/
	• Turnover	- -	+	- -	- -	/	/	-	+	+	+	-	-	+
4	Ability to deliver													
	• Expected time to deliver	-	-	/	-	/	-	-	+	-	-	-	/	- -
	• Trust ability to deliver	- -	++	++	++	++	++	++	++	++	++	++	++	- -
5	Finance													
	• Net Present Value (NPV at 10 yrs, £m)	- -	+	+	++	+	/	-	+	+	+	+	++	-

Proposal (Patricia Davies)

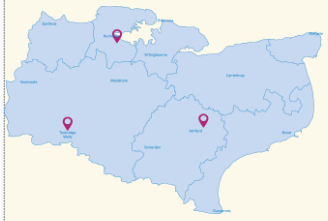
Over the course of the review we looked at:

- a long list that considered different numbers of hyper acute stroke units
- a medium list of possible three-site options
- the shortlist of deliverable three-site options now being consulted on.

Option	Hospitals
A	Darent Valley | Medway Maritime | William Harvey
B	Darent Valley | Maidstone | William Harvey
C	Maidstone | Medway Maritime | William Harvey
D	Tunbridge Wells | Medway Maritime | William Harvey
E	Darent Valley | Tunbridge Wells | William Harvey

Options are not ranked in order of preference.
A preferred option will be developed after consultation.

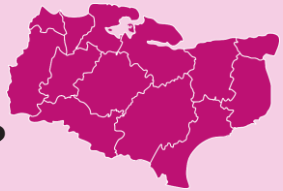
Comparison of options

		A Darent Valley, Medway, William Harvey	B Darent Valley, Maidstone, William Harvey	C Maidstone, Medway, William Harvey	D Tunbridge Wells, Medway, William Harvey	E Darent Valley, Tunbridge Wells, William Harvey
Hospital site locations						
Population within 30 mins by ambulance		73.4%	74.2%	76.2%	82.2%	76.9%
Population within 45 mins by ambulance		91.0%	91.3%	91.3%	92%	91.9%
Capital investment		£30.82m	£36.29m	£37.86m	£35.95m	£30.63m
More stroke doctors needed	In K&M	8	8	8	8	8
	Outside K&M	0	0	2	2	0

Potential disadvantages and concerns

Since starting the stroke review in 2015 we have been talking to staff, patients, the public and wider stakeholders. Issues already raised include:

Is three the right number



Why not have a hyper acute stroke unit at every hospital?

Why not centralise everything on one site?

Travel times

Can ambulances get people to a hyper acute stroke unit fast enough?

Can relatives and carers visit easily?

Recruitment & retention

Can we recruit enough staff for the proposed changes?

Will staff be willing to move to new locations?

Impact on other hospitals

Will sites that lose stroke services suffer?

Are hospitals outside Kent and Medway affected?

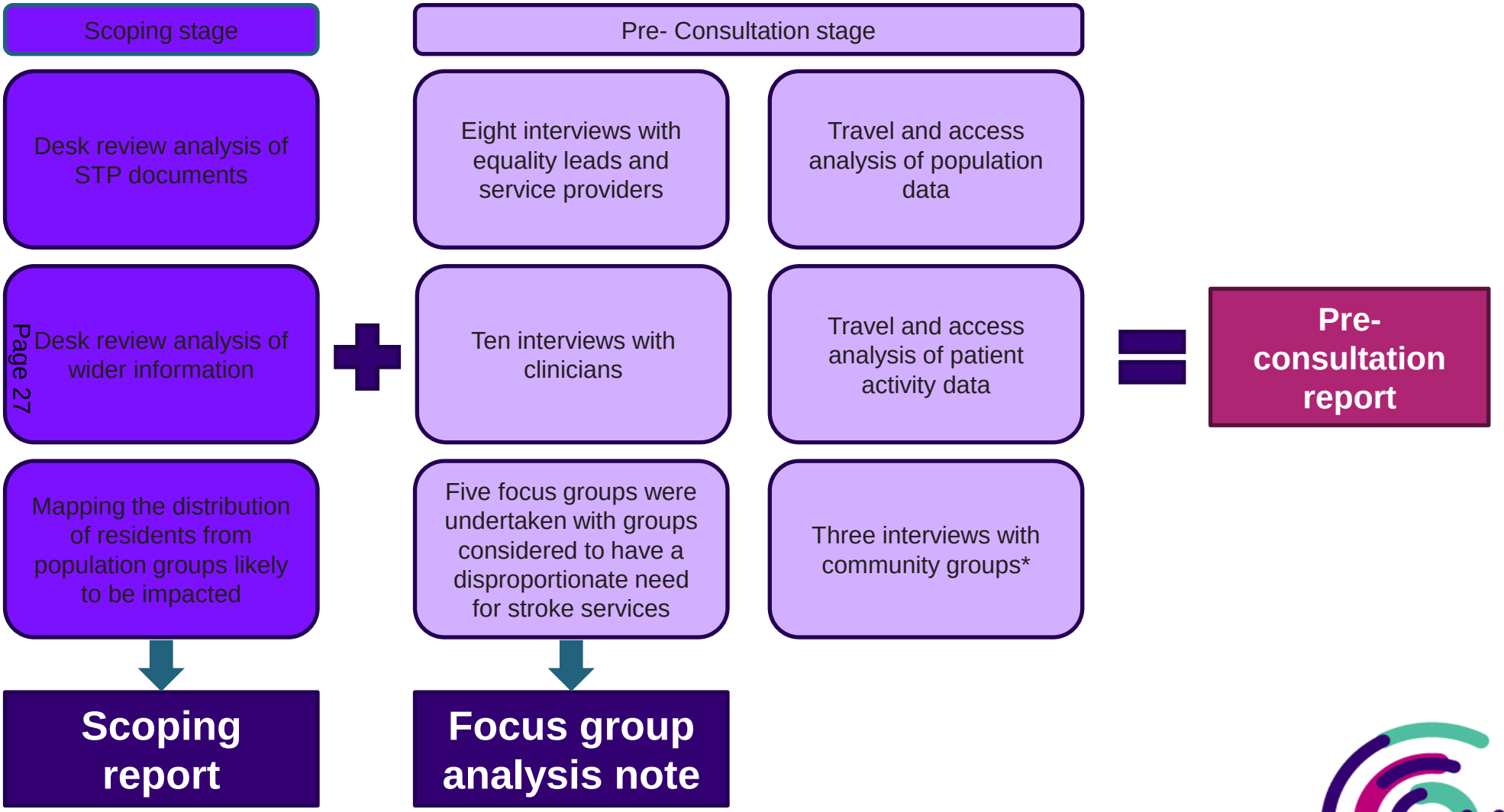
Integrated impact assessment (IIA)

- In May 2017, the Kent and Medway STP Programme Board commissioned Mott MacDonald to undertake an IIA of stroke services. This is an independent review of the proposals in the PCBC.

- There have been five iterations of the pre-consultation report evaluating the potential impacts of the proposed options for stroke services across Kent and Medway.

- The report has been disseminated and commented upon by the following groups/people:
  - Inequalities steering group for the Kent and Medway STP
  - Integrated Impact Assessment Task & Finish Group
  - Clinical Reference Group
  - Operational Planning Group (by email)
  - Clinical Senate

Approach to developing the IIA report



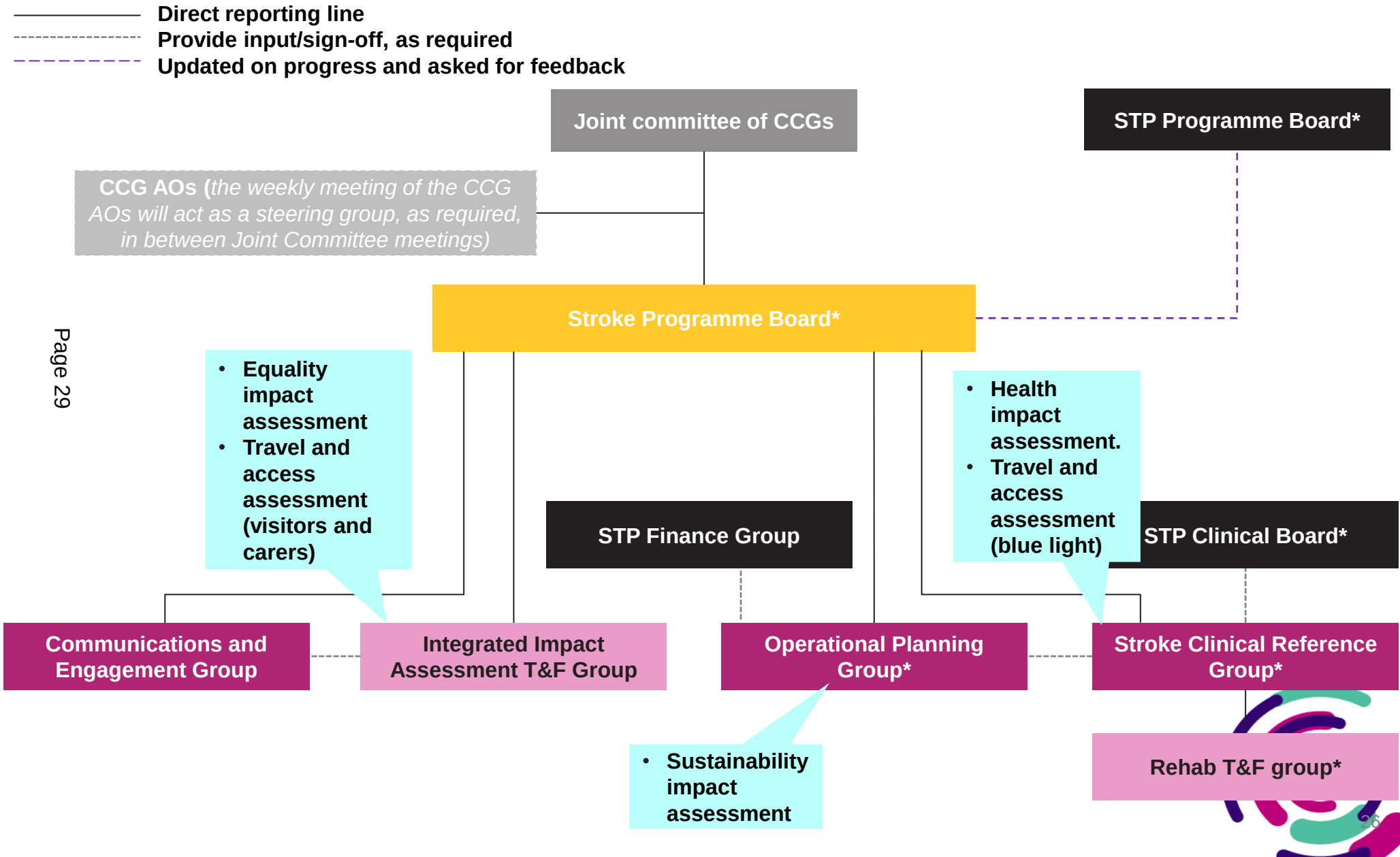
It should be noted that 68 community groups were invited via email to participate in this report through one-to-one interviews. They were sent two reminder emails to take part in an interview.

Scoping phase

In order to assess the impact of the service changes on protected characteristic and deprived groups, the scoping phase involved detailed analysis to understand which groups may have a disproportionate need for stroke services. These groups are as follows:

- Age: Older people (65 and over)
- Disabled people
- Pregnancy and maternity
- Race and ethnicity
- Sex: Male
- People from deprived communities

Different groups have considered different parts of the IIA



Integrated Impact Assessment (Michael Ridgwell)

Key findings from the Integrated Impact Assessment

Health

- The proposed changes will improve patient outcomes and remove the variation currently experienced
- The consolidation of workforce resources will enable the three comprehensive stroke units to sustainably achieve recommended workforce standards. This will create a more sustainable workforce for providing stroke care across Kent and Medway
- Rehabilitation services for stroke patients will be improved, supporting patients to regain their independence and overall quality of life
- For patients experiencing a stroke whilst already in hospital at one of the four sites no longer providing stroke services, a transfer will be required to a HASU
- With activity for stroke services being consolidated into fewer hospitals, there is a risk that capacity could become constrained within these units
- If links between clinical inter-dependent services across the wider STP programme are not appropriately maintained, this has the potential to negatively impact on the safety of care
- The reconfiguration of stroke services is considered to bring challenges for some staff, which could result in increased staff turnover and the loss of current expertise

Sustainability

- The assessment shows that all proposals are expected to increase emissions. Proposal D would result in the lowest change in GHG emissions. Options A, C and D are similar in terms of GHG emissions. Options B and E have the highest emissions, which are nearly twice that of the other proposals

Source: K&M STP Integrated Impact Assessment: pre-consultation report – stroke services, January 2018

Key findings from the Integrated Impact Assessment

Travel and access

- The proposed changes will mean that some patients will have to travel further to access a stroke service
- The proposed changes will result in longer ambulance journeys for some patients required to be conveyed to a HASU, which will negatively impact the capacity of the ambulance service
- Across all shortlisted options there is a reduction in accessibility within 30 minutes by BLA (blue light ambulance)

Equality

- There are disproportionately longer journey times for a number of the listed equality groups under most of the options:
  - Option B: those from deprived backgrounds, those with a LLTI
  - Option C: those from deprived backgrounds
  - Option D: those from a BAME background, those from deprived backgrounds, those with a LLTI
  - Option E: those from deprived backgrounds, those with a LLTI

Source: K&M STP Integrated Impact Assessment: pre-consultation report – stroke services, January 2018

Mitigations (health impact assessment) (1/3)

Proposed mitigations (IIA)	Response	Reviewed by
Further detail on the care model for rehabilitation is required, responding to the lack of clarity that some stakeholders perceive around this. This is an essential part of the stroke pathway of care.	This additional detail has been developed as part of the task & finish group and will be included in the updated PCBC.	Clinical Reference Group
As well as treatment, focus must also be placed on prevention and health promotion activities to counter potential risk factors for stroke.	Agreed. This is covered in the section on prevention in the PCBC.	Clinical Reference Group
The stroke clinical group should review estimated ambulance travel times for the shortlisted and preferred options to ensure that they achieve relevant standards.	The shortlisted options have been shown to meet travel times as part of the evaluation of options.	Clinical Reference Group
As part of evaluating the impact of these changes, activity and outcome information should be closely monitored to ensure standards and outcomes of care are maintained.	Agreed. This will be part of the benefits realisation process as outlined in the PCBC.	Clinical Reference Group
Appropriate protocols should be established for patients already in hospital but requiring urgent transfer to a HASU.	Agreed. These are being discussed within the Clinical Reference Group and detailed protocols will be in place before implementation.	Clinical Reference Group
Continue to update STP activity modelling to ensure that sufficient capacity can be provided at selected Kent and Medway hospitals, for the increased volume of stroke related activity, as well as demand for inter-dependent and clinical support services.	Agreed. This will be monitored through the Clinical Board and the Programme Board which sit across the STP.	Clinical Reference Group

Source: K&M STP Integrated Impact Assessment: pre-consultation report – stroke services, 25 October 2017

Mitigations (health impact assessment) (2/3)

Proposed mitigations (IIA)	Response	Reviewed by
The assessment of capacity and resources must have sensitivities applied including: • The capacity of HASU/ASU services at neighbouring hospitals (should this be closer to patients than their nearest HASU in Kent and Medway) • The impact on capacity if other patients choose to self-present at hospitals with a HASU and require other acute services.	This has been done as part of the updated sensitivity analysis and will be included in the updated PCBC.	Clinical Reference Group
As the wider STP programme develops, continues to review the co-dependencies matrix to ensure that essential links are maintained.	Agreed. This will be the responsibility of the Clinical Board which sits across the STP.	Clinical Reference Group
A programme of engagement with clinical, nursing and wider staff should be undertaken, with clear messages to ensure that staff recognise that they are valued and are proactively encouraged to stay within the Kent and Medway stroke network, despite potential changes to their local service. This engagement should be commenced with all existing services in advance of the announcements of the short list or preferred option.	Agreed. This engagement has already commenced and will continue throughout consultation, decision-making and implementation.	Clinical Reference Group
A workforce plan for the stroke network should be established which focuses on both the short term and longer term resource and succession planning of services. This should consider potential recruitment strategies as well as the impact of trends in specialisation to ensure that the new model of care can be delivered.	A detailed workforce plan is being developed and will form part of the DMBC. Further work is being undertaken on non-consultant groups following feedback from the Clinical Senate and will be included in the PCBC.	Clinical Reference Group

Source: K&M STP Integrated Impact Assessment: pre-consultation report – stroke services, 25 October 2017

Mitigations (health impact assessment) (3/3)

Proposed mitigations (IIA)	Response	Reviewed by
Incentives to encourage staff to relocate should be considered. For example, one stakeholder suggested offering training opportunities to nurses who are band 6 or below.	These opportunities are being considered as part of the workforce planning and will be outlined in more detail in the PCBC and DMBC.	Clinical Reference Group
Where staff are not able to transition to these new arrangements, alternative approaches should be sought to ensure that they are retained within Kent and Medway.	Agreed. Plans are already in place to offer alternative employment where possible. Detailed plans are being developed and will be included in the DMBC.	Clinical Reference Group
Communications with the public should continue to highlight the drivers for change; high quality care and improved outcomes.	Agreed and is included within the consultation plan.	Clinical Reference Group IIA Task & Finish Group
This should include clear messages to the public on the new care models and where to go for services to minimise potential negative transitional impacts.	Agreed. This will be an important part of implementation which will be overseen by the Stroke Programme Board.	Clinical Reference Group IIA Task & Finish Group
Ensure that the clinical regiment currently established continues as the stroke programme progresses. This includes due process, an independent chair of the clinical reference group and clinical engagement.	Agreed. The governance and ownership of implementation has been outlined in the PCBC and will be amended to clarify the on-going role of the CRG in driving the clinical aspects of implementation.	Clinical Reference Group
The South-East Coast Clinical Senate identified that in order for potential benefits to be realised, timescales for implementation need to be realistic, and the feasibility of the models is dependent on effective enabling functions (digital, workforce and estates). Stakeholders have also highlighted these enablers.	Agreed. There are separate workstreams for these enablers and these will become increasingly important as the programme moves towards implementation.	Clinical Reference Group

Source: K&M STP Integrated Impact Assessment: pre-consultation report – stroke services, 25 October 2017

Mitigations (travel and access assessment)

Proposed mitigations (IIA)	Response	Reviewed by
Once a preferred option has been decided, the ambulance service should be involved in assessing the impact of change on their capacity and ascertain the additional resources that may be needed to minimise any impact on the wider ambulance service.	Agreed. Discussions with the ambulance service have already started. Greater detail will be included in the DMBC once a preferred option is identified.	Clinical Reference Group

Source: K&M STP Integrated Impact Assessment: pre-consultation report – stroke services, 25 October 2017

Mitigations (equalities assessment)

Proposed mitigations (IIA)	Response	
Maximise public transport accessibility of specialist centres through engagement with local transport providers.	Agreed. It will be particularly important to engage with voluntary transport services.	IIA Task & Finish Group
Ensure the effective communication of the future model of care to the local population, so they understand how to access and use services and the potential increased journey times.	Agreed – this is part of the work of the communications and engagement group. This will include engaging with people with protected characteristics.	IIA Task & Finish Group
-	Consideration of the role of voluntary transport services in transporting carers and relatives particularly from rural areas. To be incorporated included in the implementation phase of the work. Funding to be considered as part of the DMBC as not material to the options.	IIA Task & Finish Group
-	Review cost/availability of car parking spaces for carers and relatives of longer-term stroke patients. To be incorporated included in the implementation phase of the work.	IIA Task & Finish Group
-	Explore options for carers and relatives to stay overnight, especially if they are far from home. To be incorporated included in the implementation phase of the work. Funding to be considered as part of the DMBC as not material to the options.	IIA Task & Finish Group

Source: K&M STP Integrated Impact Assessment: pre-consultation report – stroke services, 25 October 2017

Mitigations (sustainability assessment)

Proposed mitigations (Operational planning group)	Response
Any “new” buildings should be replacements for existing facilities, where possible.	Agreed. Where possible, the proposed “new” buildings will be replacements or refurbishments of existing buildings. New builds and conversions are subject to the latest NHS building standards, which are more energy efficient than facilities that were built many years ago.

Source: K&M STP Integrated Impact Assessment: pre-consultation report – stroke services, 25 October 2017

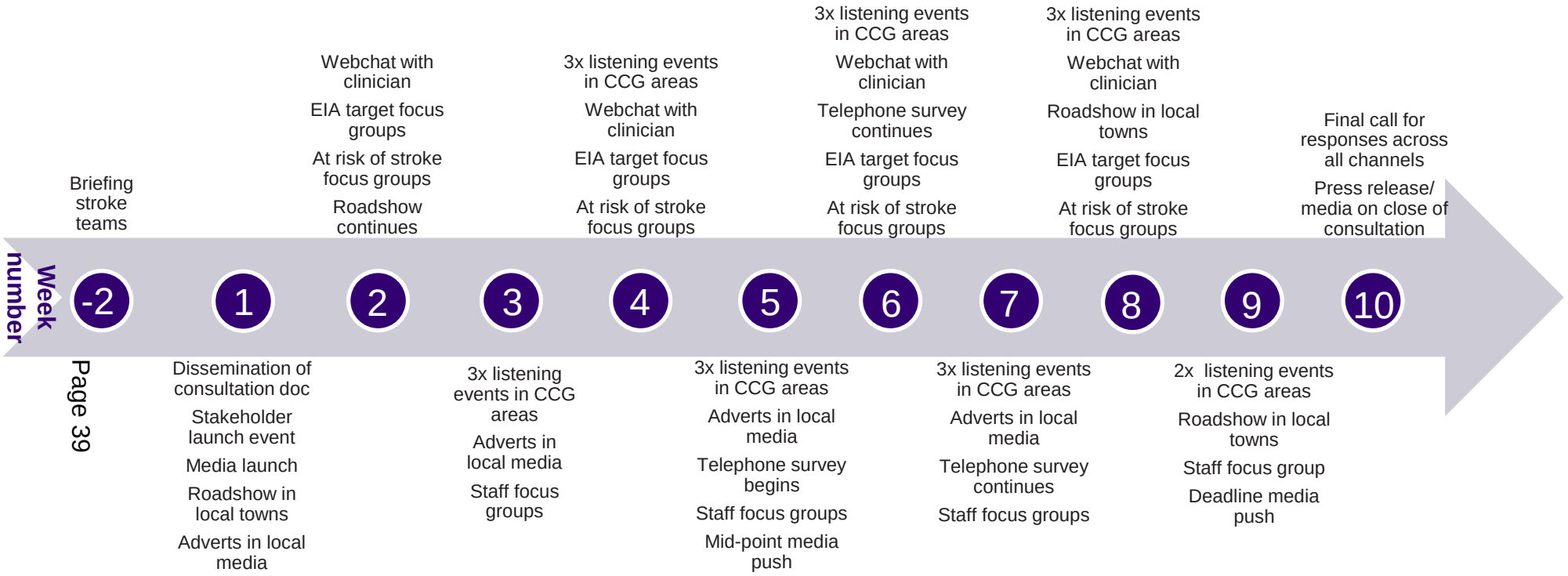
Consultation activity overview (Steph Hood)

It is proposed to launch the public consultation on **1 February 2018** to run for **ten weeks.**

During the consultation period we plan:

- proactive listening events x 10 CCG areas
- existing meetings schedules and opportunities at K&M and CCG level
- responding to meeting requests
- support for meetings run by others (eg animation, consultation documents, FAQs)
- outreach to seldom heard groups (building on pre-consultation engagement)
- targeted focus groups i) IIA ii) likely impacted by stroke changes iii) staff
- representative sample population – telephone survey
- 1-1 stakeholder engagement for targeted responses
- digital and social media campaign
- media campaign

Consultation activity overview



Activity taking place throughout consultation period

- Supporting materials and survey on STP website and signposted from CCG and provider sites
- Weekly topic-specific content shared via STP, CCG and provider communications channels (e.g. website, social media, bulletins/newsletters, staff briefings etc)
- Promotion of consultation to and in 3rd party stakeholder organisations communications channels
- Presentations to/attendance at key stakeholder meetings/groups
- Information displayed in provider organisations (including staff areas), GP practices, libraries, community centres and other public spaces
- Providing support materials for 3rd party meetings (e.g. animation, consultation documents, FAQs)
- Proactive outreach to seldom heard groups
- Targeted1-1 stakeholder engagement to generate responses

Giving your views

Once our consultation has launched:

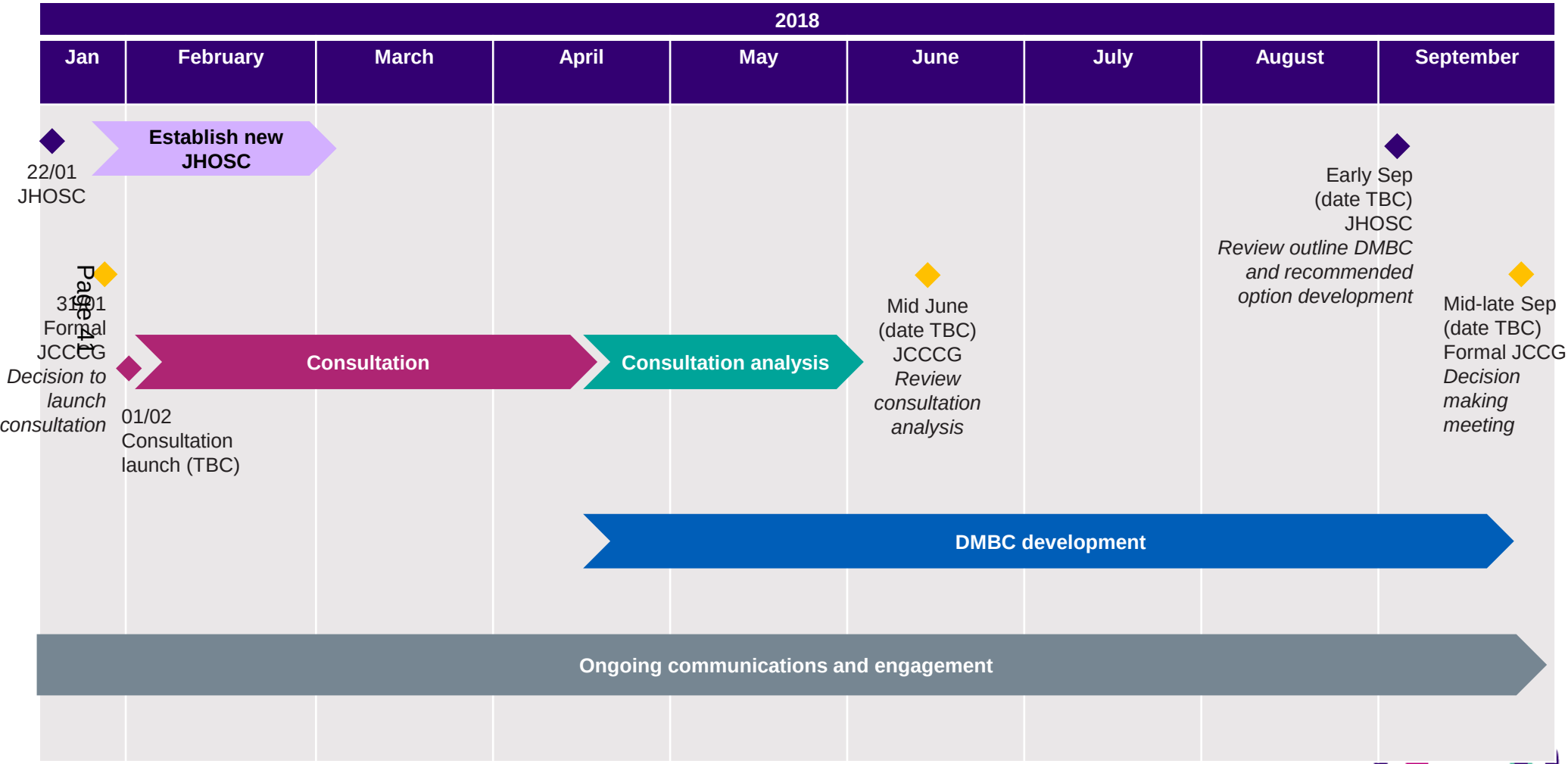
- You will be able to read more about the proposed changes
  Visit www.kentandmedway.nhs.uk/stroke
  for the consultation document and questionnaire (these will also available in printed format), and find more information on our website including:
  - pre-consultation business case
  - travel time modelling
  - options evaluation process
  - integrated impact assessment and more

- And when you are ready to respond

  - Complete the consultation questionnaire online or by post

Next steps (Patricia Davies)

Indicative high level timeline



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Transforming health and social care in Kent and Medway

Review of stroke services in Kent and Medway

Our consultation plan

Plan for public consultation and resourcing

Draft document for comment and discussion

Work in progress

V19 18.01.18

Add publication date

Contents

Please note: This is a working document and it will be further developed as we move towards formal consultation. More detail will be added as plans are put in place (e.g. meeting dates and venues) and research services are commissioned from external suppliers (e.g. dates of focus groups).

1. Introduction

Over the last year, the NHS, social care and public health teams in Kent and Medway have been working together to plan how we could transform health and social care services to meet the changing needs of local people, improve the quality of services, and deliver sustainable services for the long-term within our available resources. This work is being progressed through the Sustainability and Transformation Partnership (STP) for Kent and Medway and its driving force is to set out and deliver changes to services to achieve the right, best quality care for people for decades to come.

A major part of this programme of work is to continue to progress the review of hospital stroke services across Kent and Medway. The eight GP-led clinical commissioning groups (CCGs) in Kent and Medway (responsible for planning and buying healthcare for local people) have been working together on this review since late 2014. Their work has been in response to national evidence, requirements and recommendations specifically for hospital-based urgent stroke care, meaning the care people receive in hospital immediately after having a stroke. Partners across our county border in London (Bexley CCG and Bromley CCG) and Sussex (High Weald Lewes and Havens CCG) have also been involved in our work. Bexley CCG and High Weald Lewes and Havens CCG have opted to be part of the Joint Committee of CCGs consulting on this service change, as they recognise that services in Kent and Medway are used by their residents living close to the Kent and Medway borders and therefore there could be a material impact from this review on their future commissioning of stroke services.

Over 3,000 people are treated in Kent and Medway for a stroke every year. National evidence shows people having a stroke do best when they are treated in a specialist stroke unit, staffed by specialist doctors, nurses and therapists available 24 hours a day, seven days a week. Over recent years, a number of areas across the country have reorganised their stroke services to provide such units and have seen significant improvements in patient outcomes (fewer deaths, and less disability) as a result.

Although hospital staff in Kent and Medway provide the best service they can, the way stroke services are set up currently, along with specialist staff shortages, means our local hospitals do not consistently meet the national standards for clinical quality. Evidence shows that to best maintain their skills, specialist stroke staff should treat between 500 and 1,500 strokes every year. Only one of the seven hospitals in Kent and Medway regularly treats more than 500 stroke patients a year.

Following detailed engagement with stroke survivors, their families, the public, stroke doctors and nurses and other key stakeholders since 2014, we are proposing to create ‘hyper acute stroke units’ in addition to our ‘acute’ stroke units in Kent and Medway. This is expected to lead to an improvement in outcomes for patients, reducing deaths and disability.

We will be consulting on five three-site options for hyper acute and acute stroke units. Stroke services are currently offered at six of our seven acute hospitals, but these are not 24 hours a day, seven days a week, specialist stroke units. A pre-consultation business case (PCBC) outlining our

proposals in detail and including detailed information about our communications and engagement work so far, has been developed and this will be published in due course, when we go to formal consultation. We are aiming to run a formal public consultation, to test and gather feedback on our proposals for the future of stroke services in Kent and Medway, early in 2018.

About this plan

This plan sets out how we will approach a formal consultation on urgent stroke services across Kent and Medway and with our neighbouring areas in Bexley and High Weald Lewes and Havens. More detailed plans and additional information are included as appendices to this document.

This plan has been informed by discussions with colleagues from commissioner and provider organisations across Kent and Medway and CCGs in Bexley, Bromley and East Sussex, the Stroke Association, and our Patient and Public Advisory Group (PPAG). It has also been informed by best practice principles from NHS England and NHS Improvement, Cabinet Office guidelines on consultation and from The Consultation Institute, as well as examples of good practice found across healthcare and other organisations in England. The PPAG will continue to play an active role in the development and refinement of our consultation plan and activities, and members of the group have agreed to act as a reference group to review and comment on consultation materials and activities as they are developed.

Governance

Development and implementation of this consultation plan will be overseen by the communications and engagement workstream of the Kent and Medway STP programme, reporting in to the Stroke Programme Board via the Stroke Communications Lead (LR) and the STP Programme Board via the STP Communications and Engagement Lead (SH), and to the Joint Committee of the CCGs via the STP Communications and Engagement Lead (SH). Representatives from Bexley and High Weald, Lewes and Havens CCGs are part of the governance structure of the stroke review via the Joint Committee of the CCGs. NHS communications and engagement leads from these areas, and Bromley as another border area (although not a member of the Joint Committee), will be engaged during the consultation planning phase to ensure that their knowledge and expertise is played into the final activity plans for their local residents.

The STP Programme Director (MR) is the Senior Responsible Officer for communications and engagement, and the Accountable Officer for Dartford, Gravesham and Swale, and Swanley CCGs (PD) is the Senior Responsible Officer for the Kent and Medway review of stroke services.

This plan will be formally approved and signed-off by the Stroke Review Programme Board, by the STP Programme Board, and by the Joint Committee of the CCGs. It will be reviewed by a number of other groups, who will be given the opportunity to provide feedback, such as the Kent and Medway Clinical and Professional Board and the Kent and Medway STP Patient and Public Advisory Group. The Joint Health Overview and Scrutiny Committee will be asked to discuss, give feedback on and support the plan.

2. Scope

In **geographical** terms, the consultation will cover the eight CCG areas in Kent and Medway, plus two adjacent CCG areas – High Weald, Lewes Havens in Sussex and Bexley, in south east London.

Whilst we are consulting on proposals to change acute stroke services within Kent and Medway, there are neighbouring communities whose residents may be impacted by our proposals. We have engaged with the Health Overview and Scrutiny Committees across our county borders in East Sussex and in Bexley, south east London, as our modelling showed a potential impact for residents in these areas in terms of future access to hyper acute stroke unit services. Both these scrutiny committees have confirmed that our proposals constitute significant variation to current service

provision for their residents, and therefore they have decided to form a Joint Health Overview and Scrutiny Committee with colleagues in Kent and in Medway. We will continue our engagement with members and will formally consult with this new Joint HOSC, in accordance with our statutory duties.

We have also engaged with neighbouring clinical commissioning group colleagues in Bexley, Bromley and High Weald Lewes Havens. Bexley and HWLH CCGs have agreed to join the Joint Committee of CCGs (with the eight Kent and Medway CCGs) and become formal consultors, in recognition of the impact the proposals could have on their commissioning decisions about stroke services for people in their areas. Bromley CCG has decided not to be part of the Joint Committee of CCGs in recognition of the potential impact on activity and patient flows at the Princess Royal Hospital within its CCG area, preferring instead to be a consultee and to respond to the consultation with this in mind.

Our consultation activity will therefore stretch across ten CCG geographies, reaching out to residents in Kent, Medway, High Weald Lewes and Haven and Bexley. We will also seek to inform and make sure information is available for statutory health and care organisations and key stakeholders, and residents, in neighbouring Bromley.

To support this work, we will link with communications and engagement colleagues in Bexley and High Weald Lewes Havens CCGs and Bromley CCG and work with and through them to: identify stakeholders and networks – particularly to reach our targeted audiences; cascade and distribute information; signpost and encourage responses to our consultation questionnaire; attend key meetings and fora; and, in Bexley and High Weald Lewes Havens areas, to hold open listening events with the public. We will include these areas in our work to gather views from a representative section of our consultation population, for example through focus groups and telephone polling, and in our outreach activity to consult with seldom heard and protected characteristic groups.

In **service** terms, the consultation proposals focus on changes to hospital-based urgent stroke services in Kent and Medway. We are aware that people will want to know, and consideration has been given to, how these services will align with care given outside of a hospital setting (areas such as rehabilitation and local care and support at home or in a community setting) but rehabilitation services and local care services per se are outside of the scope of this consultation.

3. Pre-consultation engagement

Since the review of stroke services began in 2014, a significant amount of pre-consultation engagement has been carried out with local people, communities, staff and stakeholders across Kent and Medway. In south east London and East Sussex, engagement work proportionately reflects the impact that these proposals will have on the respective populations. The three border CCG areas affected (Bexley, Bromley and High Weald, Lewes Havens) have all been involved as consulting partners or interested stakeholders in the stroke review to date.

Prior to formal public consultation, pre-engagement activity with partner organisations (hospital trust and clinical commissioning group clinical and leadership teams), frontline staff, stakeholders such as MPs and local government representatives, and patients, public, stroke survivors, carers and their representatives such as the Stroke Association and Healthwatch, has been done to ensure that the proposals have been clinically led, co-designed and developed with significant input from a wide range of people.

This work is detailed in the pre-consultation business case and a full break down of activity can be found here [DN: insert link when available/published].

Statutory duties and legislation

As NHS organisations we are required to show how the proposals we are putting forward meet the four tests for service change laid down by the Secretary of State for Health. These are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear clinical evidence base to support the proposals
- Support for the proposals from clinical commissioners.

There is also a legal duty on NHS organisations to involve patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate:

- Section 242, of the NHS Act 2006, places a duty on the NHS to make arrangements to involve patients and the public in planning services, developing and considering proposals for changes in the way services are provided and decisions to be made that affect how those services operate.
- Section 244 requires NHS bodies to consult relevant local authority Overview and Scrutiny Committees on any proposals for substantial variations or substantial developments of health services. This duty is additional to the duty of involvement under section 242 (which applies to patients and the public rather than to Overview and Scrutiny Committees).
- The NHS Act 2012, Section 14Z2 updated for Clinical Commissioning Groups places a duty on CCGs to make arrangements to ensure 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):
    - in the planning of the commissioning arrangements by the group
    - in the development and consideration or 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
    - 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.

Current guidance on involvement is called 'Transforming Participation in Health and Care' and is available here - http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf

We need to make sure that our consultation activities meet the requirements of The Equality Act 2010, which requires us to demonstrate how we are meeting our Public Sector Equality Duty and how we take account of the nine protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

We also need to consider other relevant legislation and show:

- How we have learnt from the views and requirements of those who may use our services and their carers, families and advocates and responded to their feedback
- How the proposals will bring significant clinical benefits and improve outcomes and accessibility
- How the proposals consider people's diverse and individual needs and preferences including people with protected characteristics.

The approach and activity outlined in this document demonstrates how we will meet these obligations.

4. Consultation principles

Our consultation plan is underpinned by some fundamental principles. As well as shaping the content and activity of our consultation, these principles will form the basis of our evaluation of the plan.

Consulting with people who may be impacted by our proposals

- We will reach out to people where they are, in their local neighbourhoods and in local networks.
- We will make sure that there are 'no surprises' for staff whose jobs may be affected by the review and that they will hear from us first about the proposals and have an opportunity to respond. We will ensure that they are aware of the process, understand how their roles may be impacted and will ensure they understand how they can give their views on the consultation.
- We will cover the geography, demography and diversity of Kent and Medway and our boundary populations, including the working population, silent majority, seldom heard, people who are mostly well, and people who aren't, and those with protected characteristics, to gather a fair representation of views and feedback.

Consulting in an accessible way

- We will provide detailed information on websites to ensure transparency. We will also produce targeted public-facing documents (some printed as we know not everybody wants to access information digitally), summaries, case studies and social media content.
- We will make sure our public information is consistent and clear; written and spoken in 'plain English' avoiding jargon and technical information; accessible to everyone and available on request in a range of languages and formats.
- We will make clinical information and agreements available to the public.
- We will provide a range of opportunities for involvement and engagement with our consultation; reaching out to people where they are, in their local neighbourhoods and in local networks, physically and digitally.

Consulting well through a robust process

- We will make sure that local people and the staff working in organisations affected by the proposals across Kent and Medway and within the boundaries of London and East Sussex CCG areas have confidence in our consultation process, ensuring it is open, transparent and accessible.
- We will be clear and up front about how all views can influence decision-making, explaining it will not be possible to do everything everyone wants and why difficult decisions have to be made.
- We will make sure people are aware of our consultation even if they choose not to participate.
- The consultation will run for a sufficient length of time to allow people to give their views and we will provide regular reminders about progress and the closing date.
- We will strive to ensure we are acknowledged locally and nationally to have undertaken a meaningful and effective consultation process.

Consulting collaboratively

- We will work collaboratively with individuals, stakeholders and partner organisations to deliver the agreed consultation principles and make the most of the opportunities of partnership working to reach out to as many people as we can in a meaningful way across Kent and Medway and our boundary populations in London and East Sussex.

- Our information will be relevant to local groups, being clear about what the proposals mean for each geographical area and for each group of people taking account of their interests, diverse needs and preferences.

Consulting cost-effectively

- We will strive to ensure our consultation budget is spent wisely and used effectively in terms of reach and response, delivering good value for money throughout.

Consulting for feedback

- We will monitor and evaluate our consultation process consistently and in a systematic way, including capturing feedback and comments from events, meetings, discussions and individual responses
- We will commission several 'mid-term' reports in terms of consultation response analysis, to assess progress on where, how and from whom we are receiving feedback and responses, so we can target our activity to address gaps in feedback geographically or demographically
- The analysis of feedback will be done independently, and the independent report shared publicly
- We will use the results of consultation to inform decision-making.

We will strive to deliver a best practice consultation within the timeframe and budget allocated and will work with independent providers to deliver key consultation work and to analyse the results to ensure an objective outcome. We will use a mix of qualitative and quantitative methodologies to allow for both volume and richness of response.

To help us achieve this aim, we have the following objectives:

- Make people aware of the public consultation and how they can get involved
- Comply with the duty to inform people about how the proposals have been developed and describe and explain the proposals and what they will mean in practice for the provision of local services so that people can make an informed response
- Seek people's views on the proposals, including the range and location of services as set out in the proposals
- Ensure that a diverse range of voices are heard and that the engagement activities target specific community groups to ensure the local population is represented
- Consider the responses made as part of the consultation and take them into account in decision-making, with sufficient time allocated to give them thorough consideration
- Ensure that the consultation process uses a range of methods to reach different audiences and maximises opportunities for engagement with the local community and key partners
- Deliver a public consultation in line with best practice that complies with our legal requirements and duties.

5. The consultation document – outlining our proposals for the future of stroke services

At the heart of our consultation is a public-facing consultation document that will outline the proposals for the future of hospital-based urgent stroke services in Kent and Medway, with explanatory, supporting information and a set of questions to allow people to tell us what they think of the proposals. We will make this document available in a range of formats and through a variety of different channels (which we cover later in this document). Our consultation activity is focussed solely on promoting and explaining the proposals, their benefits and their disadvantages, and eliciting feedback on them in as wide a variety of ways as possible. A full list of consultation products and collateral is in development and is described further throughout this document.

6. Target for reach

We want to reach a representative sample of the population to ensure that there is awareness of the proposals, sufficient opportunity to comment and a rich source of feedback and insight for us to make sure that future decisions on the shape of urgent stroke services are ones that reflect the needs of the local population. Therefore, our objective is to reach a minimum of one percent of the Kent and Medway, Bexley and HWLH population, with a stretch target of five percent if resources allow. This is the target to reach people with information about the consultation (e.g. directly through engagement activity, through social media, traditional media, paid-for advertising etc.). The total registered population of Kent and Medway, Bexley and High Weald Lewes and Haven is c2.2million, so one percent is 22,000 and five percent is 110,000.

If we set our targets for reach too high we will need to use a lot more paid-for advertising, which may not then result in a very different outcome on feedback. The important target is that the feedback is representative and that it delivers some rich insights into people's views. The quality of feedback to our consultation is important alongside the quantity.

Our target for responses is 3000 separate responses. These could be emails, questionnaires, Tweets, phone calls, letters or comments made at events. Where we can show whether the same person or group has replied twice, we will do, but it might not always be possible.

This target takes into account that significant stakeholder engagement has been ongoing since 2014 so some people will feel that they have had their say already, their views have shaped the options presented, and they may not choose to reply again, but they have engaged and shaped the outcomes. More detail on the engagement that has already taken place can be found in detail in the pre-consultation business case [DN: link once PCBC published].

The target for reach will be a key measure of our evaluation for the success of the consultation.

7. Stakeholder mapping

We aim to engage as many people and groups as possible from the local area as the timeframe and budget for our consultation permits. We will be seeking to work with our colleagues and organisational partners in teams across the county to enable this. Our stakeholder map below illustrates the broad range of stakeholders we anticipate will have an interest in responding to the proposals and this plan outlines our strategy for engaging each of these key groups.

The groups and organisations we have identified will be engaged during the consultation period, where they will be encouraged to share their views on the proposals and potential site options. In addition, to help us reach as many people as possible, we will ask all organisations and groups to act as conduits and to actively help us promote the consultation (via their communication and engagement channels and distribution networks) to any relevant stakeholders.

Patients and public	Clinicians and staff	Local and national government and regulators	Political	Partners and providers	Media
• Residents of Kent, Medway, Bexley, Bromley, High Weald, Lewes and Havens • Stroke patients, carers and their families, and their representative groups such as The Stroke Association • Those previously involved in pre-consultation engagement activities • Seldom heard groups • Groups with protected characteristics • Relevant Healthwatch groups • Local patient groups (GP Patient Participation	• Trades unions, staffside groups and professional organisations • acute hospital staff • community services provider staff • social care teams • mental health trust staff • CCG Governing Body members • CCG GP members • GP practice staff, dentists, opticians, pharmacists and their local council bodies • Royal Colleges • Universities and medical schools • Health Education bodies	• NHS England (national and regional) • NHS Improvement (national and regional) • South East Coast Clinical Senate • Professional bodies • Councils (top-tier and district)	• Local MPs • Joint Health Overview and Scrutiny Committee members • Health and Wellbeing Boards • Councillors	• Acute hospital and community services providers – boards and frontline staff • Boards and staff in neighbouring areas • Boards and mental health trust staff in neighbouring areas • GP Governing Body members • CCG GP members • GP practice staff, dentists, opticians, pharmacists • Ambulance service boards and staff • Voluntary and community groups	• Local print and broadcast channels • Specialised press and media including stroke support group newsletters, bulletins and online publications • National print and broadcast (while we will not proactively seek national media coverage, we should be prepared to handle enquiries from these outlets) • Trade press (professional media outlets such as nursing or medical

Groups, Health Reference Groups etc) • Carers groups • Kent and Medway STP Patient and Public Advisory Group members • Kent and Medway STP Partnership Board members • Campaign groups • Voluntary and community sector groups including faith groups	• Kent Surrey and Sussex Academic Health Science Networks			• Local business organisations and chamber of commerce	journals and publications as well as online and social media counterparts are often useful channels for raising awareness of proposals to staff and professional groups) • Partner organisation news channels such as council papers, local directories and leaflets and voluntary sector organisation newsletters

8. How we have developed this plan

In developing this plan, we have built on the pre-consultation engagement activities [DN: link to PCBC engagement appendix] that have been undertaken during the stroke review since 2014 and more recently as part of the development of the Kent and Medway Sustainability and Transformation Partnership work.

The local community

We have conducted a thorough mapping exercise of local community groups and organisations during the stroke review and as part of the ongoing development of our Sustainability and Transformation Partnership work. Local clinical commissioning group engagement teams also regularly review their stakeholder maps and channels and we will be using these to reach out to people. We have also undertaken targeted outreach work with seldom heard groups and those with protected characteristics during the summer of 2017 to ensure that we have contacted the range of groups protected under equalities legislation. We will continue with this work and ensure that as many diverse views as possible are able to feedback on the proposals. All groups we have engaged with will be sent a copy of the consultation document and questionnaire and be invited to respond, with an offer of more copies, further engagement opportunities and attendance at meetings if requested.

Independent delivery partners

We will work with an independent research partner to develop the consultation questions and to analyse and report the responses from groups and individuals. We are also recommending commissioning additional focus group and telephone survey research which will be taken forward by an independent research company.

The Joint Health Overview and Scrutiny Committee (JHOSC)

The Kent and Medway JHOSC has been receiving regular updates on the progress of the stroke review, including the engagement activity that has been undertaken so far, over the past three years. We have also engaged with colleagues in Bexley HOSC and East Sussex HOSC and discussed our ongoing work and emerging proposals. Our consultation approach will be presented to them for their feedback and will include how we will consult with them as a statutory requirement and how we will consult the broader public and stakeholders. It should be noted that we are recommending a ten-week consultation period following discussion and feedback from a range of stakeholders and including the Kent and Medway JHOSC. HOSC colleagues in Kent, Medway, Bexley and East Sussex have emphasised that it is the robustness of the consultation that is important rather than necessarily the length of it. Kent and Medway JHOSC members are keen that we make progress on the review of services with pace, whilst all involved recognise that we have a legal duty to ensure all consultees, including members of the public as well as statutory and other organisations, have sufficient time to find out about and respond to the consultation. We will formally consult with the Joint Health Overview and Scrutiny Committee (which we expect to comprise Kent, Medway, Bexley and East Sussex members) as part of our statutory duties, and will keep them regularly updated throughout the consultation period and beyond with our wider public consultation work, and at the appropriate time, with our decision-making and detailed implementation plans.

The Stroke Programme Board and other staff groups and representatives

Clinicians and other health care professionals and staff have been involved in the development and delivery of pre-consultation engagement activities. The Stroke Programme Board and Clinical Reference Group has advised and commented on plans and activities and will receive regular reports on the consultation once it is underway. We have made a commitment to staff who may be affected by the proposals that they will hear about them through us first. While we know that the

stroke review has widespread support and engagement from staff and is a clinically-led review, making sure that those whose jobs might be affected receive information directly from their own organisation about the consultation, rather than first from their local newspaper or via social media, is vital if we are to show consideration and respect to our staff - those who are treating people for stroke on a daily basis.

Voluntary and community sector and local elected representatives

The Stroke Association and other patient groups have been working closely with us in partnership through our pre-consultation engagement phase. At STP level in Kent and Medway, a Partnership Board comprising more than 70 partners, councillors, other public services, and voluntary sector groups and representatives advises the programme on the development of future plans for the Kent and Medway health and social care economy. In addition, we have recently held meetings with representatives from the voluntary, charity, and social enterprise (VCSE) sector, and with district and borough councillors across Kent and Medway. We plan to work closely with these groups and partners during our formal consultation to ensure that as wide a cross-section of the community is informed about and made aware of the consultation as possible, and to increase the range of opportunities available for our patients, their relatives and carers and the public to have their views heard.

Kent and Medway STP Patient and Public Advisory Group

As well as advising and contributing to the work of the wider Sustainability and Transformation Partnership programme, the Kent and Medway Public and Patient Advisory Group has a key role in developing and testing our approach to engagement, especially for public consultation periods. Group members have been, and will continue to be, invited to make suggested improvements in how engagement can be strengthened and to offer feedback on how they believe emerging proposals will impact patient choice (linked to achievement of the four reconfiguration tests). They will also be a key mechanism for raising awareness of the consultation amongst their own networks. PPAG members have agreed to form a small sub-group to act as a reading group and advisory group on the draft consultation materials and detailed plans.

Healthwatch

Healthwatch Kent and Healthwatch Medway have both been involved in the STP programme and the stroke review for some time. Healthwatch Kent are represented on the Stroke Review Programme Board, and Healthwatch Kent and Healthwatch Medway are members of the STP Partnership Board and our Patient and Public Advisory Group. We will be formally attending Healthwatch public meetings during the period to listen to their views on the proposals and will continue to work in partnership with them to use their networks to deepen engagement and to encourage responses to our consultation. We will also be encouraging Healthwatch across the Kent county boundaries, representing communities in Bexley, Bromley and High Weald, Lewes Havens, to respond to the consultation and encourage their volunteers to do the same, and to promote the consultation through their own newsletters and channels.

Integrated Impact Assessment (IIA)

An Integrated Impact Assessment was undertaken during the pre-consultation phase and we have used the results of this work to inform our consultation planning. According to the IIA, the following groups with protected characteristics may have a disproportionate need for stroke services.

- Age (older people aged 65 and over)
- Deprived communities
- Disabled
- Pregnancy and maternity
- Race and ethnicity: Black, Asian and minority ethnic (BAME) communities

- Sex: Male

We will target our activities to specifically focus on these groups as well as wider communities, and use our networks and contacts within the voluntary and community sector to help elicit feedback from these groups. We will also use dedicated research and engagement methods to reach representatives of these groups.

9. Consultation activities – an overview

A good consultation exercise should employ a range of techniques and channels to ensure that members of the public and stakeholders may fully participate. Our approach will make efforts to reach a broad range of people, in addition to and beyond statutory organisations, partner organisations and those with a vested interest or those already highly engaged who usually respond to consultations. We aim to do this through using a variety of methods to engage with the public and stakeholders.

It is recommended that activity takes place at two levels, which is described in more detail in Appendix C:

1. **Activity that takes place at a Kent and Medway/STP level**: briefings and meetings with groups and stakeholders at county level (eg JHOSC, MPs, some patient and voluntary groups, regulators, partners, royal colleges, clinical senate etc), generation and clearance of core content, production and distribution of consultation materials, planning and delivery of a launch event, responses to correspondence, FOI, media requests and proactive media activity, digital engagement etc
2. **Activity that takes place at CCG level**: CCGs have been asked to develop dedicated plans tailored to their areas allowing them to take into account the specific opportunities, networks, channels and mechanisms that will present themselves across CCG areas, supported by the core consultation team and consistent core consultation materials as appropriate.

Our techniques will recognise the different ways in which various stakeholder groups and audiences might choose to participate, allowing for differing levels of engagement or interest as reflected in the stakeholder analysis. By using a range of different methods, we will be able to facilitate a wide range and breadth of feedback.

We will use a range of techniques to enable people from all local communities to take part in the consultation and to give feedback. Consultation methodology generally falls into two main categories - giving information and getting information.

At the core of our consultation will be a consultation document and summary which clearly lay out the basis on which we are consulting, the background to the consultation, a summary of the data upon which options have been developed and what the proposals/options are, and signposting for more detailed technical information if needed. This document will also seek feedback and promote the various other methods by which people can engage in the consultation. This will be developed and produced at Kent and Medway level with individual CCGs responsible for developing local plans for dissemination.

In line with best practice the consultation document will meet the following criteria:

- The consultation document will be concise and widely available
- The language of the consultation document will be accessible, clear, concise and written in plain English. It will be available in other languages and formats on request
- The objectives of the consultation document will be clearly stated

- The consultation document will provide details of all options for change with well-balanced pros and cons for each option, including the implications of no change
- Proposals will be set out clearly and transparently
- The consultation document will contain specific, relevant, clear information
- The consultation document will explain why service improvement is required, setting out what the results of change will look like in terms of benefits to patients (whether in terms of clinical outcomes, experience or safety) as well as any financial benefits, but also setting out any potential disadvantages, presenting a balanced view
- A set of key questions will be included
- The consultation document will inform the public about how they can contribute to the consultation and state clearly how feedback will be used
- An email as well as a freepost address will be given for responses
- The consultation document will include a list of the partners leading the consultation
- The document will include details of how patients and the public have been involved so far
- The consultation document will include contact details for a consultation enquiry line, staffed by someone/people who will respond to questions and who will pursue complaints or comments about the consultation process
- The consultation document and other supporting collateral will be available in paper format, free of charge
- The consultation document will be on the CCGs and Kent and Medway STP website in digital format from the start of the consultation
- The document will give the dates of the consultation period (start and finish).

We have tested, and will continue testing, our draft document and other consultation materials with the STP Patient and Public Advisory Group and selected people within our target group to ensure that they are clear and well-understood. In addition, we will seek advice from an independent evaluation organisation to help us design non-leading questions that meet the highest standards of research design for this sort of exercise, and undertake cognitive testing on the consultation questionnaire to ensure that our target audiences find it easy to understand and respond to.

Distribution channels

As noted in our section on stakeholder mapping, we will distribute a range of consultation materials throughout our consultation area (Kent and Medway, Bexley, Bromley and High Weald, Lewes and Haven) to our partners and stakeholders and encourage them to disseminate information through their own networks. These include:

- All NHS acute hospital sites
- All NHS community hospitals and clinics
- All GP practices
- All community pharmacies
- Clinical commissioning group offices
- Voluntary and community services organisations for onward distribution to community organisations
- Faith groups
- Residents associations
- Leagues of Friends
- Other NHS acute and independent services provided by other providers for use internally and for placing in patient and public areas
- Public libraries and public information points

- Local media, for publication about the proposals and consultation events
- Social media (including Twitter and Facebook)
- Local MPs, councillors and council offices.

Consultation briefings, updates and frequently asked questions

In addition to the consultation document, a series of updates, briefings and frequently asked questions will be produced during the consultation period. These will be used to provide answers to common issues and questions, share emerging information and respond to issues that have arisen.

Displaying and distributing information

The objective is to convey information in plain English in an easy to understand format and encourage participation, ultimately to drive responses to the consultation. For physical distribution, audiences will be specifically targeted based on their area or level of interest as described in the stakeholder mapping.

Physical distribution

Distribution of promotional material will take place across hospitals, community centres, leisure centres, health settings, libraries, and other public places.

Virtual distribution (see also section 14 on digital communications approach)

This will be supported via:

- Websites – the main STP website (www.kentandmedway.nhs.uk) and across all NHS websites within the consultation area, signposted from partner websites where they are content to support in this way.
- Email bulletins
- Online video
- Social media (Facebook / Twitter etc)

Media (see also section 14 on media approach)

Information will be conveyed either as editorial that is free but not within our control, and via local media adverts that we pay for and control. Free editorial will be our preferred option; however, we will consider paid adverts to promote the consultation if we feel this is required due to limited media coverage or limited responses from particular areas we are wishing to target. We will issue regular media releases throughout the consultation period to local newspapers, local radio and community magazines (including newsletters produced by residents' associations, parish, borough and district councils, community, faith and voluntary groups etc).

Display

Displays in key locations will promote the opportunity to respond to the consultation. This will include displays at the acute hospitals and in other public areas where these can be accommodated.

Workshops, roadshows and public meetings

As part of the consultation there will be further workshops, which local people can attend. Due to limited venue capacity, and to avoid disappointment, attendees will be asked to book places in advance. There will also be wider meetings and engagement events. These will focus on explaining the options for consideration, sharing information and answering questions to increase understanding, and inviting feedback and formal responses to the consultation questionnaire.

Getting information

Discussion groups are guided conversations with smaller groups of people. We intend to use these groups primarily to seek feedback on proposals with small targeted groups and specific user groups – especially those who may find it difficult to engage in other consultation methods such as people

with learning difficulties or communications impairments. (We may use interpreters or advocates at these sessions).

Questionnaire

Our questionnaire will be used to ask people for their feedback on our proposals for change and their opinion on our consultation options, and to gather views and feedback on issues, concerns, and areas of support so that these can be understood, and taken account of, including mitigating where possible, in terms of decision-making and implementation of that decision. The consultation is also an opportunity to seek additional evidence, insight and ideas that may not have been known about or considered thus far. We will send out our consultation document by email to a wide range of stakeholders and will also make hard copies widely available in the community. People will also be able to download the document from the Kent and Medway STP website and respond online or via freepost.

Drop–in sessions

Drop-in sessions are informal methods which invite people to take part in discussions on a one-to-one or very small group basis. This will allow for more detailed conversations about specific topics of interest. We plan to hold these sessions at each of the hospitals, in community spaces, and with NHS staff. We will provide a mechanism for capturing the content and themes from these discussions, as well as using them to encourage completion of the consultation questionnaire.

Patient and carer groups

We will continue to engage with specific groups that currently use, or have used, stroke services in CCG areas to ensure that their views and feedback are captured on the proposals and consultation options. In line with the results of the Integrated Impact Assessment, we will also look for additional targeted opportunities to engage with groups who have a higher incidence of stroke, and/or who have been identified as potentially more impacted than others by the proposed consultation options.

All events and meetings will be scheduled and diarised as part of a 10-week consultation diary, once agreed. In line with best practice engagement, and our recommended approach of going out as much as possible into the local community to engage, most meetings and briefings will form part of pre-existing meetings rather than being stand-alone events. Clearly this activity is dependent on the capacity and availability of spokespeople to attend these meetings, answer questions and facilitate discussion with our target audiences for consultation. We have agreed with clinical and other leaders across Kent and Medway that they will support this face-to-face activity as part of a dedicated cohort of spokespeople for the consultation.

Outreach

As part of the approach to equality and inclusion, we will carry out proactive outreach to target seldom heard groups, with a focus on those representing the nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation. We will proactively approach community groups with information about the consultation, as well as attending pre-existing meetings. Like the drop-in sessions above, this outreach will allow for more detailed conversations and the opportunity to encourage people to complete the consultation questionnaire.

Focus groups

We plan to hold focus group discussions with the following three groups:

- Groups identified by the Integrated Impact Assessment
- People at increased risk of stroke
- Staff

Focus groups will be held across the consultation geography. They will enable us to gather rich data about the views of these groups who are most likely to be impacted by the proposed changes. Members of the public could be financially incentivised to take part if recruitment is difficult (as per standard industry practice).

Telephone survey

We will commission a telephone survey with representative samples of the population from across the consultation geography. This will allow us to gather a broad range of views from those who may not otherwise contribute (e.g. working well).

10. Our commitment to an accessible and inclusive approach

It is essential to ensure that we target, and cater for, the needs of seldom heard groups and others with special requirements. These groups include, for Kent and Medway and in our neighbouring CCG areas, for example: the young, the working well, those in deprived communities, those in more rural communities, migrants, those with learning disabilities and those from BAME groups. We are also committed to seeking views on the proposals from those representing the nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation. As already noted in this document, the integrated impact assessment highlighted the following groups who may have a disproportionate need for stroke services.

- Age (older people aged 65 and over)
- Deprived communities
- Disabled
- Pregnancy and maternity
- Race and ethnicity: Black, Asian and minority ethnic (BAME) communities
- Sex: Male

Our commitment to engage specific groups is underpinned by legislation to ensure that all public services make every effort to engage specific groups in consultation to improve and redesign services. The 2010 Equalities Act (updated to Equality Duty 2011) makes clear the responsibility of public services to make additional effort to engage specific groups as a means of improving decision-making.

To best meet needs of people with additional requirements we will:

Produce an ‘Easy Read’ summary consultation document and questionnaire/ response form:

- This nationally recognised scheme uses words and pictures in an easy to read format to effectively communicate with people with learning needs or who have only a basic knowledge of English language. The draft version of the document will be piloted with a Learning Disability advocacy group to ensure it is readable and understandable. This document will be cascaded through our voluntary community sector contacts, sent or taken to relevant focus groups and meetings, and will be available online.

Produce materials in different print formats on request

To meet the needs of individuals with visual impairments and or with other communication needs, we will produce consultation documents in a range of formats upon request.

- Large print
- Braille
- Audio

- Offer a translation service (e.g. Language Line)

We are aware that not everyone speaks English and will explore the most commonly spoken languages across the consultation catchment area to select the top 10 languages and offer a translation service on request. This means, that throughout the consultation period and during all our events and roadshow activities, if we need translation we can immediately access a telephone service. In addition, we will offer to translate the consultation document upon request. This will be noted on the back of key documents in the 10 top languages spoken across the area.

Produce documents in plain English

Essential to a good consultation is a clear consultation document and summary. We will continue to use our Patient and Public Advisory Group and colleagues at The Stroke Association, as part of our drafting and testing process to make sure materials are clear and easy to read. We will also ensure the questions we ask are checked in the same way and are developed and approved by an independent research company.

Ongoing analysis

Throughout the consultation period we will receive regular response monitoring reports from the independent consultation analysis agency (who we will use to collect and analyse the responses). We will monitor this information closely to identify any demographic or other trends which may indicate a need to adapt our approach regarding consultation activity, or refocus efforts elsewhere, for example a high response rate from a particular ethnic group/age group/borough or equally a very low response from a potentially affected group.

11. Direct engagement with NHS staff and stakeholders

Our approach to direct staff engagement is two-fold:

1. Staff who are affected by the proposals – in our ‘Consultation principles’ we make a commitment to a ‘no surprises’ approach for staff who may be affected by the proposals. Targeted engagement activity with these groups will be at the forefront of our staff engagement effort in advance of the consultation launch as well as during the consultation period.
2. Staff are often local residents, patients and carers too, with the same concerns as other members of the public, carers or patients about health and care services. It is essential that they are aware and engaged about the consultation and have the opportunity and means to tell us what they think.

Workforce considerations are a major part of any service reconfiguration and as part of this plan we recommend that it is the responsibility of each commissioner and provider organisation to ensure that they fulfil their legal duty and consult their staff on the proposals. The consultation materials generated at Kent and Medway level will be used to support health and care organisations in this regard, but they will need to be localised, and ‘what could this mean for me?’ plans should be developed by and aligned with local HR Directors and their workforce teams’ ongoing work. We will work with partner organisations and independent providers as appropriate, to determine and agree the range of activities that will meet the needs of their staff.

In advance of the consultation launch, staff who may be affected by the proposed changes will be briefed on the proposals and options for consultation, and made aware of the opportunities to attend face-to-face briefings and meeting sessions to find out more and give their views.

Following the launch of the consultation, our approach will include the following activities:

Events

Events for health and social care staff, including GPs and their practice staff, across acute, community, primary care and social care

The aims of the events will be to:

- provide detailed information and to answer questions which enable people to make a considered response to the consultation
- to gather rich feedback on the benefits, concerns and issues in a structured and constructive way
- to explain the proposals and enable leaders and clinicians to be questioned about them and to understand the balance of opinion by exploring the preferences on the consultation proposals.

Existing internal communications channels

Intranets, newsletters, materials available in high-traffic areas and staff briefings and existing meetings and fora will all be used to engage with staff over the stroke consultation proposals.

We will contact and distribute materials to GP practices, via practice forums and promote the consultation via existing bulletins to GPs and their practice staff.

We will also seek to work through existing networks to reach independent contractors such as dentists, pharmacies and opticians.

Our communications and media approach

Digital communications

Digital communications does not replace engaging with people face-to-face, but is a way of raising awareness, providing information and accessing more people including some people like the working well, mothers of young children or carers, and some older people who find it harder to leave the house and attend meetings.

For a large and growing section of the population digital communication is now their preferred means of communication. Cabinet Office Guidance advises that “digital is the default method for consultation”. ‘Digital First’ is the preferred mass method as it reduces waste, money and time – web and social media activity should be the starting point. The guidance states that paper surveys must be reduced as their evidence suggests people do not like them and few fill them in. It does emphasise that tailored, evidence-led inclusion of target groups must use additional appropriate tools to suit the needs of these groups i.e. face to face road shows and focus groups. However, we are aware, through feedback from our own patient and public groups, representatives and networks that there is still a requirement for paper-based copies of documents and we will make sure that we have adequate supplies of paper-based materials and that these are targeted and distributed appropriately.

Given the above, our approach will be balanced using the full range of different channels of communication: face to face activities, digital and news media. We hope this will ensure that all people are able to get involved in a way that best suits them.

Our approach to digital communications will be via:

Website

We will use the Kent and Medway STP website as our ‘online consultation hub’ and visitors to the site will be able to access all consultation information here in one place, with quick links on every

page to clearly highlight key documents and online feedback channels. It will also include an events diary and document store (for more detailed technical information) and integrate with our social media channels. Links to cross-boundary CCGs websites will ensure that residents from south London and East Sussex will be signposted to the consultation section of the website enabling them to access information and give their feedback.

Social media and video

Twitter, Facebook, YouTube and a blog will be used to keep online stakeholders informed, signpost and facilitate discussion, during and after the consultation period.

We aim to build on existing relationships with our online stakeholders and to engage new audiences with an emphasis on our identified target audiences. We will provide the option to hold online discussions using Twitter – 'tweet chats' - at times that evidence suggests will attract these audiences, e.g. weekday evening chats for working adults and parents. Twitter will also be used to complement offline engagement.

The blog will be an opportunity for individual clinicians to interact with online stakeholders in a less formal way, emphasising that the stroke review is clinically led, and keeping them updated with progress of the review at every step of the way. It will also enable us to rapidly respond to inaccurate media and social media stories.

In addition, we will make use of video and our STP YouTube channel, and try to bring the consultation to life for people using Voxpops, interviews with key spokespeople, patients and carers to help engage our target audiences, disseminate key information, share understanding and encourage responses to the consultation.

Animation

As part of the consultation materials, we will develop an animation outlining the proposals in an engaging and easy to understand way and as a 'call to action', encouraging feedback on the options that are being put to the public.

The animation will follow standard DDA accessibility guidelines with English subtitles and graphics that are suitable for sight-impaired viewers.

Media approach

Our media approach will be proactive during the consultation period (as well as reacting, of course, to any enquiries or issues that arise). In the consultation catchment area, the local media continues to be important in influencing public perception and reaction to all aspects of health and care changes and we will work with them and communicate key messages for the consultation through the channels they provide.

During the consultation phase we will adhere to the following key principles:

- Work with the media. This activity will include a media programme of promoting case studies, inviting journalists to events and facilitating interviews with key clinicians involved in the development of the proposals, stroke patients, their families and carers and The Stroke Association.
- Ensure we can provide clinical spokespeople wherever possible to explain the reasons for change and our proposals, and to support them appropriately in this role
- Work closely with local journalists and ensure they are fully briefed on the reasons for the stroke services consultation and why local clinicians believe it will improve services and save lives.
- Invite members of the media to all relevant engagement events and meetings, to maintain transparency throughout the process.

- Work with media teams at all partner organisations to make sure messages are consistent. Ask NHS communication colleagues to include a link to the stroke consultation review in their proactive press releases.
- Respond to all media enquiries in a timely and helpful manner.
- Regularly monitor the media and ensure that inaccurate information about the consultation and stroke review is rebutted.
- Evaluate all media coverage to assess its effectiveness, and the inclusion of our key messages, adapting our approach as appropriate.
- Focus on professional journals to engage local clinicians, for example Nursing Times, Pulse, Allied Health Professional journals and the Health Service Journal.
- Explore the value for money of paid for advertising to generate a good response to the consultation and explain the programme to local people.

The media audiences we will target with information about the consultation include:

- All local newspapers
- Professional journals such as Health Service Journal, Pulse, Nursing Times, Nursing Standard and GP
- Council newsletters and websites
- Local NHS Trust newsletters and websites
- Local community newsletters and websites
- Online media via social media strategy
- Identified and targeted key NHS and health policy commentators and bloggers, as appropriate.

During the consultation period, we expect to continue to carry out extensive reactive media work across the consultation catchment area. We will also seek to ensure that messaging on all areas of the STP and its impact and alignment with the acute stroke review are covered, including our plans for local care, rehabilitation and prevention – so that we are telling the 'whole story' for patients, carers and the public. We will also work with colleagues in out-of-county CCG areas to handle specific responses relating to the stroke review within the context of their own Sustainability and Transformation Partnership work programmes.

12. Mechanisms for response

We will provide the following mechanisms for response:

- Freepost address – for returning paper responses to the consultation questions
- Dedicated consultation email address
- Online – including a web form and via social media e.g. Twitter and Facebook
- Free phone line/voicemail
- Face to face.

All feedback, whether verbal or written, will be collected and sent on, as part of the formal response, to an independent research organisation that will receive, collate, monitor and analyse and report on the responses received.

13. Analysis of consultation responses

An independent organisation will be commissioned to manage the response process, and will be responsible for collation and analysis and reporting of all responses. This is best practice for a public consultation such as this, and ensures a formal, independent, non-biased and objective

provider is in place to analyse the responses and to produce the final consultation response analysis report.

14. Impact of consultation on outcomes and decision-making

The outcome from the consultation, in terms of the final report from the independent analysts (and any raw data specifically required), will be used alongside the range of other evidence gathered as part of the Stroke Review (including clinical, financial, workforce, estate, travel time analysis etc), to help decide on the best option to take forward for the future design of hyper-acute and acute stroke services in Kent and Medway. This decision-making process will comply with the NHS England guidance 'Planning and Delivering Service Changes for Patients'.

It is important following the consultation that the consultation team develops timely feedback mechanisms to ensure that those who participated in the consultation exercise are informed about the feedback received, its likely impact and, in due course, the decisions made as a result. It is also important that any ongoing process and further decision-making is understood by stakeholders. This will build on the mechanisms already developed in the engagement phase including the Kent and Medway STP website, the Kent and Medway STP bulletin, CCG and partner organisation websites, newsletters and stakeholder briefings.

After the consultation has closed we will publish a report setting out the major themes emerging from the consultation, a summary of the responses relating to our consultation options, an overview of the process, an explanation of how the final decisions will be taken (including dates of meetings in public) and the high-level timeline for implementing the chosen option.

A framework for the response to the public consultation document is shown below, based on best practice guidance.

The report will include the following information:

- Introduction and background
- Review of case for change
- Review of proposed changes
- Summary of responses to consultation
- Number of responses and how many were deemed suitable/usable
- Respondent background, e.g. voluntary organisations, faith groups, clinical, public
- Responses to specific consultation questions
- Summary of responses for individual questions
- Summary of themes in responses
- Information on themes that came out of consultation not covered by the questions
- How the CCGs will address concerns
- Link to website where responses can be viewed
- Recap of final decision-making process and next steps.

This report will draw on the independent evaluation report. It will be available online, with printed copies available on request. The full evaluation report will also be available to the public on the CCGs' websites and on the Kent and Medway STP website, with hard copies available on request. Kent, Medway, Bexley, Bromley and East Sussex councils' Joint Health Overview and Scrutiny Committee will be invited to review the consultation process and comment on the outcome. The final decision on the future shape of acute hospital stroke services will be taken by the CCG governing bodies, through their delegated Joint Committee. Dates for consultation are still being confirmed but it is expected that a final decision on the future shape of hospital-based urgent stroke services in Kent and Medway will be taken in the autumn of 2018. Following the governing bodies' decision, a

detailed communications and media plan, will set out how this decision will be communicated to all stakeholder groups.

15. Measure of a successful consultation

The success of our consultation will be measured against:

- the aim and objectives set out in section 7 of this plan
- whether we have met our statutory and legal duties during the consultation
- feedback from stakeholders
- depth and breadth of analysis from feedback gained by activity and engagement methods during the consultation period
- measurement against the target for reach set out in section 9 of this plan
- analysis of social media and other media coverage for penetration of key messages; and
- depth of analysis resulting from feedback gained during the consultation.

16. Resourcing plan

Resources are needed to deliver the consultation approach outlined in this plan.

Our best practice consultation approach aims to ensure that statutory requirements have been met and, in the event of a legal challenge, that the correct process has been followed.

It is important to note that consultations tend to be challenged on process (typically equalities and options development) – and this could lead to long delays, potential re-consultation and increased costs, and of course too the opportunity costs for patients in delays to making improvements to services. In summary, although the investment outlined below is significant, it is recommended that investment is secured so that the process may be run properly, effectively and robustly. As well as enabling an effective consultation which we hope will produce rich feedback and insights, this will also help mitigate the risk of successful challenge around a poor consultation process at a later stage.

A dedicated consultation team

To successfully deliver this consultation approach, and the activity plan, we recommend the Kent and Medway CCGs identify a dedicated core team, focused solely/largely on the consultation. This team would mainly consist of existing staff working for CCGs or the Sustainability and Transformation Partnership, and organisations already commissioned to provide support for the STP. We have indicated this resource below and the cost of most of these posts is already covered. This core team will need to be supported by colleagues in CCGs and provider organisations who will lead local delivery of activity and help cascade and disseminate key information and materials as necessary.

These resources are not intended to replace or cut across the existing communications and engagement teams, but add capacity and specialist capability to ensure that the deliverables in this plan can be delivered to a high quality and to time and agreed budget. It would be expected that knowledge transfer from any specialist contractors would be undertaken to build expertise and experience within the Kent and Medway network.

Running a public consultation exercise is challenging and requires a core team that is resilient, professional and ideally consistent to take the programme through from start to finish. It is wise for the CCGs to also consider how they may handle potential reviews by the Independent Reconfiguration Panel or a Judicial Review, in due course.

Details of the proposed core/central Kent and Medway stroke consultation team is shown in Appendix A.

Resource costings

While most of the staffing costs are already met as detailed above, there are some additional costs for additional external capacity/capability to support delivery of the work for a short period of time in the lead up to and/or during the consultation, and for administrative staff. In addition, there will be costs for document design and printing and other materials and events required to run a successful consultation. The costs for these resources are estimated in this plan at this stage.

Non-pay resources

Non-pay resources should be agreed in advance. This will give the consultation team the flexibility to be responsive to change and focus their delivery and activity within the agreed envelope.

A current work in progress, indicative budget is set out in Appendix B.

17. Conclusion

By its nature this plan will be iterative, although based on the comprehensive approach described here and agreed with key colleagues and stakeholders. It will be updated as necessary and appropriate in the lead up to consultation, and adapted as necessary during consultation to make sure it supports the maximum reach to our target audiences, and is flexible enough to address any gaps or duplications or issues that may emerge.

Appendix A: Core consultation team

Role	Resource in place?	Any additional costs?	Responsibilities
Senior leadership			
Programme Director/SRO	Y	N	For sign-off of new materials and to provide steer and advice as needed throughout the consultation period
Director of Communications and Engagement	Y	N	Strategic oversight of consultation programme and activity; board level advice and counsel; attendance at key STP/SPB programme meetings; messaging and narrative development
Clinical support	Y	N	For sign-off of any materials requiring clinical view or evidence
Leads for stakeholder relations and key K&M meetings	Y	N	To support the planning and delivery of stakeholder engagement activity at Kent and Medway-wide level, working closely with the Stroke Communications Lead; providing briefing and slide packs as needed using core narrative and messaging; attending and recording events and supporting response to stakeholder issues and actions
Cohort of spokespeople/core leadership team	Y	N	Cohort of: CCG accountable officers, plus a deputy; clinical chairs, plus a deputy; other clinical spokespeople (eg MG, DH, BB, DHF); and key provider leaders to: • Speak at public and community meetings and engagement events across Kent and Medway • Speak and present at key stakeholder meetings • Potentially be a media spokesperson for proactive work, and to support responses to media bids and reactive work • Support online engagement activity eg webchats

Role	Resource in place?	Any additional costs?	Responsibilities
			• Be a spokesperson for staff communications, engagement and consultation activity
Communications and engagement expertise			
Stroke Communications and Engagement Lead	No. Backfill of this position will be required.	Yes. Additional costs for the immediate pre-consultation and consultation period	Day to day operational leadership of the consultation programme and activity from a communications and engagement perspective; attendance at SPB; liaison with comms and engagement network; messaging and narrative development; shaping and coordination of consultation C&E activity and delivery of core materials, working closely with core C&E team; liaison with independent analysis company for consultation responses and reporting; liaison with any providers commissioned to support consultation eg through telephone polling; focus groups etc
Communications: FOI, briefing and correspondence	Y	N	Drafting and ensuring delivery to time of FOI and briefing enquiries and correspondence
Communications: media and social media	Y	N	Planning, oversight, coordination and delivery of all media and social media activity (proactive and reactive) for the duration of the consultation
Communications: content for digital and other collateral	Y	N	Drafting and production (based on core messaging) of digital content and other collateral (working closely with Stroke Communications Lead); developing content as needed throughout the consultation to keep content regularly refreshed and to respond to issues and gaps, whilst keeping consistency across the network
Engagement/Patient and Public Involvement	Y	Additional external support may be required at cost to work with	Planning and delivering engagement activity at K&M level and working closely with wider K&M C&E network to support CCG led delivery of engagement and local events; ensuring

Role	Resource in place?	Any additional costs?	Responsibilities
		seldom heard and protected characteristic groups, audiences identified in the impact assessments, and to facilitate events	delivery of outreach to seldom heard and protected characteristic groups
PMO support			
Policy support	Y	N	To provide technical and policy support and information to help answer enquiries and briefing requests, respond to issues, and in preparation of consultation collateral; gather facts, figures and evidence to support clear and comprehensive communications and engagement activity throughout the consultation period
Admin support/consultation response and enquiries unit	N	Y	Staffing enquiries telephone and email; logging, responding to and coordinating response to enquiries; management of meetings invitations and coordination of speakers/consultation team to respond to those, ensuring they have the necessary briefing and latest materials; support for events and meetings management eg booking venues; support in distribution of consultation collateral; logging of all consultation activity

Appendix B: Non-pay budget

Engagement & Communications - indicative budget for pre-consultation and consultation *	Cost estimate **	Notes
Production of communication materials		
Designing and typesetting full and summary consultation document	£6,000	
Printing full consultation document (including questionnaire)	£10,000	20,000 of up to 70 page document (we could print fewer copies or a shorter document to reduce costs)
Printing summary consultation document	£5,000	50,000 copies of 12 page document (we could print fewer copies to reduce costs)
Printing other consultation promotional materials	£4,000	Including posters to publicise events and other awareness raising collateral
Photography for publicity materials and consultation document	£0	In-house
Producing and printing EasyRead version of consultation document	£2,000	
Recording audio version of full consultation document	£1,700	(We will only produce this if requested so this cost may not be incurred)
Recording audio version of summary consultation document	£0	In-house
Language translation and braille allowance for full consultation document	£9,600	25,000 words at £120 per 1,000 words x 3 languages £1,600 typesetting per document and £600 for Braille version (We will only produce this if requested so this cost may not be incurred)
Language translation and braille allowance for summary consultation document	£2,460	4,000 words at £120 per 1,000 words x 3 languages, £240 per language typesetting and £300 for Braille version (We will only produce this if requested so this cost may not be incurred)
Animated consultation video to show at events	£3,000	Including voiceover and music
Videos of clinician interviews covering each clinical area and video interviews/Voxpops with patients and carers	£0	In-house

Engagement & Communications - indicative budget for pre-consultation and consultation *	Cost estimate **	Notes
FAQs, factsheets	£0	In-house writing and electronic versions only
Graphic designer to produce infographics, key animated charts and overlays for videos etc.	£4,000	(This cost could be reduced depending on requirements)
Fulfilment and distribution of consultation documents	TBC	[DN: sourcing quotes]
Events		
Stakeholder and media launch event	£1000	Based on venue hire, AV support, refreshments
Running x 20 public presentation events (two in each locality region)	£10,000	Based on venue hire of village or community hall, AV support, volunteers serving refreshments purchased by CCG
Parish and town council, housing association, other public meetings	£0	CCGs to cover refreshments at existing meetings if required. No venue costs included, hosted by others
Community and voluntary sector events, including with disability and equality forums	£0	CCGs to cover refreshment costs at existing meetings. No venue costs included, hosted by others
Youth conference and events	£500	Based on 40 people attending, venue hire and refreshments
Independent Chair/facilitator fees	£5,000	Fees for a neutral Chair for major public events
Media and communications activity		
Filming and photographing public presentation event(s) (to upload to website)	£0	In-house
Print media adverts	£5,000	(To be used if we haven't attracted enough editorial coverage)
Radio advertising campaign	£6,000	e.g. 30 spots on local stations across 4 weeks
Advertising across all local authority publications of generic consultation message	£1,700	Dependent on timing of local authority magazines
Key message and media training	£5,000	Allocation for 2 sessions
Media monitoring	£0	In-house (by admin support/existing systems)

Engagement & Communications - indicative budget for pre-consultation and consultation *	Cost estimate **	Notes
Consultation responses		
External research company analysis of consultation responses	£25,000 - £100,000	Including provision of Freepost address [dependent on number and type of responses to analyse]
*Distribution of c. 10,000 surveys to randomly selected postal addresses NB: we suggest this or the entry below that is also marked *	£20,000	To include printing surveys, postage, incentive vouchers, freepost envelope, analysis and report (this may not be required, however, it would help to boost involvement by audiences who wouldn't necessarily engage otherwise and therefore help to seek a more representative audience)
External research company facilitated focus groups with seldom heard, protected groups, IIA impacted groups and staff in cross-section of CCG areas	£20,000	To include identifying and inviting audience and devising and delivering events
Postage	£3,500	Including bulk numbers to libraries, sports centres, voluntary sector organisations etc
Opinion poll amongst representative sample of 500-1,000 members of general public NB: we suggest this or the entry above that is also marked *	£8,500	5 mins questionnaire to 500 people. Cost includes: advice on questions, all interviewing expenses, production of tables of results and discussion of the interpretation of the results. £8,500 for 1,000 sample size.
Evaluation		
Staff survey	£0	As part of existing survey
Stakeholder/public evaluation survey	£0	In-house via Survey Monkey and website (recognise limitations in that it will be self-selected respondents)
Allowance for printing (max 500 copies) of 'you said, we did' report	£800	Assumption will be written and designed in-house
Production contingency		

Engagement & Communications - indicative budget for pre-consultation and consultation *	Cost estimate **	Notes
Contingency	£15,000	We advise this is allocated in the budget
Total costs	**£149,760.00**	**Plus, cost of consultation responses analysis - up to £100,000, and fulfilment/distribution costs**

* Some of these items may be forecast within existing budgets

** Some external provider quotes still to be verified

Appendix C: Consultation delivery plan

NB: This delivery plan is a work in progress. CCG communications and engagement leads have been asked to develop plans to support the consultation at local level. Work is underway to map existing meetings, events and other opportunities. Venues for specific public meetings to discuss the consultation proposals (hosted by the Stroke Review Programme) are being sourced. Further detail will be added over the next period.

Week no. and key topic for communications	Activity taking place at Kent and Medway level	Activity taking place at local level
	Activity at all levels will be a mix of face-to-face, online, proactive and reactive (including responding to requests for attendance at meetings and events hosted by others etc)	
Week -2 Topic/focus: Engagement with affected staff	• Briefings and meetings with staff who may be affected by the proposals – led by senior clinicians and Senior Responsible Officer (SRO) for the stroke review.	• Local support to affected staff groups and feedback to consultation team and stroke programme board on reaction and response to briefing sessions.
Week -1 Topic/focus: as above	• Briefings and meetings with staff who may be affected by the proposals – led by senior clinicians and SRO for the stroke review.	• Local support to affected staff groups and feedback to consultation team and stroke programme board on reaction and response to briefing sessions.
NB: We have committed to a 'no surprises' approach to staff engagement where staff may be directly affected by the proposals set out in the stroke consultation document. Any pre-briefings before the proposals are formally published carried a risk of leak and this will be managed by the stroke consultation team who will activate a handling plan should information leak into the public domain in advance of the official launch.		
Week 1 Topic: Introducing the consultation - case for change/current challenges and overview of options, how to engage & respond	• Central electronic dissemination of consultation document across consultation area including stakeholder briefing and communication to staff. • Physical dissemination of printed versions of consultation document to stakeholder organisations, K&M wide organisations (e.g. libraries, Citizen's Advice, Healthwatch etc) – timing tbc, depends on final sign-off date for print and lead times • Online consultation presence and collateral goes live.	• Promotion via existing channels – e.g. CCG and provider websites, social media, bulletins, newsletters, staff intranets etc of consultation and opportunities to attend meetings, listening events and other local activities etc • Physical dissemination of consultation doc to staff and patient areas in provider organisations • Physical dissemination of consultation doc to staff areas and to GP practices by CCGs

Week no. and key topic for communications	Activity taking place at Kent and Medway level	Activity taking place at local level
	Activity at all levels will be a mix of face-to-face, online, proactive and reactive (including responding to requests for attendance at meetings and events hosted by others etc)	
	• Media and stakeholder launch event (launch plan to be developed including sequencing of announcements, key messages, event shape and logistics etc). • Start of consultation discussions and presentations at existing meetings including: HOSC, Health and Wellbeing Boards, VCSE sector meetings and networks, LMCs and other professional groups and bodies, MPs, top tier authority groups (district councils will be engaged at CCG level). • Staff events in commissioner and provider organisations. • Consultation survey hosted on STP website. Links from all partner organisations. • Push via social media including Twitter and Facebook as well as in all other communications channels. • Advertisements in local press/media about consultation and details of public meetings/engagement opportunities.	• Wider/non-affected staff briefings in CCG and provider organisations (briefing notes supplied by K&M team to ensure consistency) • Attendance at local pre-existing events and meetings, both proactively identified and in response to requests for speakers, for example local district, borough and parish council meetings, patient/health reference groups, 'Friends of…' groups, meetings of local (patient) organisations etc • Other activities in this first week may include presence in town centres/shopping/community areas and public areas of provider organisations to raise awareness of consultation among public, patients and staff
Week 2 Topic: Our vision for the future – benefits, patient stories, staff stories, case studies from elsewhere	• Consultation survey hosted on STP website. Links from all partner organisations. • Push via social media including Twitter and Facebook as well as in all other communications channels. • Webchat with a senior clinician on future vision • Focus groups with groups identified by Integrated Impact Assessment and those at risk of stroke	• Promotion via existing channels as above • Attendance at local pre-existing events and meetings, as above • Presence in town centres/shopping areas and public areas of provider organisations as above • Staff briefings as needed
Week 3	• Consultation survey hosted on STP website. Links from all partner organisations.	• **Listening events/public meetings held in Thanet, West Kent, Bexley CCG areas** • Promotion via existing channels as above

Week no. and key topic for communications	Activity taking place at Kent and Medway level	Activity taking place at local level
	Activity at all levels will be a mix of face-to-face, online, proactive and reactive (including responding to requests for attendance at meetings and events hosted by others etc)	
Topic: A closer look at HASUs – what are the benefits, how they work, multi-disciplinary team examples and stories	• Push via social media including Twitter and Facebook as well as in all other communications channels. • Advertisements in local press/media about consultation and details of public meetings/engagement opportunities. • Web content highlights related to this week's topic • Focus groups with staff	• Attendance at local pre-existing events and meetings, as above • Staff briefings as needed
Week 4 Topic: Travel times and addressing common concerns on this topic	• Staff events in commissioner and provider organisations Consultation survey hosted on STP website. Links from all partner organisations. • Push via social media including Twitter and Facebook as well as in all other communications channels. • Web content highlights related to this week's topic • Webchat with a senior clinician from SECAmb on travel times • Focus groups with groups identified by Integrated Impact Assessment and those at risk of stroke	• **Listening events/public meetings held in Canterbury & Costal, Swale, and High Weald, Lewes Havens CCG areas** • Promotion via existing channels as above • Attendance at local pre-existing events and meetings, as above • Staff briefings as needed
Week 5 Topic: Impact outside Kent and Medway – talking about what the options might mean for people and stroke services in Bexley and HWLH CCG areas	• Staff events in commissioner and provider organisations • Consultation survey hosted on STP website. Links from all partner organisations. • Push via social media including Twitter and Facebook as well as in all other communications channels. • Advertisements in local press/media about consultation and details of public meetings/engagement opportunities. • Web content highlights related to this week's topic • Telephone survey begins with representative populations	• **Listening events/public meetings held in Medway, South Kent Coast, and Ashford CCG areas** • Promotion via existing channels as above • Attendance at local pre-existing events and meetings, as above • Staff briefings as needed

Week no. and key topic for communications	Activity taking place at Kent and Medway level	Activity taking place at local level
	Activity at all levels will be a mix of face-to-face, online, proactive and reactive (including responding to requests for attendance at meetings and events hosted by others etc)	
	• Staff survey • Mid-point media push	
Week 6 Topic: Why 3 HASUs? – How we decided to consult on configurations of 3 HASUs, more detail on minimum patient numbers and staffing	• Staff events in commissioner and provider organisations Consultation survey hosted on STP website. Links from all partner organisations. • Push via social media including Twitter and Facebook as well as in all other communications channels. • Webchat with a senior clinician on rationale behind 3 HASUs • Web content highlights related to this week's topic • Focus groups with groups identified by Integrated Impact Assessment and those at risk of stroke • Telephone survey with representative populations continues	• **Listening events/public meetings in and Dartford, Gravesham and Swanley, Thanet, and West Kent CCG areas** • Promotion via existing channels as above • Attendance at local pre-existing events and meetings, as above • Staff briefings as needed
Week 7 Topic: Workforce – how we will support our staff, what the changes mean for staff, how we will work to attract, recruit and retain the best staff, benefits of MDTs	• Staff events in commissioner and provider organisations • Consultation survey hosted on STP website. Links from all partner organisations. • Push via social media including Twitter and Facebook as well as in all other communications channels. • Advertisements in local press/media about consultation and details of public meetings/engagement opportunities. • Web content highlights related to this week's topic • Staff focus groups • Telephone survey continues	• **Listening events/public meetings in, Bexley, Canterbury & Costal, and Swale CCG areas** • Promotion via existing channels as above • Attendance at local pre-existing events and meetings, as above • Staff briefings as needed
Week 8	• Staff events in commissioner and provider organisations	• **Listening events/public meetings in Medway, South Kent Coast, and High Weald, Lewes Havens CCG areas**

Week no. and key topic for communications	Activity taking place at Kent and Medway level	Activity taking place at local level
	Activity at all levels will be a mix of face-to-face, online, proactive and reactive (including responding to requests for attendance at meetings and events hosted by others etc)	
Topic: TIA services – what might the options mean for TIA services in your area	• Consultation survey hosted on STP website. Links from all partner organisations. • Push via social media including Twitter and Facebook as well as in all other communications channels. • Webchat with a senior clinician on TIA services • Web content highlights related to this week's topic • Focus groups with groups identified by Integrated Impact Assessment and those at risk of stroke	• Promotion via existing channels as above • Attendance at local pre-existing events and meetings, as above • Presence in town centres/shopping areas etc and public areas of provider organisations – focus on deadline for close of consultation and encouraging responses • Staff briefings as needed
Week 9 Topic: round up of common questions asked during consultation, key issues that have come up etc	• Staff events in commissioner and provider organisations • Consultation survey hosted on STP website. Links from all partner organisations. • Push via social media including Twitter and Facebook as well as in all other communications channels. • Advertisements in local press/media about consultation and details of public meetings/engagement opportunities. • Web content highlights related to this week's topic • Staff focus group	• **Listening events/public meetings held in Ashford and Dartford, Gravesham and Swanley CCG areas** • Promotion via existing channels as above • Attendance at local pre-existing events and meetings, as above • Presence in town centres/shopping areas etc and public areas of provider organisations – highlighting deadline for close of consultation and encouraging responses • Staff briefings as needed
Week 10 Topic: Close of consultation – recap of key issues, encouraging responses, thanking people for being involved, next steps	• Consultation survey hosted on STP website. Links from all partner organisations. • Final push via social media including Twitter and Facebook as well as in all other communications channels – highlighting close of consultation deadline • Webchat with a senior clinician – summary of consultation questions & next steps • Web content highlights related to this week's topic • Press release on close of consultation	• Promotion via existing channels as above • Attendance at local pre-existing events and meetings, as above • Staff briefings as needed

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