

# **‘The Big Conversation’ STP Engagement Strategy**

**A route-map to delivering the Five Year Forward View**

## **1.0 Executive Summary**

Sustainability and Transformation Plans act as a ‘route-map’ to achieving the improvement goals set out in the ‘Five Year Forward View’, determining at a strategic level, what is and is not possible in terms of service delivery. They

present the best opportunity for transforming health and social care services on a geographical basis to be both sustainable and high quality.

To succeed, STPs will need to be developed with, and based upon, the needs of local residents, patients and communities and engage clinicians and other care professionals, staff and wider partners such as local government. We cannot develop care which is centred on the needs of patients and users without understanding what communities want. As such a robust local engagement plan is needed that will increase understanding of the patient experience, the need for change and support options for improvement. in the early part of the STP process.

However, the engagement strategy must also work to manage expectations of the population where necessary. While pre-consultation engagement will be a key part of the process, conversations that are too general may create unrealistic expectations for services. For this reason it is important now that enough detail is available, that we translate each of the opportunities for improvement identified in the workstreams, and develop the overarching compelling narrative so as to make engagement as targeted as possible. Basing questions on drivers set out in the national strategies to come out of the Five Year Forward View such as the 'Better Births' national maternity review, and localising these.

To start involving local people and our stakeholders on the work of the STP to ensure they have a voice and their needs are reflected, the actions in this strategy are proposed to secure a safe listening and engagement process which would eventually see stakeholders support a case for change. We would also look to encourage stakeholders to propose innovative ideas about how services can change that will achieve the forward vision.

The Health and Well Being Board is asked to critique and advise amendments to the draft plan and process

- The draft plan has been amended following the outcomes of the Joint Health and Wellbeing Board event held on 13 October, specifically to develop the overarching compelling case for change.
- The process suggested is to commence a 'Big Conversation' phase of pre-consultation engagement to start at the end of November 2016 for a proposed period of eight weeks, starting with a first conversation about maternity care. Following this period it is proposed to revisit the engagement approach and revise this using any learning from this first phase.

**This plan does not include staff engagement, a separate but linked plan is being developed to engage staff as part of the Workforce workstream.**

## 2.0 Background

NHS England has asked every health and care system to work together to produce a multi-year Sustainability and Transformation Plan (STP) showing

how local services will evolve and become sustainable over the next five years, ultimately delivering the Five Year Forward View vision. To do this, local health and care systems have had to declare which STP 'footprints' (geographical areas) within which they will work to narrow the gaps in the health inequality; care and quality; financial sustainability.

There are 44 footprints, which collectively cover the whole of England and we have agreed to be the Coventry and Warwickshire footprint.

The STP plan must answer the below questions:

- How will you close the health and wellbeing gap?
- How will you drive transformation to close the care and quality gap?
- How will you close the finance and efficiency gap?

The analysis and opportunities have been developed to a sufficient level of detail and it is now critical that we start to engage with stakeholders to get co-production and involvement in what may need to change. This is the ethical course of action and will also ensure actions undertaken by the STP are in line with the Gunning Principles (Appendix 1) and form part of any formal consultation required at a later stage.

### **3.0 Aim and Objectives**

The STP's aim is to transform services and secure a sustainable provision of high quality health and social care for the people of Coventry and Warwickshire.

Our aims in terms of engagement should be:

- Objective 1: Deliver our duty as outlined under Section 242 of the National Health Service Act 2006 (as amended) to involve and consult with anyone who our services are currently provided to, or may be, in the planning of, development and/or changes to the way those services are provided (Legislation.gov.uk, 2016).
- Objective 2: Achieve local understanding of the need for change and ultimately a safe engagement and consultation process (where 'safe' refers to there being no successful legal challenge, which could potentially delay developing the plan and implementing improvements).
- Objective 3: Our organisations want to learn and understand from citizens and others about how services and behaviours could change to achieve the forward vision as stated above.

### **4.0 Vision & Narrative**

The STP Vision was developed and agreed by the STP Programme Board as:

*To work together to deliver high quality care which supports our communities to live well, stay independent and enjoy life.*

Building on the vision is the STP narrative, designed to give more detail about the work and direction of the STP but also taking in core points and language from the Coventry and Warwickshire Health and Well Being Alliance Concordat:

*The way we care for each other needs to change. For too long, the focus has been on supporting you and your family when you're in crisis or ill rather than on keeping you healthy and independent.*

*We all know of excellent care and compassionate staff across Coventry and Warwickshire. But too often it's not the same for all – and it should be, whether you live in Atherstone, Allesley or Alcester.*

*That's why over the next five years all care organisations will come together to transform services and add value to our communities by supporting them to live well, stay independent and enjoy life.*

*We are going to work together to deliver Coventry and Warwickshire's Sustainability and Transformation Plan and as well as helping you stay healthy, we are going to focus on four key areas covering care in hospital and out of hospital:*

- *Services for older people;*
- *Services for those who need mental health support;*
- *Services for those with joint or muscle problems;*
- *Services for women and children.*

*These will be delivered where evidence shows care is best given and will be innovative, modern and efficient. This will ensure that high quality care can continue to be delivered for this generation without passing the cost onto the next and that those in our community can live independent and fulfilled lives.*

Both local Health and Wellbeing Board Members reviewed the aspects of the STP and its status on 13 October 2016. A key outcome from the event was the need to create a shared simplified and compelling narrative about the plan, being clear about what it was, and what it wasn't. The outcome of the event has been used to shape that narrative by then end of October.

## **5.0 Case for Change**

While the focus of engagement should be on the delivery of the Five Year Forward View rather than the STP in of itself, external discussion on the subject has been increasing, particularly as no detail of the work in progress has yet been released into the public domain. This has led to misgivings in sections of the press and unions that the plans are 'secret' and contain wide sweeping reforms that will decimate local health and social care services. This is not the case and so the perception will need addressing.

Shaping a simple and compelling narrative about the case for change commenced at the event with the Health and Wellbeing Boards on the 13<sup>th</sup> October, however this needs completing before the launch of the “Big Conversations”.

What is clear across the country is the economic challenge, that health and social care services will have to evolve and continuing with the status quo is not an option. Therefore it is proposed that we start engaging with local people, communities (of interest and demography), democratically elected representatives, and key stakeholders such as GPs across Coventry and Warwickshire, so that we better understand their needs and priorities as well as gain innovative ideas to better understand the need to change services. This is to ensure that all stakeholders understand the importance of health and social care organisations working together to deliver these.

As messages and options for specific STP work streams are not yet fully formed for all the areas, Stroke being an exception, it is proposed that a wider listening phase called ‘The Big Conversation’ is embarked upon from November. This would form the early part of the co-production and pre-consultation engagement and help to shape the approach where there is a need to consult formally on any service changes later in the STP process.

## **6.0 ‘The Big Conversation’**

It is proposed that a wider listening exercise called ‘The Big Conversation’ is started in November 2016. This would be commissioner driven (with provider input) and to add focus, would be structured around the drivers of five key strategies involved in the delivery of the Five Year Forward View:

- Better Births – National Maternity Review
- Transforming urgent and emergency care services in England
- Five Year Forward View for Mental Health
- Five Year Forward View for Achieving World-Class Cancer Outcomes
- Building the Right Support – National plan for transforming LD services

While there are certain elements that fall outside of the STP focus, it will be important to ensure the patient/public voice continues to inform co-production and service improvement in all these areas. Existing intelligence from prior engagement activity will also be used to help inform service development in each area. It will be important moving forwards though, to be as specific as possible about the sorts of ideas we may be considering. This will support a genuine co-production approach in terms of options development for the STP. It will also help to further embed the message that there are limits to what services are able to do with the resources available and solutions will need to be about getting the best from what we have.

One of the first tasks will be to build the compelling narrative which as yet is not defined as we would want to engage stakeholders in doing this. However suggested general key messages would be:

- Current health and social care services focus on caring for you at crisis rather than helping you stay well.
- The way we are caring for people is old fashioned, expensive and there is unwarranted variation across the region.
- The way you receive health and social care needs to change - focusing on keeping you well rather than waiting until you get ill.
- Health and social care bodies across Coventry and Warwickshire are working more closely together than ever before.
- We are looking at how we can improve services while reducing the gap in funding
- We need your help and involvement to transform our services for the better
- You need to be part of the solution so we want to work with you to solve some of the challenges we face e.g. reducing unnecessary demand

These will give context to the key discussion points under each of the following five national areas:

<b>Better Births National Maternity Review</b>	<b>Urgent &amp; Emergency Care Services in England National Strategy</b>	<b>Mental Health Five Year Forward View</b>	<b>Achieving World-Class Cancer Outcomes Five Year Forward View</b>	<b>Building the Right Support for transforming LD services National Plan</b>
<p>Personalised Care</p> <p>Continuity of Carer</p> <p>Safer Care, and addressing local workforce challenges</p> <p>Better Postnatal Care and Perinatal Mental Health Care</p> <p>Multi- Professional Team Working</p> <p>Working Across Boundaries</p> <p>A Payment System and Voucher to support choice</p>	<p>Demand management and simplifying/ redefining what is A&amp;E</p> <p>Primary care and urgent care</p> <p>Community services</p> <p>Out of Hospital services</p> <p>Emergency services and workforce challenges in ED</p> <p>Urgent Mental health</p>	<p>Good quality care for all 7 days a week</p> <p>Innovation and research to drive change</p> <p>Strengthening the workforce</p> <p>A transparency and data revolution</p>	<p>Upgrade in <b>prevention and public health</b></p> <p><b>Earlier diagnosis</b></p> <p><b>Patient experience</b> on par with clinical effectiveness and safety</p> <p>Transform our approach to support people <b>living with and beyond cancer</b></p> <p>deliver a <b>modern, high-quality service</b></p> <p>Ensure <b>commissioning, provision and accountability</b> processes are fit-for-purpose</p>	<p>Our journey so far</p> <p>Provision of services to a heterogeneous group</p> <p>The local service model</p> <p>Reducing need for inpatient services</p> <p>How we can work together to provide new services</p>

It is suggested that the Coventry and Warwickshire STP carries out engagement on all five work-streams between October and December 2016. Intelligence gained will complement work on the STP and aiding the development of a comprehensive route-map for achieving the vision set out in the Five Year Forward View. It will also inform options development ready for future engagement once detailed plans have been worked up.

A vital element of the STP will be getting an overall narrative that secures local understanding and ownership of what the case for change, and what the plan is, is and what it isn't. There is a need for senior leaders in health and wellbeing Boards across Coventry and Warwickshire to help to shape that message.

One of the first topic areas to focus on in the STP is developing options for maternity services, it is planned to use this, within the context of the agreed compelling narrative, as the first focus for the 'Big Conversation' phase of engagement. It will act as a pilot for engagement on the remaining four strands and specific questions will be developed in conjunction with the maternity lead for the STP. This will ensure engagement is targeted in terms of the knowledge gaps it is trying to fill.

Existing channels have already been mapped out by the STP communications and engagement group in order to identify as many routes as possible for engagement (appendices one and two). All partners will be asked to utilise existing engagement opportunities and to undertake targeted activity where necessary. For example, maternity services could be asked to carry out engagement with current and future mothers in hospitals and in the community. Local authorities could also undertake engagement with children's centres and voluntary sector and community groups.

Engagement activity for the other four strands will follow the model used for the maternity engagement, with any necessary adaptations made following the pilot and taking account what works well. It is anticipated that planning for engagement around maternity services will be carried out during October, with engagement beginning to take place during November. Following engagement on all five areas of care a report will be produced which will inform continued planning for the STP.

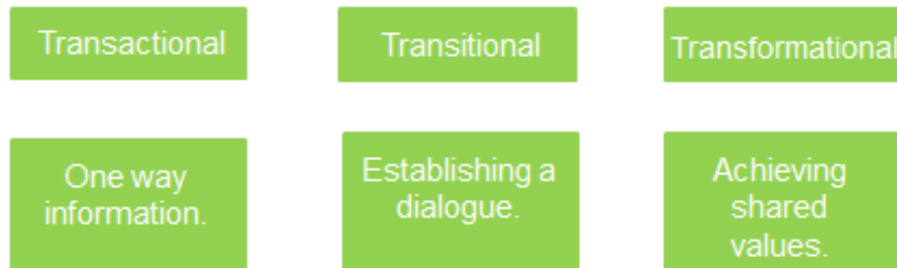
The attached chart (appendix four) shows in detail the plan for the maternity engagement, and contains fields that can be populated with the timescale for the other four strands as the engagement for these is planned and carried out. It should be noted that mental health is likely to form an underlying theme within all of the five work-streams. The chart will be modified to reflect this if necessary.

## **8.0 Stakeholder Mapping**

Up to this point engagement has been very transactional (e.g. one way) with regards to the STP. This has been done through updates at Board level or short articles in staff newsletters.



This now needs to progress to a transitional phase. The 'Big Conversation' should help establish understanding of the need for change and lay the foundation for what will ultimately be a safe engagement and consultation process that will help achieve the transformation we are looking for (where 'safe' refers to there being no successful legal challenge, and therefore damage to the reputation to the NHS organisations involved):



3Ts of community engagement (adapted from Bowen et al 2010)

When considering any kind of service development or transformation, the stakeholders below will be key to engagement. Constructive and positive relationships should be sought with all where possible in order to facilitate the transition and transformation set out above.

Power	High	<p><b><i>Keep Satisfied</i></b></p> <ul style="list-style-type: none"> <li>• MPs</li> <li>• Elected council members</li> <li>• Organisation staff members</li> <li>• Media</li> <li>• Royal Colleges</li> <li>• WMAS</li> </ul>	<p><b><i>Manage Closely</i></b></p> <ul style="list-style-type: none"> <li>• Health and Overview Scrutiny Committees</li> <li>• Health and Wellbeing Boards</li> <li>• Healthwatch</li> <li>• Unions</li> <li>• GPs</li> <li>• NHS E/I</li> </ul>
	Low	<p><b><i>Monitor (minimum effort)</i></b></p> <ul style="list-style-type: none"> <li>• Coventry and Warwickshire universities</li> <li>• Chambers of Commerce</li> </ul>	<p><b><i>Keep Informed</i></b></p> <ul style="list-style-type: none"> <li>• Volunteers</li> <li>• 3<sup>rd</sup> Sector</li> <li>• Pressure groups</li> </ul>
		Low	High

The table above is a basic snapshot and the process will be repeated in more detail for each of the 'Big Conversation' work streams. This will include triangulating information with local authority and voluntary sector partners and drilling down to identify specific stakeholder groups. With regards to maternity services, relevant stakeholder groups may include:

- Women between 20-40
- Women who are 41 +
- Women and girls between 13-19
- Voluntary orgs working alongside or within local authorities e.g. Surestart
- Healthcare professionals in the community
- Healthcare professionals in a hospital setting

Data would also be analysed with a number of variables in mind. For example, the input of a large group of pregnant women may be influenced by:

- Age
- Where they live
- Whether they already have children
- Economic status
- Ethnicity / Culture
- Whether they have had straightforward or complex pregnancies

## **7.0 West Midlands Messages**

We should consider linking the 'Big Conversation' with similar listening phases going on in other STP footprints across the West Midlands region e.g. Hereford and Worcester's #YourConversation campaign.

Initial conversations with communication and engagement leads, as well as NHS England, demonstrate a desire to share messages where possible to demonstrate that key themes (e.g. demand prevention) are not footprint specific.

For example, a West Midlands wide electronic survey to gain quantitative and qualitative data on people's views about service changes is being drafted which would allow a baseline engagement level to be established and then tested against at regular periods in the future. This would touch upon the themes of the 'Big Conversation' and affecting all four STPs such as maternity, paediatrics, urgent and emergency care, mental health and self-care/prevention.

Conducting this as part of the 'Big Conversation' would allow the STP Board to understand the appetite for service change across the county and for various services. This would allow a mix of quantitative and qualitative data which could be used to inform work streams as they go forward and further target engagement work with them.

It is anticipated that this would be low cost and managed in house within the existing STP teams.

## 9.0 Risks

A detailed risk log will be established but the current high level risks and mitigation are below. A standard Severity/Likelihood matrix was used to identify these:

Risk	Current rating	Desired rating	Mitigation
Risk of Judicial Review.	High risk	Low risk	Working within legal parameters set out.
Pressure groups do not engage with the process.	High risk	Low risk	<p>Commencement of listening phase of engagement.</p> <p>Demonstrate that the board / authorities are engaged through publishing regular feedback reports that summarise engagement activities.</p> <p>Releasing information on how the views and ideas of citizens have been used to reshape services</p>
Reputation (the Board is perceived as prioritising finance over patients).	High risk	Low risk	<p>Commencement of listening phase of engagement.</p> <p>Demonstrate that the board / authorities are engaged through publishing regular feedback reports that summarise engagement activities.</p> <p>Releasing information on how the views and ideas of citizens have been used to reshape services</p>
The benefits of proposed changes are not accepted by stakeholders.	High risk	Low risk	<p>Commencement of listening phase of engagement.</p> <p>Demonstrate that the board / authorities are engaged through publishing regular feedback reports that</p>

			<p>summarise engagement activities.</p> <p>Releasing information on how the views and ideas of citizens have been used to reshape services</p>
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Being taken to judicial review carries a high number of risks around the costs, resources and the effect on the timescales for change. These would have to be borne initially regardless of the outcome. If the case was lost it would set the timescales back at least one year and would have irreparably damaged the reputations of those involved as 33% think an organisation is automatically guilty if accused of wrongdoing.

## 11.0 Budget and Resource

Currently the budget and resource for the 'Big Conversation' will be covered through in-house arrangements with local partners. However the STP Board has to consider how practical this is going forward when increased engagement will be needed, possibly leading to formal consultation.

Initially this strategy proposes stakeholder events, newsletter and use of digital communications for the listening phase and so the Board must agree in principle that they will free up staff time and resource to deliver these, or agree to finance these activities separately.

## 12.0 Evaluation

Evaluation will take place following the listening phase. Based on the above it is anticipated that evaluation would consider the below:

	<b>Outputs</b>	<b>Outtakes</b>	<b>Outcomes</b>	<b>STP Impact</b>
<b>Media</b>	Number of articles	Number of comments/ letters	Increase positive proportion to at least 40% by March 2017.	Reduced likelihood of judicial review. Understanding of benefit of proposed changes.
<b>Marketing</b>	Number of events delivered / Attendance at events	Sentiment of qualitative feedback Message recall.	Increase in positive sentiment. Positively engaged stakeholders.	Reduced likelihood of judicial review. Understanding of benefit of proposed changes. Pressure

<b>Internal communications</b>	Number of articles	Number of comments at staff events	Greater understanding of the role of the STP.	groups engaged. Staff more positive about change.
<b>Digital communications</b>	Number of tweets Number of Facebook posts Number of vlogs/blogs Production of animation Production of infographic	Twitter re-tweets Facebook likes, shares and reach Vlog/blog comments Animation views	Increase in positive sentiment. Positively engaged stakeholders.	Reduced likelihood of judicial review. Understanding of benefit of proposed changes. Pressure groups engaged.

### 13.0 Next Steps

- Complete the simplified compelling narrative to set the context for the listening phase, through engagement with H&WBB's; HOSCs.
- Commence the listening phase with 'Big Conversation' activities from end November 2016.
- Between January to March 2017, review the pre-engagement approach to assess whether it met the objectives required, and can inform further approaches that may be required,
- Continue to build on and strengthen the links to the Coventry & Warwickshire HWB Concordat, the next event is 16 Jan 2017.
- Discussion with the Warwickshire HWB Board and Executives to develop the engagement further and as the programme moves on into more detailed plans.
- Utilise the outputs from the pre-consultation engagement to shape and inform any aspects that require consultation.
- Continue to work with other STP footprints in the West Midlands.

## Appendix 1 Current Transactional Engagement Channels

Region	Organisation	Engagement	Regularity
South Warwickshire	SWFT	Maternity staff community engagement with natal and postnatal women	Ongoing
South Warwickshire	SWFT	Closed Facebook group for young mum	Ongoing
South Warwickshire	SWFT	Health visitors engaging with community	Ongoing
South Warwickshire	SWFT	Group of 100 residents interested in out of hospital services (also some in North Warwickshire and Rugby)	Meeting planned in December 2016
South Warwickshire	SWFT	Foundation Trust Membership (6,000 with 40 Governors)	Quarterly Members' Events from September 2016
South Warwickshire	SWFT	Patient Forum	Ongoing
South Warwickshire	SWCCG	Health Champions (1,000 members of the public who have signed up to improve health services in their area)	Ongoing
South Warwickshire	SWCCG	Patient and Public Participation Group	Every six weeks
South Warwickshire	SWCCG	Have Your Say Days (Two sessions on main topics chosen by PPG or CCG followed by workshops. Open to the general public; sessions taken away and answers than given on the website.)	Biannually – next one is September 6 2016. Lunch session is taking place in a community centre and the evening session in a college.
Warwickshire North	WNCCG	Comprehensive engagement database listing	Ongoing

		stakeholder groups	
<b>Warwickshire North</b>	WNCCG	Patient Forum all 28 practices represented	Every other month
<b>Warwickshire North</b>	WNCCG	Feedback form – paper and online version	Ongoing
<b>Warwickshire North</b>	WNCCG	Health Champions in topic areas	Ongoing
<b>Warwickshire North</b>	WNCCG	#onething engagement with local community to raise awareness on health	Ongoing
<b>Warwickshire North</b>	WNCCG	Health Aware Communities group – proactive group to develop events and patient engagement activity	Ongoing
<b>Warwickshire North</b>	WNCCG	Bespoke surveys (hard copy and online)	As needed
<b>Warwickshire North</b>	WNCCG	Community Representatives Group	Every other month
<b>Warwickshire North</b>	WNCCG	Have Your Say Day	Ad hoc
<b>Warwickshire North</b>	WNCCG	Patient Panel (check and challenge)	As needed
<b>Warwickshire North</b>	WNCCG and WCC Public Health	Health and Wellbeing Partnership includes Borough Council health portfolio holders	Every other Month
<b>Coventry and Rugby</b>	CRCCG	Medicines Management team (engages with pharmacists)	Ongoing
<b>Coventry and Rugby</b>	CRCCG	Patient Reference Group (PRG) Summits (predominately white, over 55s)	Bimonthly – next two planned for late September
<b>Coventry and Rugby</b>	CRCCG	General feedback survey available (online / paper)	Ongoing
<b>Coventry and Rugby</b>	CRCCG	Bespoke surveys (online / paper)	As appropriate
<b>Coventry and Rugby</b>	CRCCG	Patient Reference	Ongoing –

<b>Rugby</b>		Groups (PRGs) at each GP Practice across Coventry and Rugby (72 out of 75). CCG engages virtually via newsletters and emails.	virtually via email and newsletters
<b>Coventry and Rugby</b>	CRCCG	Focus groups	As appropriate
<b>Coventry and Rugby</b>	CRCCG	Community events – 2 per annum	Ongoing – but event due in Sept 16 would be superseded by suggested roadshow for the ‘Big Conversation’
<b>Coventry and Rugby</b>	CRCCG	Patient Voice Champions (150 very engaged)	Ongoing
<b>Coventry and Rugby</b>	CRCCG	Online engagement: <ul style="list-style-type: none"> <li>• Facebook – 1,142 followers</li> <li>• Twitter – 3,699 followers</li> <li>• Public website – 26,458 hits (July 2016)</li> </ul>	Ongoing
<b>Coventry and Rugby</b>	CRCCG	Three locality meetings (Inspires and Godiva in Coventry and Rugby)	Monthly
<b>Coventry and Rugby</b>	CRCCG	Practice Manager Meetings	Monthly
<b>Coventry and Rugby</b>	CRCCG	Practice Nurse Meetings	Monthly
<b>Coventry and Rugby</b>	CRCCG	GP Protected Learning Time (Wednesday in Coventry and Thursdays in Rugby)	Weekly
<b>Coventry and Rugby</b>	UHCW	Impressions survey giving real time data from patients, relatives and visitors	Ongoing
<b>Coventry and Rugby</b>	UHCW	Various patient groups (parents of	Ongoing



<b>Coventry and Rugby</b>	UHCW	those in neonatal, survivors of cancer) Rugby Forum (members of key Rugby groups meet and are updated on St Cross specific issues)	Quarterly
<b>Coventry and Rugby</b>	UHCW	Staff Forums and newsletters (sent to 8,000 staff)	Monthly

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## Appendix 2

### Upcoming planned campaigns/events

Region	Organisation	Campaign	Date
<b>South Warwickshire</b>	SWFT and Warwickshire County Council's Public Health Team	Looking After You focusing on falls, hydration, dementia and nutrition.	Ongoing – about to focus on Falls Prevention in the over 55s.
<b>Warwickshire</b>	Warwickshire County Council's Public Health Team	Healthy Living Pharmacies – to promote the use of pharmacists for demand management.	Ongoing
<b>Warwickshire</b>	Warwickshire County Council's Public Health Team	Living Well with Dementia Portal launched	7 September 2016
<b>Coventry and Warwickshire</b>	Council led Adult social care channels and groups (already engaged with STP preventative stream)	TBC	Ongoing
<b>Coventry and Warwickshire</b>	Warwickshire County Council's Public Health Team and CWPT	It takes balls campaign raising awareness about speaking out about mental health issues	From September 2016
<b>Warwickshire</b>	Warwickshire County Council's Public Health Team	Mental Health campaign in conjunction with Coventry and Warwickshire MIND	5 October 2016
<b>Coventry and Warwickshire</b>	NHS England	Stay Well winter campaign (Will be less print ad and more television ads. Will be focusing on celebrities with long term conditions getting the flu jab and locally should be looking at local celebrities (e.g. sports stars). Flu roadshows will focus on targeting those in the C2D groups (will be able to hire/borrow roadshow kit).	October 2016- February 2017 (but can start in September 2016 locally)

<b>Coventry and Rugby</b>	CRCCG	Protected Learning Time	Nov/Dec events led by CRCCG
<b>Warwickshire</b>	Warwickshire County Council's Public Health Team	Mental health first aid training for frontline staff across Warwickshire	October 2016
<b>Warwickshire</b>	Warwickshire County Council's Public Health Team	E-learning 'Five ways to wellbeing' aimed at staff.	October 2016
<b>Coventry and Warwickshire</b>	Led by WNCCG	Stroke consultation	Jan 2017
<b>Coventry and Rugby</b>	CRCCG	Commissioner intentions	From end Sept 2016
<b>Warwickshire</b>	Warwickshire County Council's Public Health Team	Suicide Prevention Strategy	30 November 2016
<b>Coventry and Rugby</b>	CRCCG	Patient sharing work stream	
<b>Warwickshire and Coventry</b>	Council's corporate channels of engagement	TBC Separate event following on from the joint H&WBB event	Ongoing
<b>Coventry</b>	Acting Early (0-5) service reconfiguration (co-production)		Relevant learning and input from parents and service providers available

### Appendix 3 – STP Stakeholder Groups by theme *(in draft form)*

Engagement Theme	Population Group	Potential Ways to Engage
<b>Maternity</b>	Parents of young children in deprived areas of Coventry	Children's Centres Valley House Infant Feeding Team
	Parents of young children generally	Mums and Tots Groups – through Community Centre Managers and Faith Organisations Valley House Hospital Education Service – Teenage Pregnancy Unit
<b>Learning Disability</b>	Children, young people and adults with learning disabilities	Grapevine Special Schools Hereward College Schools
	Parents and carers	Special Educational Needs and Disability Information Advice and Support Service Positive Youth Foundation OneVoice Parent Group Learning Disabilities Partnership
<b>Mental Health</b>		CAMHS CWPT Cov & Warks MIND Libraries
<b>Cancer</b>	Cancer survivors Families affected by cancer	Employees  MacMillan GP MacMillan community mobilisation role (Ruth Nelson)
	<b>Urgent and Emergency Care</b>	Looked After Children Children's Champion
<b>Young people's services</b>	Teenagers	Positive Youth Foundation Youth Clubs Schools Sky Blues in the Community
	Early intervention and SMS	Compass Valley House Cyrenians Be Active Be Healthy
	Homeless people	Salvation Army Cyrenians Winter Night Shelter (Dec) Kairos

		CRISIS Rooted Project DV Shelters Coventry Domestic Violence and Abuse Support Services (CDVASS):  CRASAC
<b>Domestic and sexual violence and assault</b>	Domestic violence survivors  SVA  Social care service users	
	Vulnerable older people	Arm chair exercise groups Hope in Unity Age UK Age Friendly Cities Initiative Community networks, including community centres
<b>Proactive and Preventative (e.g. how to prevent obesity and this being passed on through generations)</b>	General population  Children/Families	Children's healthy weight alliance (currently in formation)

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## Appendix 4 – Key Legislation

- Coventry and Warwickshire Healthwatch Engagement Charter
- The Gunning Principles

The Gunning principles are now applicable to all public consultations that take place in the UK. Failure to adhere to the Gunning principles may underpin a challenge relating to consultation process that may be considered through judicial review.

The principles are as follows:

1. When proposals are still at a formative stage
2. Sufficient reasons for proposals to permit 'intelligent consideration'
3. Adequate time for consideration and response
4. Must be conscientiously taken into account

The Gunning principles are now applicable to all public consultations that take place in the UK. Failure to adhere to the Gunning principles may underpin a challenge relating to consultation process that may be considered through judicial review.

- NHS Act 2006 (As Amended by Health and Social Care Act 2012)  
Public involvement (13Q and 14Z2)
  - Under S14Z2 NHS Act 2006 (as amended by the Health and Social Care Act 2012) the CCG has a duty, for health services that it commissions, to make arrangements to ensure that users of these health services are involved at the different stages of the commissioning process including:
    - In planning commissioning arrangements
    - In the development and consideration of proposals for changes to services
    - In decisions which would have an impact on the way in which services are delivered or the range of services available; and
    - In decisions affecting the operation of commissioning arrangements where the implementation of the decisions would (if made) have such an impact.
- S.82 NHS Act 2006 - Co-operation between NHS bodies and local authorities
- S.244 NHS Act 2006 (as amended)

The Act also updates s244 of the consolidated NHS Act 2006, which requires NHS organisations to consult relevant Local Authority Health Overview and Scrutiny Committees (HOSC) on any proposals for a substantial development of the health service in the area of the Local Authority, or a substantial variation in the provision of services.

- “The Four Tests” – NHS Mandate 2013-15 (carried forward through NHS Mandate 2015-16)

The four tests are:

1. Strong public and patient engagement – including staff engagement
2. Consistency with current and prospective need for patient choice
3. A clear clinical evidence base
4. Support for proposals from clinical commissioners.

- S.149 Equality Act 2010
- S.3a NHS Constitution
- Mental Capacity Act 2005
- Human Rights Act 1998
- Planning, Assuring and Delivering Service Change for Patients – NHS England Guidance
- Transforming Participation in Health and Care – NHS England Guidance

## **Appendix 5 – Big Conversation Engagement Plan**

(See supporting excel document)

**END**