Toolkit for communications and engagement teams in service change programmes

Before you start:
- Introduction: Find out about the toolkit
- Think about governance and resource requirements

Jump straight into the change process:
1. Prelaunch
2. Launch
3. Evidence for change
4. Solution development
5. Potential solutions
6. Consultation
7. Implementation
8. Evaluation

Further reading:
Resources and useful information
## Content

<table>
<thead>
<tr>
<th></th>
<th>Toolkit for communications and engagement teams in service change programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
</tr>
<tr>
<td>2</td>
<td>Governance and resource requirements</td>
</tr>
<tr>
<td>3</td>
<td>The change process</td>
</tr>
<tr>
<td>4</td>
<td>Further reading</td>
</tr>
</tbody>
</table>

This toolkit was developed by:

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This page contains a content table for a toolkit on communications and engagement teams in service change programmes. The toolkit is divided into four sections: Introduction, Governance and resource requirements, The change process, and Further reading. Each section is numbered for easy navigation. The toolkit was developed by Andrew Kliman, Sharanjit Savanathan, and Tom Charteris, with credits also given to FTI Consulting Ltd. This toolkit is designed to support communications and engagement teams in planning and executing service change programmes effectively.
Introduction
Introduction

Local health and care system service change programmes often include a range of activities in areas such as analytics, diagnostics, finance, HR, information governance, operations, clinical working and, of course, communications and engagement.

This toolkit is not statutory or official guidance but a resource we hope will prove useful to you as communications and engagement professionals when your organisation is involved in a health system-wide change or transformation programme that could alter the way health and care services are delivered across your area. This toolkit can be read in conjunction with the NHS England guidance – Planning and delivering service changes for patients.


Not all steps in the toolkit will be relevant to your programme and you may be doing much of it already as part of best practice day-to-day working. The toolkit provides a checklist you can use to check your activity, address any gaps and adapt to your local needs.

What is this toolkit?

- A step-by-step guide to the different phases of a potential service change programme and the role of communications and engagement in it

- A breakdown of each phase, setting out aims, approach, audience, deliverables and success criteria

- A set of useful resources, example documentation that may be produced throughout the process and lessons learned from previous relevant work

Who should use this toolkit?

The toolkit is aimed at communications and engagement teams working in providers, clinical commissioning groups (CCGs), local authorities and organisations taking part in health and care system-wide transformation programmes, eg voluntary sector or local Healthwatch. It is also aimed at anyone trying to better understand why effective communications and engagement are fundamental to successfully delivering a health and care system change programme, such as:

- the Success Regime
- interventions led by national regulators
- local health and care economy-wide transformation programmes, including new care models
- government integration agenda, eg Better Care Fund, Integration Pioneers or Vanguards
Context

There are likely to be many more nationally led interventions and locally led transformation programmes in the future given the Five Year Forward View (5YFV), new clinical standards and financial concerns across the NHS. This will result in health and care services being delivered differently.

Improvements to health and social care happen frequently, most often in response to the shifting needs of patients and populations over time, as well as the need for commissioners and providers to operate a clinically and financially sustainable service.

There are many causes of significant service change such as:

- an ageing population and increased numbers of patients with multiple health conditions
- increased number of people with chronic conditions
- adoption of new clinical models, such as more integrated health and care systems
- the clinical case (problems with resources, clinical specialisation, low patient volumes)
- the financial case (recurring annual deficits).

This toolkit is for communications and engagement teams going through programmes that might require service change. It aims to help them communicate and engage effectively throughout and provides a standardised process and tools to support delivery. This toolkit is not specific to your programme or geography, and there may be important local differences to take into account.

We have drawn on best practice and lessons learned from several health and care economy-wide interventions, including contingency planning teams. It includes examples of real documents created and used as part of these programmes.

NHS Improvement, supported by NHS England, has created the toolkit in association with national NHS arm’s length bodies and with the help and support of local NHS communications and engagement teams.
Improvements to health and social care happen frequently, with some services closed, moved or integrated. The levels of change are shown below. The closer your programme is to the upper right hand of this graph, the higher the level of stakeholder engagement needed due to the level of interest and the more likely you are to employ more steps in this toolkit.
Why communications and engagement are important

Sharing the evidence driving decisions on service change and allowing people to contribute to and influence the decision will create a better solution.

An effective engagement process creates an opportunity to co-produce solutions that are realistic and sustainable. It makes practical sense to develop a coherent communications and engagement programme to maximise support for and understanding of change among local staff, stakeholders, patients and the public.

Without a coherent approach to communications and engagement you risk:

- creating mixed messages, particularly from different working groups
- reducing clinical support and failing to create a clinically safe and sustainable care model
- pre-empting essential HR conversations with individual staff and bypassing unions
- missing out key stakeholders who can benefit the process
- alienating important stakeholder groups that need to be able to effectively represent their members/constituents
- failing to help the public understand the potential clinical benefits of the service change
- not meeting legal duties on involving the public in service changes
- not understanding the impact of potential changes on different groups in the population.

As a result of doing communications and engagement well, you will succeed in:

- building strong stakeholder and partner relationships
- building trust among staff, patients and the public
- creating better solutions and outcomes for patients
- providing feedback on how engagement has fed into decision-making – ‘you said, we did’
- ensuring any statutory duties to engage with patients and the public are understood and met.

Toolkit for communications and engagement teams in service change programmes
2 Governance and resource requirements
Typical communications and engagement workstream within the overall programme governance

The communications and engagement working group’s aim is to connect all the communications and engagement professionals across the local partners to ensure information is shared, key messages are communicated and delivery is as effective as possible. The working group is also responsible for ensuring potential options for change and implementation are produced with key stakeholders, and transparency and involvement are embedded throughout the programme.

The communications and engagement workstream interaction with the programme can include:
- keeping the programme advisory group regularly informed and engaged as well as challenging it where necessary
- close working with the programme working group to keep updated with wider programme activity
- co-ordinating timing and messaging of communications and engagement with the wider programme as it happens in other workstreams
- capturing the outputs of the ops/finance group, eg evidence for change
- supporting the clinical working group to engage and communicate with clinicians involved in developing solutions and keeping track of clinical issues
- keeping track of issues and reporting the impact of IT and governance.

Please note this is an example structure and should not be seen as a definitive or suggested structure.
Investment in the key skills and resource is critical to effective communications and engagement in change programmes.

The level of resource required will vary depending on a programme’s specific needs and different phases.

Dedicated full-time resource will be needed to deliver the programme – do not underestimate the extra resource and skills needed.

A critical success factor is working closely with other communications and engagement teams in the local health and care system and encouraging collaboration where possible. This is often done through a communications and engagement working group that shares resource and co-ordinates channels, announcements, protocols and messaging across the organisations involved and/or affected by the programme.
Typical skills necessary

If multiple teams from several organisations are working on the programme, agree which will provide overall leadership across the teams. Communications and engagement professionals should be able to perform the following roles:

**Leadership**

**Provides strong, visible leadership and strategic planning for the communications and engagement workstream**

- Drives the work delivered by the working group and holds people to account
- Sits on the programme advisory group as the representative of communications and engagement working group, and provides communications advice to the programme advisory group
- Builds relationships with the programme’s senior members, including clinical champions
- Identifying, supporting and briefing clinician champions who may be involved in local engagement
- Makes decisions and approves deliverables produced by the workstream

**Project management**

**Responsible for the day-to-day co-ordination of the workstream**

- Sits on the project working group to capture the interdependencies of the communications plan with the wider programme plan
- Monitors progress against plan, provides updates to the programme manager
- Captures and reports on risks and issues
- Responsible for document management
- Co-ordinates events planning
- Updates key workstream documents, ie strategy, plan, stakeholder map

**Editorial/design**

**Responsible for performing a range of administrative, editorial and design tasks necessary for the release of material**

- Liaison for those involved in the editorial process of key materials (both internal and external)
- Edits materials produced in the programme
- Produces and designs material for use with different audiences

**Delivery**

**Owns co-ordination and delivery of all the internal and external programme communications and engagement. Delivers the day-to-day activity**

- Develops and owns the communications and engagement strategy and plan
- Establishes and manages communication channels and messages beyond the programme’s boundaries
- Develops, owns and manages the stakeholder map
- Leads on media relations and handling including proactive work, dealing with enquiries and producing media releases (only in direct relation to the programme)
- Leads on daily media monitoring and plays a valuable role in raising awareness of the broader context for people involved in the programme
- Co-ordinates programme work with other communications and engagement teams in partner organisations
- Liaises closely with the other programme working groups
- Responsible for identifying clinical staff to act as spokespeople and making sure they are media trained
- Ensures planning and delivery of engagement events including preparing appropriate questions and collating and analysing feedback
- Monitors stakeholder activity, ie what they are saying and whether their influence/interest changes throughout the programme
- Knowledge of legal requirements, eg equality impact and consultation

**Independent assurance**

**Responsible for providing assurance of statutory requirements**

- Expertise to advise and provide assurance on legal requirements, eg consultation and equalities impact assessment process (usually from outside of the comms team)
Communications and engagement workstream audiences and outline approach (1 of 2)

The communications and engagement working group’s role is to run the workstream and engage and communicate with the following groups:

**Patients, carers and the public**

**Why:**
Apart from legal and statutory duties to engage with the public and patients, it is clear that better and more realistic options are developed when they are co-created with this important group.

**Aim:**
Involve local people in the programme, making sure all options are tested and feedback is shown to have influenced their development and choice of potential solution.

**Approach:**
Led by the communications and engagement working group, often by establishing a patient and public engagement group as part of the programme governance and using existing groups, eg local Healthwatch, local patient representative groups (eg community and voluntary sector) and public stakeholder committees.

**Programme advisory group**

**Why:**
To ensure information is being shared effectively across the programme and that the programme maintains a single shared narrative where appropriate.

**Aim:**
To advise and support senior leaders within the programme and to make sure the communications and engagement workstream is benefiting the overall programme aims.

**Approach:**
The communications and engagement director will sit on the programme advisory group, attend its meetings and update it on progress and any risks, offering challenge where needed.

**Opinion formers**

**Why:**
Politicians, both national and local, have a duty to protect the interests of their constituents and so need to be kept informed and updated regularly. The media also need to be kept informed of progress.

**Aim:**
To keep MPs, local councillors, health and wellbeing boards, health overview and scrutiny committees (HOSC), the media, etc informed of the proposed changes, attempt to mitigate any politically sensitive issues, and to provide them with a narrative they can support, eg in conversations with constituents.

**Approach:**
Each organisation in the local health and care system usually has its own relationships with the media, elected officials and bodies, so the communications and engagement working group will co-ordinate group meetings and ensure messages are joined up. If the local authority is not already a key partner, make sure it has a key role.
Communications and engagement workstream audiences and outline approach (2 of 2)

The communications and engagement working group’s role is to run the workstream and engage and communicate with the following groups:

**Medical and care professionals**

**Why:** They have to be involved in developing the options for change, testing changes to care pathways/models and co-creating new ones. They are also hugely influential with patients and the public.

**Aim:** To gain their support for and understanding of the potential changes taking place and to ensure these are clinically safe.

**Approach:** This is led by an established clinical working group which aims to represent all relevant clinicians. The communications and engagement working group provides a supporting and co-ordinating role. The evidence base is an important influencing factor for this group.

**Staff, unions and associated members**

**Why:** Changes to the way health and care services are delivered could affect jobs and ways of working. Non-executive members of boards and foundation trust governors should be informed of potential changes.

**Aim:** Informing and updating staff on developments and giving them the opportunity to be involved from the start of the programme, eg clinicians, managers, nurses, support staff, etc.

**Approach:** The communications and engagement working group will lead staff communication using existing channels (eg staff bulletins, etc). Each organisation involved in the programme will be responsible for its own staff and senior management, and managers should also take some responsibility.

**Wider health and care economy**

**Why:** Health systems are linked, and changes in one health system could have a dramatic impact on others – for example, specialisation of clinical services and changes to A&E or maternity.

**Aim:** Updating senior stakeholders at organisations in the surrounding area that might be affected by reconfiguration (ie increased patient flows and changes to service provision, eg community and voluntary sector) and senior stakeholders of other local health and care change programmes.

**Approach:** Led by the programme delivery team through direct communication, ie emails or 1:1 sessions. The communications and engagement working group provides a co-ordinating and supporting role.
3 The change process
This section sets out the end-to-end process of a change programme. An overview of the entire potential process allows you to see how your work affects, supports and enhances the wider programme.

It is helpful to understand where you are in the process and which stage the project has reached. However, you may not need to work through each stage, depending on the type of project. For example, much of the diagnostic element and evidence for change may have been completed in previous work and instead you need to focus on the solution development and subsequent phases.

It is also important to note that the different stages will probably overlap and run concurrently in some cases. For example, you would probably want to think about the evidence for change before launch, and what communications and engagement channels to use during the pre-launch phase.

Good programme management foundations are crucial to success and should run from the beginning to the end of the programme. Therefore, the day-to-day activity of the programme and project managers is not represented in detail in this guide.

Key messages

- Communication and engagement must be frequent, open and honest; think about the consistency in all messages, even if they need to be tailored to specific audiences; you must sustain the effort throughout the programme
- Ensure close working with local health economy partners as well as co-development and joint ownership centred around the patient
- Engage patients, the public and the local voluntary and community sector as early as possible
- Maintain clear and accurate records of solution development and stakeholder engagement to evidence involvement in decision-making
- Understand your statutory requirements for public involvement and formal consultation from the start of the programme so you are thinking about these throughout the process to avoid problems later should the programme require consultation.
### Summary of the overall service change process

<table>
<thead>
<tr>
<th>Programme Management</th>
<th>1 Pre-launch</th>
<th>2 Launch</th>
<th>3 Evidence for change</th>
<th>4 Solution development</th>
<th>5 Potential solution(s)</th>
<th>6 Consultation</th>
<th>7 Implementation</th>
<th>8 Evaluation</th>
</tr>
</thead>
</table>
| 1 Pre-launch         | ● Understanding the current state/strategic context across the health and care economy through engagement with local partners. Also draw on analysis and previous work towards developing the evidence for change.  
● The purpose of the pre-launch phase is to ensure the programme is set up well – for example, establishing the programme governance, preparing for launch and developing the communications and engagement strategy and plan. |  | ● Service change programmes usually undergo a detailed exercise to understand the evidence for change before developing the potential options for change. This includes gathering the evidence through activity and financial analysis of the current state of the health system as well as understanding public health and demographics.  
● The communications and engagement workstream is responsible for sharing and promoting the detailed and public-facing evidence-for-change document. | ● Developing proposals within change programmes builds on the evidence-for-change document and explores the competing balance between quality, cost, access (eg impact on travel times) and deliverability.  
● Stakeholder engagement is essential to this stage as experience and knowledge need to be incorporated into the solution development. Potential solutions should be co-created with clinicians, patients, public and staff, and the communications and engagement working group is responsible for ensuring these stakeholders are heard and represented. | ● Before formal public consultation or implementation, change programmes generally undergo appraisal and review to consider potential options after evaluating feedback.  
● At this stage, commissioners will need to decide whether a formal public consultation is required, and the HOSC will review and approve the proposed decision. | ● Consultation is a specific legal process and you should take advice from experts about how to deliver an effective public consultation. Commissioners may have to think about using specialist professionals for this.  
● In some service change programmes formal consultation will be a legal requirement. It is important that, where necessary, the programme board/working group has sought advice and assurance from lawyers and other professionals on consultation and that the communications team understands any legal obligations that will inform the development of the consultation process. | ● Communications and engagement teams will want to maintain ongoing dialogue with stakeholders and feedback to the community. Issues raised during consultation should be taken into account.  
● A robust implementation plan is developed to support delivery of the preferred solution. A key aim of this phase is to track achievement of the intended benefits and evaluate the outcomes. | ● Eventually, the programme will need to become ‘business as usual’ to ensure its sustainability.  
● The programme team should then assess the programme’s effectiveness and review whether it achieved what it set out to do. If not, ask why.  
● This stage provides an opportunity to learn from what has and has not worked well, and the communications and engagement working group should be involved in this process. |
Pre-launch is the first phase in the process and aims to establish the communications and engagement working group governance and working principles for the programme in preparation for launch.

Establishing clear and agreed working practices early on reduces the opportunity for confused messaging, promotes joint working and improves the likely success of the communications and engagement workstream and therefore the wider programme.

It is important to encourage early consideration of any legal requirement to engage or consult in order that the communications and engagement strategy can be tailored to the required approach.

Key messages

- Joint working can be difficult, but agreeing how you work together will help
- Understand what has already been done: eg building the evidence for change
- Establish a comprehensive document management system. Ensure that all discussions and decisions are fully and accurately recorded, as this will provide a strong evidence base for further engagement and decision-making and may help to mitigate against or defend any potential legal challenges
- Start communications and engagement from the beginning of the process and keep it running throughout the life of the programme
## 1 Pre-launch – activities (1 of 3)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Aims</th>
<th>Approach</th>
<th>Deliverable/output</th>
<th>Audience</th>
<th>Success criteria</th>
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</thead>
</table>
| **a** Understand resource requirements | ● Identifying resource gaps, eg capability, materials, etc and address any shortfalls | ● Review in-house resource  
● Compare against the programme’s needs  
● Confirm a budget | ● Resource gap analysis and associated risks  
● Programme advisory group  
● Senior management | | ● The right skills and resource available for the communications and engagement workstream activities |
| **b** Map existing communications groups and channels | ● Understanding current communications and engagement groups and channels and seeing where they overlap | ● Review communications channels and groups currently used  
● Decide if appropriate for the programme | ● Map of groups and channels  
● Communications and engagement senior manager | | ● Identify existing groups and channels to be utilised  
● Establish new groups or channels if required |
| **c** Set up working group governance | ● Establishing the smooth running of the working group and agreed systems to benefit the group in due course | ● Develop group’s governance and working principles with the wider programme  
● Set up a document management process | ● Terms of reference that include roles, responsibilities and working principles  
● Communications and engagement working group  
● Programme advisory group | | ● Governance and working arrangements established before launch |
| **d** Develop protocols | ● Agreeing approach to media handling and managing stakeholders throughout the programme | ● Adapt current media protocol for the programme  
● Develop stakeholder response protocol | ● Protocol for responding to the media and social media  
● All programme working groups | | ● Agreed protocol used when responding to media and stakeholders |
| **e** Map stakeholders | ● Understanding key stakeholders’ position on the programme and type of engagement they need | ● Identify  
● Analyse  
● Map against a matrix  
● Prioritise and group stakeholders | ● Stakeholder matrix  
● Communications and engagement workstream  
● Programme advisory group | | ● Comprehensive view of stakeholders  
● Aligned to the communications and engagement strategy |

Note: These activities do not represent a sequential flow but are likely to occur at the same time.
## 1 Pre-launch – activities (2 of 3)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Aims</th>
<th>Approach</th>
<th>Deliverable/output</th>
<th>Audience</th>
<th>Success criteria</th>
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<tbody>
<tr>
<td><strong>f</strong> Develop communications and engagement strategy</td>
<td>• Setting out the approach to deliver the aims and vision of the communications and engagement workstream</td>
<td>• Complete strengths weaknesses, opportunities and threats (SWOT) analysis, political, economic, social and technological (PEST) impact analysis</td>
<td>• Communications and engagement strategy</td>
<td>• Programme advisory group</td>
<td>• An agreed approach to deliver the communications and engagement activities</td>
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<td></td>
<td></td>
<td>• Use stakeholder matrix</td>
<td>• Shared programme narrative</td>
<td>• Communications and engagement working group</td>
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<td></td>
<td></td>
<td>• Describe communications and engagement channels to be used</td>
<td>• Senior management of organisations involved</td>
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<td></td>
<td></td>
<td>• Review by patient representatives and clinicians</td>
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<td></td>
<td></td>
<td>• Identify how to engage stakeholders</td>
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<td></td>
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<td>• Agree a shared programme narrative with all chairs/chief executives/clinical leads</td>
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<tr>
<td><strong>g</strong> Develop communications and engagement work plan</td>
<td>• Setting out the activities, milestones, key decision points and dates for the communications and engagement workstream</td>
<td>• Use the strategy as a basis and create a plan</td>
<td>• Communications and engagement work plan</td>
<td>• Programme manager</td>
<td>• The plan captures key milestone dates and everyone is clear about their responsibilities</td>
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<td></td>
<td></td>
<td>• Review overall programme plan to ensure interdependencies are captured</td>
<td>• Project plan</td>
<td>• Communications and engagement working group</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• Programme advisory group</td>
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<td></td>
<td>• Health overview and scrutiny committee for sign-off</td>
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Note: These activities do not represent a sequential flow but are likely to occur at the same time.
## 1 Introduction

### Pre-launch – activities (3 of 3)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Aims</th>
<th>Approach</th>
<th>Deliverable/output</th>
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<th>Success criteria</th>
</tr>
</thead>
</table>
| Develop crisis management plan | ● Describing how the programme plans to deal with managing reputational risk | ● Identify and mitigate risks and issues throughout the programme  
● Monitor and manage issues and risks to reduce the chance of them developing into a crisis  
● Refer to risks in the strategy and develop plans for dealing with those risks and issues | ● Crisis management plan  
● Risks and issues log | Programme advisory group  
● Senior management of organisations involved  
● Agreed spokespeople | ● An agreed process to deal with a crisis |
| Senior management briefing | ● Senior management understands the process, key milestones and statutory/individual requirements | ● Face-to-face meeting  
● PowerPoint slides with key messages including all the programme’s statutory requirements – may require legal team to brief. | ● Meeting/presentation slides | Senior management of organisations involved | Senior stakeholders are engaged and understand the importance of communications and engagement |

Note: These activities do not represent a sequential flow but are likely to occur at the same time.
<table>
<thead>
<tr>
<th>Document type</th>
<th>Attached documents</th>
<th>Notes/comments</th>
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</thead>
<tbody>
<tr>
<td>Terms of reference</td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>Milton Keynes and Bedfordshire stakeholder engagement group Terms of Reference</td>
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<tr>
<td></td>
<td>2</td>
<td>Success Regime Terms of Reference draft</td>
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<td></td>
<td>3</td>
<td>Communications and engagement Terms of Reference (King’s Lynn)</td>
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<tr>
<td>Media protocols and management plan</td>
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<td></td>
<td>1</td>
<td>Healthcare Review media protocol (Milton Keynes and Bedfordshire)</td>
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<td></td>
<td>2</td>
<td>Media protocol draft (King’s Lynn)</td>
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<td></td>
<td>3</td>
<td>Media management plan (final) – Tameside</td>
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<td></td>
<td>4</td>
<td>Essex success regime media protocol draft</td>
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<tr>
<td>Communications and engagement strategy</td>
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<td></td>
<td>1</td>
<td>Milton Keynes and Bedfordshire stakeholder communications engagement strategies (public)</td>
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<tr>
<td></td>
<td>2</td>
<td>Communications and engagement strategy overview slides (King’s Lynn)</td>
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<tr>
<td></td>
<td>3</td>
<td>Engagement strategy (King’s Lynn)</td>
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<td></td>
<td>4</td>
<td>Communications strategy (King’s Lynn)</td>
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<td>Communications and engagement plan</td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>King’s Lynn detailed work plan (Excel)</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Tameside activity plan (phase 1 and 2)</td>
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<tr>
<td></td>
<td>3</td>
<td>Tameside activity plan (phase 3 and 4)</td>
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<td></td>
<td>4</td>
<td>Milton Keynes and Bedfordshire forward plan</td>
</tr>
<tr>
<td>Crisis management plan</td>
<td>1</td>
<td>Crisis management plan (Tameside)</td>
</tr>
</tbody>
</table>

Pre-launch – supporting resource

Toolkit for communications and engagement teams in service change programmes
Launch is the second phase in the process and marks the start of the programme with stakeholders. The key aims are to set a clear narrative and communicate the start of the programme to staff, public and patients.

Confirming the start of the programme allows you to set a precedent of being transparent and proactive in your communication – setting the story yourself rather than waiting for others to do it for you.

Key messages

- Get on the front foot with your communications and engagement
- Be open about the programme’s details but try not to paint yourself into a corner, eg use terms like ‘summer’, rather than specifying July as the end date as projects like these are complex and can run on
- Carefully think through the sequencing and timing of announcements, since news can be spread so rapidly
## Activity
1. **Develop launch plan**
   - **Aims**: Specifying and agreeing launch activities
   - **Approach**: Identify the right communication channels and messages for each stakeholder, detail stakeholder engagement activities, think about sequencing and timing of announcements
   - **Deliverable/output**: Launch plan
   - **Audience**: Programme manager, communications and engagement working group, programme advisory group
   - **Success criteria**: The plan details the activities for the launch of the programme

2. **Pre-briefing**
   - **Aims**: Ensuring key stakeholders recognise they are important to the programme's success
   - **Approach**: As detailed in launch plan – may include one-to-one sessions, email and staff events
   - **Deliverable/output**: Feedback and comments
   - **Audience**: Selected stakeholders
   - **Success criteria**: Selected stakeholders are told about the programme's launch before the wider launch

3. **Launch the programme**
   - **Aims**: Communicating the programme's launch to all stakeholders
   - **Approach**: Consider feedback and comments from initial engagement activity, as detailed in launch plan – stakeholder events, eg for staff, public and patients, etc., media announcement
   - **Deliverable/output**: Stakeholder events, press release
   - **Audience**: All audience groups
   - **Success criteria**: All stakeholders are told about the programme, supportive comments from advocates

---

### PROGRAMME MANAGEMENT

<table>
<thead>
<tr>
<th>Activity</th>
<th>Aims</th>
<th>Approach</th>
<th>Deliverable/output</th>
<th>Audience</th>
<th>Success criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Develop launch plan</td>
<td>Specifying and agreeing launch activities</td>
<td>Identify the right communication channels and messages for each stakeholder, detail stakeholder engagement activities, think about sequencing and timing of announcements</td>
<td>Launch plan</td>
<td>Programme manager, communications and engagement working group, programme advisory group</td>
<td>The plan details the activities for the launch of the programme</td>
</tr>
<tr>
<td>b Pre-briefing</td>
<td>Ensuring key stakeholders recognise they are important to the programme's success</td>
<td>As detailed in launch plan – may include one-to-one sessions, email and staff events</td>
<td>Feedback and comments</td>
<td>Selected stakeholders</td>
<td>Selected stakeholders are told about the programme's launch before the wider launch</td>
</tr>
<tr>
<td>c Launch the programme</td>
<td>Communicating the programme's launch to all stakeholders</td>
<td>Consider feedback and comments from initial engagement activity, as detailed in launch plan – stakeholder events, eg for staff, public and patients, etc., media announcement</td>
<td>Stakeholder events, press release</td>
<td>All audience groups</td>
<td>All stakeholders are told about the programme, supportive comments from advocates</td>
</tr>
</tbody>
</table>
## Toolkit for communications and engagement teams in service change programmes

### 2 Launch – supporting resource

<table>
<thead>
<tr>
<th>Document type</th>
<th>Attached documents</th>
<th>Notes/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Launch plan</td>
<td>1. Launch plan success regime</td>
<td></td>
</tr>
</tbody>
</table>

1. *Introduction*

2. *Governance and resource requirements*

3. *The change process*

4. *Further reading*
Evidence for change – introduction

The aim of this phase is to carry out a detailed exercise to define the evidence for change before developing potential solutions. This includes gathering evidence by analysing current activity and finance – which is completed by other working groups.

The communications and engagement workstream is responsible for involving patients, public and staff before the evidence for change is finalised. At this point, you may start working with the wider programme advisory group and decision-makers to capture thoughts on options/solution development.

Once finalised, communications and engagement share and promote the evidence-for-change document (also known as a case for change – but this terminology might have implications should the programme go to consultation).

Failing to communicate the evidence for change coherently risks it being drowned out by a less informed argument for no change.

Key messages

- Don’t underestimate how much technical detail the public can deal with
- At the same time try to translate jargon into plain English
- Ensure the process is transparent as it builds confidence in the process
- Ensure clinicians and patients take part
- Identify a clinician to present the evidence for change – it’s more powerful
- Remember that staff will have to implement the operational changes required, so focus on ensuring all staff understand why the changes are important
### 3 Evidence for change – activities (1 of 2)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Aims</th>
<th>Approach</th>
<th>Deliverable/output</th>
<th>Audience</th>
<th>Success criteria</th>
</tr>
</thead>
</table>
| **a** Engagement on issues
| • Involving patients, public and staff before the evidence for change is finalised | • Share an ‘issues paper’ that highlights the key problems and what you are requesting from your audience | • Capture thoughts – people’s priorities and preferences | • Patients and the public • Staff | • Involvement of stakeholders before evidence for change is finalised |
| **b** Develop a launch plan
| • Specifying and agreeing activities for this phase | • Identify the right channels of communication and messages for each stakeholder | • Launch plan | • Programme manager • Communications and engagement working group • Programme advisory group | • The plan details the activities for launching the evidence for change |
| **c** Prepare a public-facing evidence-for-change document
| • Preparing a public-facing evidence-for-change document and easy read version for people with communication support needs | • Review detailed evidence-for-change document produced by the other working groups • Agree narrative around evidence for change • Design the documents | • Narrative for evidence-for-change document • Public-facing evidence-for-change document • Supporting documents, eg infographic/easy read | • All audience groups | • The target audience understands the evidence for change by reading the summary documents |
| **d** Pre-briefing
| • Engaging key stakeholders before releasing the evidence-for-change document | • As detailed in launch plan – may include one-to-one sessions, email and staff events | • Feedback | • Selected stakeholders | • Key stakeholders are informed of the evidence for change before the release |

Note: These activities do not represent a sequential flow but are likely to occur at the same time.
### Evidence for change – activities (2 of 2)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Aims</th>
<th>Approach</th>
<th>Deliverable/output</th>
<th>Audience</th>
<th>Success criteria</th>
</tr>
</thead>
</table>
| Issue evidence-for-change documents | ● Communicating the evidence for change | ● Consider feedback from initial engagement  
● Media announcement  
● Clinical spokesperson  
● Planning and running a series of staff and public events  
● Clinical spokesperson to present the evidence for change | ● Press release  
● Public-facing evidence-for-change document  
● Detailed evidence-for-change document  
● Marketing collateral, eg fliers, notice boards, films | ● All audience groups | ● The public understands the evidence for change and they hear it from the right person |

Note: These activities do not represent a sequential flow but are likely to occur at the same time.
## Evidence for change – supporting resource

<table>
<thead>
<tr>
<th>Document type</th>
<th>Attached documents</th>
<th>Notes/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detailed evidence-for-change document</td>
<td>1 Case for change full (Milton Keynes and Bedfordshire)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 West Norfolk CCG Evidence for change</td>
<td></td>
</tr>
<tr>
<td>Public facing case-for-change document</td>
<td>1 Case for change summary doc (Milton Keynes and Bedfordshire)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 West Norfolk CCG The need for change (A5 version)</td>
<td></td>
</tr>
<tr>
<td>Infographic</td>
<td>1 Tameside infographic</td>
<td></td>
</tr>
<tr>
<td>Marketing collateral</td>
<td>1 West Norfolk CCG Exhibit boards</td>
<td>Includes infographic</td>
</tr>
</tbody>
</table>
Solution development – introduction

This phase of the process focuses on developing potential solutions to the problems across the health economy identified in the evidence for change.

Stakeholder engagement and co-production are seen as one of the best approaches to designing effective solutions.

Key audiences

- Clinical engagement is essential to this stage as all options must be clinically safe and evidence-based. Clinical commitment to any proposals is essential.
- Patient and public engagement is essential to ensure a service user perspective is considered.
- As staff will most likely implement the operational changes, ensure they understand the solutions and why they are being proposed. They are then more likely to accept responsibility for implementation.
- Engagement from wider health and care economy key stakeholders (e.g., social services, ambulance services) is also essential to strengthen solutions and help get early involvement.

When the programme is in a solution development phase it needs to balance the competing demands of:

- quality – how clinically safe and sustainable are the solutions?
- cost – is the solution cost-effective?
- access – what is the impact on travel times and are any groups disproportionately disadvantaged?
- deliverability – is the solution practicable?

This level of engagement encourages stakeholder involvement at an early stage.

Key messages

- Make sure you get this stage right and you will create goodwill with stakeholders, get better solutions, reduce the risk of surprises derailing the programme later on and maintain a clear evidence base for all decision-making. This will be essential should it become necessary to formally consult and may help to mitigate, avoid or defend any potential legal action.
- Co-production means identifying and developing solutions together.
- You won’t be expected to lead the clinical engagement – this will be done by the programme’s clinical lead – but you should track the interactions and use them to update your stakeholder matrix.
### Solution development – activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Aims</th>
<th>Approach</th>
<th>Deliverable/output</th>
<th>Audience</th>
<th>Success criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a</strong> Detailed design</td>
<td>• Co-designing the solutions with identified participants, e.g. clinicians, patients, staff representatives and wider health and care economy key stakeholders (solutions development team)</td>
<td>• Workshops</td>
<td>• Evidence gathered from the workshops to inform solution development</td>
<td>• Medical and care professionals</td>
<td>• Audience groups are engaged and have an opportunity to contribute to solution development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Slides/material for the workshops</td>
<td></td>
<td>• Public and patients</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Prepare agenda and questions</td>
<td></td>
<td>• Staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• There may need to be specialty-specific working groups, e.g. paediatrics, elective care, etc</td>
<td></td>
<td>• Wider health and care economy key stakeholders</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Think about design and/or options appraisal criteria</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>• Evidence gathered from the workshops to inform solution development</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>• Medical and care professionals</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>• Public and patients</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>• Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Wider health and care economy key stakeholders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b</strong> Capture and review feedback</td>
<td>• Ensuring all feedback has been absorbed to inform solution development</td>
<td>• Draft a summary document capturing approach to reviews and capturing feedback</td>
<td>• “You said, we did” document</td>
<td>• All audience groups</td>
<td>• Important to show that feedback is reviewed and acted on where appropriate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Present to the programme advisory group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• ‘You said, we did’ document</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c</strong> Wider engagement</td>
<td>• Keeping wider public, patients and staff engaged through options development</td>
<td>• Use the evidence developed in the co-design workshops</td>
<td>• Feedback from the events</td>
<td>• Patient and public</td>
<td>• Positive stakeholder feedback</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Series of deliberative style events</td>
<td></td>
<td>• Staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Focus groups</td>
<td></td>
<td>• Wider health and care economy stakeholders</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Awareness-raising materials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Feedback from the events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Positive stakeholder feedback</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>• Usable feedback to provide to solutions development team</td>
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</tr>
</tbody>
</table>

**During this phase it is important to be aware of any issues emerging from the operations/finance and IT working groups, as these may affect the solutions being developed**

Note: These activities do represent a sequential flow and you are likely to go through the steps several times.
### Toolkit for communications and engagement teams in service change programmes

#### 4 Solution development – supporting resource

<table>
<thead>
<tr>
<th>Document type</th>
<th>Attached documents</th>
<th>Notes/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>You said, we did</td>
<td>1 King's Lynn (summary)</td>
<td></td>
</tr>
<tr>
<td>Deliberative events</td>
<td></td>
<td>Please contact <a href="mailto:NHSI.commstoolkit@nhs.net">NHSI.commstoolkit@nhs.net</a> to submit presentations you think might be useful</td>
</tr>
<tr>
<td>Clinical working group slide</td>
<td>1 Video</td>
<td>Tameside</td>
</tr>
</tbody>
</table>

#### Solution development – supporting resource

1. You said, we did
   - 1 King's Lynn (summary)

2. Deliberative events
   - Please contact NHSI.commstoolkit@nhs.net to submit presentations you think might be useful

3. Clinical working group slide
   - 1 Video
   - Tameside
5 Potential solution(s) – introduction

The aim of this phase is to review the potential options and select a solution or solutions. Involvement of key stakeholders, including clinicians, patients and the public, is essential to ensure they feel the process is legitimate and transparent.

This can often be the trickiest point of the programme as the service changes that have been discussed in theory are made real.

Often there are perceived to be ‘winners’ and ‘losers’. This needs to be managed by drawing on the evidence of what is clinically best for patients and the strong record of engaging stakeholders in the process.

The final programme report will be technical and often filled with jargon. It is therefore necessary to translate it into a document with a clear narrative.

Key messages
- Use the hard work done so far to support the programme through this difficult step
- Try not to get bogged down in the technical details of the final report, but do try to find ways of explaining even the complex materials if it feels important for people to know
- Don’t think this is the final step and engagement can stop
- Consider the ‘four tests’ along with other advice to help prepare for possible consultation – all reconfigurations should include these:
  - strong public and patient engagement
  - consistency with current and prospective need for patient choice
  - a clear clinical evidence base
  - support for proposals from clinical commissioners
## Potential solution(s) – activities (1 of 2)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Aims</th>
<th>Approach</th>
<th>Deliverable/output</th>
<th>Audience</th>
<th>Success criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a</strong> Option appraisal events</td>
<td>• Encouraging transparency in the option appraisal process</td>
<td>• Involvement events for clinicians, patients, public and staff, focused on agreeing the criteria for appraisal and on the process itself</td>
<td>• Potential solution(s) – feed into final document</td>
<td>• Clinicians • Patients and the public • Staff</td>
<td>• Stakeholders are involved in the process</td>
</tr>
<tr>
<td><strong>b</strong> Develop launch plan</td>
<td>• Specifying and agreeing activities for this phase</td>
<td>• Identify the right channels of communication and messages for each stakeholder • Detail stakeholder engagement plan</td>
<td>• Launch plan</td>
<td>• Programme manager • Communications and engagement working group • Programme advisory group</td>
<td>• The plan details the activities for launching the public-facing document</td>
</tr>
<tr>
<td><strong>c</strong> Prepare public-facing final report</td>
<td>• Preparing a public-facing final document and easy read version for people with communication support needs</td>
<td>• Input from detailed document • Design the summary documents</td>
<td>• Public-facing final report, signed off by the programme advisory group • Easy read version</td>
<td>• All audience groups</td>
<td>• The target audience is told about the preferred solution(s)</td>
</tr>
<tr>
<td><strong>d</strong> Pre-briefing</td>
<td>• Engaging key stakeholders before release of the final document</td>
<td>• As detailed in launch plan: may include one-to-one sessions, email and staff events • Prepare slide decks to use for engagement activity</td>
<td>• Feedback</td>
<td>• Selected stakeholders</td>
<td>• Key stakeholders are told about the preferred solution before the press release</td>
</tr>
</tbody>
</table>

Note: These activities do not represent a sequential flow but are likely to occur at the same time.
### Potential solution(s) – activities (2 of 2)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Aims</th>
<th>Approach</th>
<th>Deliverable/output</th>
<th>Audience</th>
<th>Success criteria</th>
</tr>
</thead>
</table>
| e Issue final document | ● Communicating the final document/potential solution(s) | ● Consider feedback and comments from initial engagement activity  
● As detailed in launch plan  
● Media announcement  
● Planning and running a series of staff and public events | ● Summary and easy read final document  
● Detailed final document  
● Press release  
● Marketing collateral, eg flyers, notice boards | ● All audience groups | ● All stakeholders are told about the final document/potential solution(s) |
| f Decision on consultation | ● Decision on whether formal public consultation is required or not | ● Seek guidance from NHS England  
● Legal and other advice will be sought by the programme board/relevant parties | ● Presentation of additional advice | ● Health overview and scrutiny committee and/or the programme board/advisory group | ● Clear decision on whether to begin consultation or continue ongoing stakeholder engagement |

Note: These activities do not represent a sequential flow but are likely to occur at the same time.
### Potential solution(s) – supporting resource

<table>
<thead>
<tr>
<th>Document type</th>
<th>Attached documents</th>
<th>Notes/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final report</td>
<td>1. QEH CPT final document</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Tameside CPT summary document</td>
<td></td>
</tr>
<tr>
<td>Public-facing final document</td>
<td>1. QEH CPT summary document</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Tameside CPT summary document</td>
<td></td>
</tr>
</tbody>
</table>
6 Consultation – introduction

The purpose of this phase is to ensure the local population is consulted on the proposed changes before taking action.

In some circumstances, NHS bodies are legally required to engage in formal public consultation when considering service change. Legal or other professional advice may be sought on the duty to consult. Not all interventions will require consultation.

Health and Social Care Act 2012

To meet the legislative requirements set out in the Health and Social Care Act 2012 (sections 13Q, 14Z2 and 242) and the “four tests” outlined in the Mandate from the government to NHS England, involvement must be an integral part of the service change process. Engagement should be early and continue through all stages using a broad range of engagement activities that are proactive and reach out to the local population.

Independent Reconfiguration Panel (IRP) and judicial review

- IRP was set up to advise the Secretary of State for Health on contested proposals for health service change during the NHS consultation process.
- The judicial review will focus on the process followed/compliance with statute.

Key messages

- Make sure you have the right skills to deliver this stage of work and ensure all the processes and legislative requirements are understood and met
- Recognise and understand the health overview and scrutiny committee’s important role in this process
## Consultation – activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Aims</th>
<th>Approach</th>
<th>Deliverable/output</th>
<th>Audience</th>
<th>Success criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a</strong> Understand your legal obligations and best practice principles</td>
<td>• Understanding the role communications has in delivering/meeting legal requirements</td>
<td>• The programme should commission legal advice and seek guidance from professional bodies</td>
<td>• Understanding of legal requirements and principles to follow – add these to the consultation plan</td>
<td>• Programme advisory group</td>
<td>• Running a consultation process that complies with statutory requirements and follows best practice</td>
</tr>
<tr>
<td><strong>b</strong> Understand resource requirements</td>
<td>• Identifying resource gaps, eg capability, materials, etc and address any shortfalls</td>
<td>• Review of in-house resource</td>
<td>• Business case demonstrating any investment required, eg additional resource and capability</td>
<td>• Programme advisory group</td>
<td>• The right skills and resource available to deliver the consultation process</td>
</tr>
<tr>
<td><strong>c</strong> Develop an approach to consultation</td>
<td>• Setting out the approach to preparing for consultation</td>
<td>• Set out the aims and objectives of consultation</td>
<td>• Consultation plan</td>
<td>• Programme advisory group</td>
<td>• Clear understanding of the approach to adopt, key milestone dates and responsibilities</td>
</tr>
<tr>
<td><strong>d</strong> Feedback</td>
<td>• Providing and publishing feedback on the output of the consultation process</td>
<td>• Prepare an output document detailing the decision-making process</td>
<td>• Consultation output document</td>
<td>• All audience groups</td>
<td>• Properly present outcome of the consultation</td>
</tr>
</tbody>
</table>
## Toolkit for communications and engagement teams in service change programmes

### 6 Consultation – supporting resource

<table>
<thead>
<tr>
<th>Deliverable type</th>
<th>Attached document</th>
<th>Notes/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approach/plan to pre-consultation and consultation</td>
<td>1 Tameside – Care together strategy</td>
<td></td>
</tr>
<tr>
<td>Engagement recommendation paper</td>
<td>1 South East CSU recommendation paper</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resource</th>
<th>Link/document</th>
<th>Notes/comments</th>
</tr>
</thead>
</table>
Implementation – introduction

This phase of the process is to implement the changes once the preferred solution(s) have been approved/adopted by the programme board. This is likely to involve setting up a system transformation group, or its equivalent, with detailed workstreams to lead the implementation.

The system transformation group will develop a detailed implementation plan that allows progress to be monitored. It can track delivery by measuring how far the new solution achieves the intended benefits.

The communications and engagement working group’s role may change but maintaining an ongoing dialogue with patients, public, staff and others is essential for success.

You will want to review your communications and engagement strategies.

Key messages

- Work with the wider group at pace to keep the momentum going
- Implementation will feel much more like the day job than the more intensive work around engagement and consultation
- Make sure you retain the communications and engagement working group and promote its role within the system transformation group
- Include all the commitments/promises made to stakeholders during formal consultation
## Implementation – activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Aims</th>
<th>Approach</th>
<th>Deliverable/output</th>
<th>Audience</th>
<th>Success criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Identify stakeholders most affected</td>
<td>● Identifying stakeholders who will be most affected by the change to communicate and engage with</td>
<td>● Agree activities for engagement and communication</td>
<td>● Feed into the implementation plan</td>
<td>● Communications and engagement working group</td>
<td>● Affected stakeholders take responsibility for their role in implementation and do not feel threatened</td>
</tr>
<tr>
<td>b Update communications and engagement strategy for implementation</td>
<td>● Ensuring the strategy represents the implementation phase</td>
<td>● Review current strategy</td>
<td>● Updated strategy</td>
<td>● Communications and engagement working group</td>
<td>● Strategy is updated and reflects the implementation phase</td>
</tr>
<tr>
<td>c Review governance</td>
<td>● Reviewing governance and working arrangements for the group</td>
<td>● Evaluate programme need going forward</td>
<td>● Updated terms of reference document</td>
<td>● Communications and engagement working group</td>
<td>● Governance and working arrangements updated</td>
</tr>
<tr>
<td>d Develop communications and engagement implementation plan</td>
<td>● Developing an implementation plan with activities, key dates and resource requirements</td>
<td>● Use the strategy as a starting point</td>
<td>● Detailed implementation plan</td>
<td>● Communications workstream</td>
<td>● The plan represents all the necessary steps for implementation</td>
</tr>
</tbody>
</table>

**Note:** These activities do not represent a sequential flow but are likely to occur at the same time.
# Implementation – supporting resource

<table>
<thead>
<tr>
<th>Document type</th>
<th>Link</th>
<th>Notes/comments</th>
</tr>
</thead>
</table>

**Toolkit for communications and engagement teams in service change programmes**
The final phase of the process is to evaluate the programme’s success. The communications and engagement working group will focus on evaluating specifically whether communications and engagement activities were effective and achieved what they intended.

Use the process to gain insight into how to move forward rather than simply measuring successful completion of the objectives.

Key messages

- It is important to measure the effect of communications and engagement to be able to demonstrate how critical the workstream is for the programme’s overall success.

- Evidence will show how effective your activities are, so think about this early on and start to gather supporting information and data as soon as possible.

- Good evaluation can help sustain communications and engagement objectives and clearly identify where lessons can be learned that will improve programmes in the future.
### Evaluation – activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Aims</th>
<th>Approach</th>
<th>Deliverable/output</th>
<th>Audience</th>
<th>Success criteria</th>
</tr>
</thead>
</table>
| **a** Review your aims and objectives | ● Evaluation team reviews the communications and engagement working group’s aims and objectives | ● Decide who will be involved in the evaluation process  
● Revisit the aims and objectives in your strategy/plan | ● Create evaluation template  
● Add the aims and objectives section | ● Communications and engagement evaluation team | ● The original aims and objectives are re-emphasised |
| **b** Gather evidence | ● Gathering and collating any evidence to support the achievement of your aims and objectives | ● Gather data and information, eg social media reaction, surveys, focus groups | ● Collate the information into the evaluation template | ● Communications and engagement evaluation team | ● A range of supporting evidence has been gathered |
| **c** Analyse the evidence | ● Analysing the evidence against aims and objectives | ● Analyse the information gathered against a set of specific questions | ● Analysis included in the evaluation template | ● Communications and engagement evaluation team | ● The analysis provides evidence of either achieving or not achieving the aims and objectives and provides reasons |
| **d** Capture lessons learned | ● Capturing lessons and improvement areas and sharing findings with others | ● Evaluation meeting with the communications and engagement working group; review the evidence and analysis; discuss what went well, what could be been done differently next time | ● Capture notes and any agreed actions  
● Lessons learned report | ● Communications and engagement working group  
● Others undertaking service change programmes | ● Learn from the process and make the necessary improvements for next time |
## Toolkit for communications and engagement teams in service change programmes

### Evaluation – supporting resource

<table>
<thead>
<tr>
<th>Resource</th>
<th>Link</th>
<th>Notes/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chartered Institute of Public Relations (CIPR)</td>
<td><a href="http://www.cipr.co.uk/content/policy-resources/practitioners/research-planning-and-measurement/overview">http://www.cipr.co.uk/content/policy-resources/practitioners/research-planning-and-measurement/overview</a></td>
<td></td>
</tr>
</tbody>
</table>
Further reading
Resources and useful information

Guidance

NHS England guidance – Planning and delivering service changes for patients

This guidance is designed to support CCGs and NHS England with planning, developing and assuring proposals for major service change and reconfiguration. It provides a high level process, sets out good practice and explains how to assess proposals against the government’s ‘four tests’.


A guide for CCGs: Engaging the public in difficult decisions about health service change

This paper from NHS Clinical Commissioners attempts to address the need to involve the public in difficult decisions about transformational change in the NHS. It includes a set of case studies from three reconfiguration projects and advice on how to successfully engage a range of public stakeholders.


Engaging in service change: A co-produced guide with local Healthwatch

A service change guide developed with local Healthwatch. It highlights issues organisations faced while involved in the Better Care Fund and the Integration Pioneers, and contains useful tips to respond to these challenges as well as case study examples.

https://drive.google.com/uc?export=download&id=0B8FRBEcO1QyUQXVaSHpmZ19TN00

Transforming participation in health and care

This document’s purpose is to help commissioners improve individual and public participation and to better understand and respond to their communities’ needs. The guidance aims to help commissioners and others understand what individual and public participation mean in practice, and help them develop the culture, systems and processes to make participation a reality.

Guidance/resource

**Equality Act 2010: guidance**

A new Equality Act came into force on 1 October 2010. It brings together over 116 separate pieces of legislation into a single Act that provides a legal framework to protect individuals’ rights and advance equality of opportunity for all.


**Meeting the equality duty in policy and decision-making**

This guide is aimed at those responsible for implementing the public sector equality duty in public authorities in England (and non-devolved public authorities in Scotland and Wales). It provides advice relevant to two types of public authority: those that are subject only to the general equality duty, and those that are also subject to the specific duties (‘listed authorities’).


**Association for Healthcare Communications and Marketing**

AHCM is an independent network for people working in healthcare communications, public engagement and marketing for the NHS. The AHCM committee’s main objectives are to keep members in touch with what’s going on in health communications; support their training and professional development; encourage networking and sharing ideas and experience.

http://www.ahcm.org.uk/
Resources and useful information

Guidance/resource

Consultation Institute

The Consultation Institute helps all those engaged in public or stakeholder consultation absorb best practice, encourage innovation and improve its value to decision-makers while providing a much-needed opportunity for professional networking.

http://www.consultationinstitute.org/

Cabinet Office consultation principles

This guidance sets out the principles that government departments and other public bodies should adopt for engaging stakeholders when developing policy and legislation.


Independent Reconfiguration Panel report on Royal Brompton – new congenital heart disease review

IRP report advising on safe and sustainable proposals for children’s congenital heart services.


Independent Reconfiguration Panel – learning from reviews report

Summary of learning from IRP reviews.


Independent Reconfiguration Panel website

IRP was set up to provide advice to the Secretary of State for Health on contested proposals for health service change in England. It also offers ongoing support and advice to the NHS and other interested bodies on successful service changes.

https://www.gov.uk/government/organisations/independent-reconfiguration-panel
Resources and useful information

Websites

**Patient Information Forum**

The Patient Information Forum (PIF) is a membership organisation for people working in patient and health information.

http://www.pifonline.org.uk/

**Centre for Public Scrutiny**

The Centre for Public Scrutiny is a charity whose principal focus is on scrutiny, accountability and good governance, in the public sector and among individuals and organisations delivering publicly funded services. The centre shares research and analysis of current and developing best practice through publications, consultancy and events. It also creates and supports networks and online forums.

http://www.cfps.org.uk/

**INVOLVE (NIHR)**

INVOLVE is funded by the National Institute for Health Research (of which it is part) to support active public involvement in NHS, public health and social care research. As a national advisory group it brings together expertise, insight and experience in public involvement in research, with the aim of advancing it as an essential part of the process by which research is identified, prioritised, designed, conducted and disseminated.

http://www.invo.org.uk/

**NHS Citizen**

NHS Citizen is a national programme to give the public a say on healthcare matters and influence NHS England decision-making. NHS England has commissioned four organisations to manage NHS Citizen’s design process: the Tavistock Institute, INVOLVE, the Democratic Society and Public-i.

http://www.nhscitizen.org.uk/
Resources and useful information

Websites

NHS England bite-size guides

NHS England has developed bite-size guides to support patient and public participation in the NHS. They are linked to the Transforming participation in health and social care guidance. The guides, developed with partners, review good practice in each area. They aim to support clinical commissioning groups and others to plan and deliver good patient and public participation.

http://www.england.nhs.uk/2014/03/13/pat-pub-participation/

Accessible information guidance

An information standard is a formal guidance document which health and social care organisations must follow by law. The accessible information standard tells organisations how they should ensure that disabled patients/service users and, where appropriate, carers and parents, receive information in formats they can understand, and that they get appropriate help to communicate.

http://www.england.nhs.uk/ourwork/patients/accessiblinfo-2/

The CCG learning and support tool – Domain 2: Meaningful engagement with patients, carers and their communities

The CCG learning and support tool contains resources to meet development learning needs. The tool is a series of web pages signposting key learning and development opportunities.

http://www.england.nhs.uk/resources/resources-for-ccgs/learning-support/ccq-ls-2/

Recruiting patient and public voice partners to NHS England

The NHS England patient safety domain is recruiting patient and public voice representatives to the patient safety expert groups and patient safety steering group. The groups have been set up to work with partner organisations on national patient safety issues.

http://www.england.nhs.uk/ourwork/patientsafety/patientsafety-groups/recruitment/