



## Maternity Services (IRP) Programme

### Engagement Plan

#### 1. Background

The Independent Reconfiguration Panel (IRP) published its report on the proposed changes to maternity, gynaecology and special care baby care services in East Sussex on September 4<sup>th</sup> 2008. The report made clear recommendations for ensuring the delivery of safe, sustainable services in East Sussex. The Maternity Services Development Panel (MSDP) has been set up as a project board to drive forward the implementation of the IRP recommendations on behalf of the Joint Committee of the PCT Boards. The MSDP enjoys broad representation from clinicians, partner agencies, local voluntary and community organisations, public engagement bodies, interest groups and members of the public. Each representative on the MSDP, as part of the Terms of Reference, understand their wider ambassadorial and representative role facing both outwards, towards the public, and internally, towards all other clinicians and practitioners engaged in the delivery and planning of Maternity Services across East Sussex.

One of the major commitments within the IRP implementation programme and project plan is to ensure that proposals gain broad community and clinical support and best meet the needs of the local population. A key objective within the Maternity Services (IRP) programme is to work with all parties to ensure effective and inclusive stakeholder and public involvement throughout the programme and jointly develop an engagement and communication strategy.

This engagement plan recognises the responsibilities that PCT's have in relation to public engagement and consultation as set out in Section 242 of the National Health Service Act 2006.

In order to move this plan forward the MSDP convened a collaborative design workshop to provide the PCT, the project team and local partners with practical advice on public and community engagement in relation to implementing the IRP recommendations. The outcomes from the workshop have directly shaped this engagement plan.

#### 2. Aims of the engagement plan

The broad aims of the engagement plan are to ensure that all stakeholders (external and internal):

- Receive regular updates on the work being undertaken by the Maternity Services Development Panel and Clinicians Forum towards implementing the IRP recommendations
- Have a range of opportunities, via existing networks, forums and public engagement processes to channel their input into the IRP implementation programme via their representatives on the Maternity Services Development Panel and Clinicians Forum.

### **3. Engagement principles**

One of the key outcomes from the collaborative design workshop was a set of principles that would underpin the programmes approach to engagement. The principles included:

- Creating opportunities for enabling people to express their opinions in their own way
- Encouraging as wide a contribution as possible via existing forums, processes and representatives
- Ensuring that any feedback is acknowledged and progress against input is provided
- Developing the role and contribution of clinicians, building on internal communication channels and processes.
- Providing regular and up to date information to the public, clinicians, accountable bodies and partner agencies in order to raise awareness
- Utilising the Maternity Services Development Panel and Clinicians Forum as a means of ensuring openness and accountability

### **4. Potential interest areas**

The collaborative design workshop identified a number of key areas where the public and internal/external stakeholders would have a vested interest (this acts as a guide for shaping the types of communication and engagement that may be required), as follows:

- Developments and progress being made towards implementing the IRP recommendations
- Details on what the revised “service model” may look like and the potential impact on patient choice, safety and service sustainability
- Opportunities that may be developed to further improve or enhance existing services
- The scope and breadth of proposed service solutions including: hospital based services, community based and outreach services (i.e. ante natal and post natal developments), preventative services and the range of support services such as transport and education/training opportunities.

The more strategic interest points would include reference to:

- Public health needs as expressed through socio economic and demographic factors (particularly health inequalities and deprivation)
- Clinical safety and sustainability (the focus of the Maternity Services Clinicians Forum)
- Systems and resources (budgeting, workforce planning, training and Continuing Professional Development, resource allocation, skills mix etc).
- Governance and monitoring arrangements to ensure public accountability

## **5. Communication and engagement tools**

The MSDP recognise the variety of existing internal and external processes for communicating. All channels will be fully utilised through the life of the Maternity Services (IRP) Programme and beyond as part of ongoing engagement with “the revised service model.”

At the last meeting of the MSDP on 5<sup>th</sup> March 09 it was agreed that the full range of mechanisms for managing external and internal communications and engagement would be further developed in conjunction with those represented on the panel. This work will be taken forward by the Maternity Services (IRP) Project Team so that the range of engagement processes and tools can be set out in a final version of the engagement plan.

## **6. Accountability and assurance**

It is proposed that the implementation of the Engagement Plan will be monitored through the MSDP, as project board for the Maternity Services (IRP) Programme. The MSDP will report on engagement to the Joint PCT Board, in line with the Terms of Reference, alongside other IRP recommendations.

The engagement plan forms a key part of the IRP project plan and progress will be monitored and reported against key milestones as agreed by the MSDP. All engagement activity will be recorded enabling a full analysis of progress.

## **7. Summary and conclusions**

The proposed model for engagement is one that builds on the respective roles and responsibilities of all agencies and interested parties, thus promoting shared ownership and responsibility. Further work needs to be completed within the plan on more specifically defining individual roles and setting out proposed engagement activity, with the agreement of each agency/interested party.