

## **Appendix AC – Draft consultation plan**

### **1. Context for this consultation plan**

This consultation plan outlines the steps we intend to take to ensure that we run an appropriate and transparent consultation exercise on proposals to ‘Reconfigure acute and maternity services at University Hospitals of Leicester NHS Trust’.

This document does not outline the proposals themselves, as these are outlined in the consultation document.

The ‘accountable’ bodies for the consultation are NHS West Leicestershire Clinical Commissioning Group (CCG), East Leicestershire and Rutland CCG and Leicester City CCG. They are leading the consultation and partnering NHS England Specialised Commissioning, who are responsible for specialised commissioning.

This scheme is part of Better Care Together (BCT), the Sustainability and Transformation Partnership (STP) for Leicester, Leicestershire and Rutland (LLR) and has been identified as one of the key areas within the plan that require capital investment.

The services affected by the proposals are provided by University Hospitals of Leicester NHS Trust (UHL). There are other organisation where there is some impact in relation to the proposals e.g. Leicestershire Partnership NHS Trust.

The consultation is being carried out during a period of significant change in the NHS and in the context of continued constraint on public sector finances. The proposals recognise this, and indicate how the improvements to acute and maternity services provided for patients on the three hospital sites in Leicester will meet the needs of the local population in the future in ways that are clinically and financially sustainable and affordable.

After the close of consultation, the feedback will be independently analysed and results made available to commissioners. A report of the evaluation and analysis will be published by the three CCGs.

### **2. How was this consultation plan developed?**

This consultation plan was developed using the Cabinet Office principles for public consultation (updated January 2016) and NHS England guidance ‘Planning, assuring and delivering service change for patients’ (published in November 2015).

It also takes account of the range of legislation that relates to CCG decision making including:

- Equality Act 2010.
- Public Sector Equality Duty Section 149 of the Equality Act 2010.
- Brown and Gunning Principles.
- Human Rights Act 1998.
- NHS Act 2006.

- NHS Constitution.
- Health and Social Care Act 2012.
- Communities Board Principles for Consultation.

The patient and public engagement that has taken place over a period of 4 years has given us a strategic direction for this plan and the activities within it. The engagement/pre-consultation work undertaken has provided business intelligence enabling us to consult. We have considered a variety of options with clinicians, staff and the public since Better Care Together was launched. Along the way a number of proposals that didn't meet the needs of the local population have been disregarded.

On a number of occasions BCT and the acute and maternity reconfiguration have been discussed at the Leicestershire Health Overview and Scrutiny Committee, Rutland Council Adult and Health Scrutiny and Leicester City Health and Wellbeing Scrutiny Commission.

The three CCG Boards will have formal oversight of the consultation and have reviewed the draft public consultation document, summary document and other support materials.

NHS England Specialised Commissioning have been involved in the production of both the consultation plan and this communications and engagement plan.

### **3. Background**

BCT partners collectively and individually have been engaging and involving patients, carers, staff, GP practices and other stakeholders in BCT and the acute and maternity reconfiguration since 2014.

#### **BCT engagement including reconfiguration**

There have been three major periods of engagement on BCT in the past four years. The first was in 2015, when thousands of people were reached through a publicity campaign and more than 1,000 respondents completed a detailed questionnaire about the future of healthcare in LLR including acute and maternity reconfiguration. The insights were analysed and informed the development of our STP.

Our early proposals were shared with the public in November 2016 within the draft STP. This was followed by a period of engagement from January to March 2017. 11,000 interactions through publicity, events, targeted meetings, digital and social media were captured.

The most recent engagement has been undertaken in October and November 2018. The plans for acute hospital reconfiguration and maternity services have been shared widely at the series of community based events held across LLR. Nine events have informed communities of the plans and provided the opportunity for patients, the public and wider stakeholders to hear more about the underpinning detail of the rationale for the proposed changes, what it means in practical terms for services currently being provided from the Leicester General Hospital in particular and options for maternity services.

It also gave the public the opportunity to raise any questions or concerns.

Feedback from the public identified a number of areas where more work was required including the need to maintain the acute bed capacity and access to maternity service within any proposals to reorganise the acute hospitals in LLR and create a new maternity hospital. We were also asked to consider the better use of technology and in particular the creation of a single patient record and to recognise that local areas are different and there is a migration of LLR residents outside of the counties as well as a migration of residents from other counties into LLR acute services.

The feedback has been documented and is included in the Pre-consultation Business Case.

Since 2016, the BCT Patient and Public Involvement (PPI) Group comprising of patient and voluntary group representatives, as well as the three local Healthwatch organisations (now reduced to two) has been involved in developing our proposals. This included a 'deep dive' into the acute and maternity reconfiguration in March 2018. The group provided regular challenge and guidance to BCT partners, including UHL.

The PPI group has now been dissolved and replaced with a Public and Patient Involvement Assurance Group. This group will play a significant role during the consultation period providing assurance of the engagement activities and ensuring that learning and insights impact the final decision made.

Healthwatch organisations have also been engaged through their Boards. They have supported BCT to communicate with patients/service users and their representative groups and have also participated in the engagement process.

The BCT Communications and Engagement Group comprising of the three CCGs, four providers and three local authorities lead and oversee engagement activities. Collectively they help to communicate BCT across their respective stakeholders including patients/service users, carers, staff and the public.

Regular engagement has been undertaken with the three local authorities through a number of mechanisms. These include through the BCT Senior Leadership Team, scrutiny committees and health and wellbeing boards and their executive teams. The local authorities have been very supportive in coordinating communications with their communities, councillors, staff and stakeholders.

We have many voluntary and community groups in LLR who have been engaged in a number of ways either through our BCT partners or through Voluntary Action Leicestershire.

Regular communication has taken place with the local MPs over the last four years, who have raised various questions about the developments, which have been responded to.

Other mechanisms in place where individuals feed information about services back to commissioners and providers have been utilised to capture experiences. They include NHS Choices, Care Opinion (independent online feedback website), CCG and provider complaints and PALs/PILs services, National Patient Experience Survey results, Contract data, Quality visit reports,

CQC reports, Healthwatch enter and view reports/ visit information and Healthwatch engagement report Health trust public memberships and Patient Participation Groups at GP practices (and their existing forums)

A Patient Panel formerly the Mercury Patient Panel and the NHS Save our NHS have been active since BCT was established. We have had regular and ongoing discussion with these groups and have participated in debate and discussion sessions. They are fully apprised of our proposals. We envisage that they will remain a cohort of people who remain concerned and active with regard to BCT and the future of the hospital buildings and hospital services.

### **Engagement activities in 2018 and 2019**

Engagement activities have continued during 2018 and 2019 to engage with communities in Leicester, Leicestershire and Rutland.

The activities provided opportunities for patients, the public and wider stakeholders to discuss changes to the care they receive in ways that suit them. This includes talking through the underpinning detail of the rationale for the proposed changes and what it would mean in practical terms for patients using services currently being provided by the three hospitals in Leicester run by University Hospitals of Leicester NHS Trust

The activities have been a combination of deliberative events and outreach work with patient, voluntary and community sector groups, to give the public the opportunity to raise any questions or concerns that need to be addressed as we move through the stages of the programme and towards formal public consultation. The activities have been participated in by nearly 650 people and have been supported by a programme of online and offline communications. has supported the events and outreach work.

#### ***Public events***

To commence this process, the CCGs and UHL jointly hosted a series of open engagement events during late October and November 2019 to share more widely the plans for acute hospital reconfiguration and maternity services.

The events also recognised that people had questions about the proposals for the consolidation of level 3 intensive care services onto two hospital sites. We took the opportunity to explain why it is so important and what impact this change has on wider reconfiguration plans.

People used the nine events as a drop-in to informally discuss NHS plans for improvements and as formal events with presentations and question and answer session.

Feedback from the events were captured to influence the decision making processes within each work stream of Better Care Together and the acute and maternity reconfiguration.

#### ***Outreach work***

From October 2018 through into August 2019 we have also undertaken a programme of outreach work.

The outreach work took two differentiated approaches. To recognise our duties under the Equality Act 2010 to consider potential impacts of service change on people with protected characteristics we have reached out to these communities attending their existing meetings and events. We have particularly worked through voluntary and community sector agencies and local support networks to involve these communities.

Examples of the type of groups we have engaged are the Learning Disability Partnership Board and Leicestershire Older People Network.

In addition, the second approach to outreach has been manned drop-in sessions situated in community venues where there is reasonable footfall e.g. libraries. This allowed the public to view the same BCT displays on show at the deliberative events and have informal conversations about health services, but in their local area.

### ***Other engagement and communications***

**Staff:** To provide further opportunities for staff to be engaged, face-to-face briefings have been coordinated. We used the existing mechanisms available through organisations to reach staff including newsletters and online briefings.

**Online communications:** We have raised awareness of the Better Care Together and the acute and maternity reconfiguration through a range of online communication including social media channels (Twitter, Facebook and YouTube) and partner websites. We have produced a regular BCT e-newsletter and video case studies and explored interactive content.

**Press and Broadcast media:** We worked with our local print and broadcast media to coordinate regular articles and updates utilising case studies. Video case studies have been used to communicate the acute reconfiguration proposals. The Leicester Mercury has also produced regular features on various key aspects of the work. We also capitalised on the reach of our weekly newspapers encouraging them to replicate the features for their local audiences.

**Existing communication mechanisms:** We also used existing established mechanisms to provide information and communicate with a range of stakeholders. These mechanisms capitalised on the engagement process:

- BCT partner websites.
- Presentations at Healthwatch (Leicester and Leicestershire, Rutland), Voluntary Action Leicester and other voluntary groups.
- Patients groups and members including PPG networks.
- GP newsletters and locality/federation meetings.

**Engagement with councillors:** Discussions have been ongoing with individual local authorities with regard to engagement with councillors using differentiated approaches.

This included an all members briefing in December for Leicestershire County Council members and the Labour Group within Leicester City Council.

### **Engagement specific to maternity reconfiguration**

Specifically, in regard to the reconfiguration of maternity services the BCT maternity work stream has undertaken extensive engagement with a wide range of stakeholders dating back to 2015. This work has been recorded and is included in the Pre-consultation Business Case. The business intelligence captured has impacted on the current proposals.

The maternity work stream has established a group called the Maternity Voices Partnership (MVP). The vision of the group is “Supporting local commissioners and providers to meet their legal and contractual duties to engage with patients and members of the public to ensure that the services that they commission or provide meet the needs of the local population.”

The membership comprises of maternity service users and their families, women (with an interest in maternity services), charities and advocacy groups, commissioners, providers, statutory partners (such as Healthwatch) and clinical and managerial representation. The group will be integral to the consultation.

### **Engagement specific to acute reconfiguration**

The three acute sites have always been part of the bigger picture of delivering better health and social care across LLR. The future of Leicester General Hospital has been discussed implicitly and explicitly over many years across a wide range of stakeholders, patients and service users.

Most notably this has been in:

- Full options appraisal as part of Pathway project (2000) with public engagement.
- Next stage review (2008).
- Options appraisal for acute reconfiguration (2013).
- Better Care Together Strategic Outline Case (November 2014).
- Options appraisal process for maternity reconfiguration (2015).
- Better Care Together - including pre-consultation engagement campaign (2015).
- Delivering Care at its Best 5 Year plan (2015, updated 2016).
- Strategic Transformation Plan (December 2016, with engagement in early 2017).

In addition to acute reconfiguration being part of the desired system wide change, UHL, in the development of their own five-year plan have been clear about their own and the system’s ambitions since June 2014 and within subsequent annual reviews.

The plan has been refreshed every year since its publication and explicitly mentioned the move from three to two acute hospitals every time.

Prior to the publication, UHL had developed their plans alongside clinicians, service users and staff. Details of the engagement are contained in the Pre-consultation Business Case.

#### **4. Aims and objectives of consultation**

The aim of this consultation exercise is:

- To inform people about how the proposals have been developed.
- To describe and explain the proposals for reconfiguring acute and maternity services.
- To seek people's views and understand the impact of the proposals on them.
- To ensure that a range of voices are heard which reflect the diverse communities involved in the consultation.
- To understand the responses made in reply to our proposals and take them into account in decision-making.
- To ensure that the consultation process maximises community engagement and complies with our legal requirements and duties.

#### **5. The role of consultation in the review process**

Public consultation is essential in the development of NHS services. It provides people with an opportunity to help shape proposals for change and improvement and to comment on those proposals before any final decisions are made. This includes those who use services, their carers and advocates; community organisations, local government; community leaders and stakeholders, NHS partners and NHS staff.

Public consultation is one of a number of methods used by the NHS to develop better care and better services.

Before the formal public consultation process, we undertook engagement with all those likely to be involved with, affected by or interested in the services being considered. The Pre-consultation Business Case describes the engagement in more detail and shows how it contributed to the development of the proposals being put forward.

#### **6. Consultation with individuals and groups**

To make sure that the consultation effectively captures views and feedback from our local populations in Leicester, Leicestershire and Rutland and from the population that migrate into Leicester to receive services we have undertaken two approaches to our stakeholder analysis and segmentation. The first identifies the target audiences that we need to consult with and prioritises and ranks them. This will be used as a basis on which to consult based on their involvement, the impact on them or their interest.

They will all be contacted and their views sought during the consultation period. In addition, we will ask all organisations and groups to act as conduits and to actively help us to promote the consultation (via their communication channels) to any relevant stakeholders. The engagement

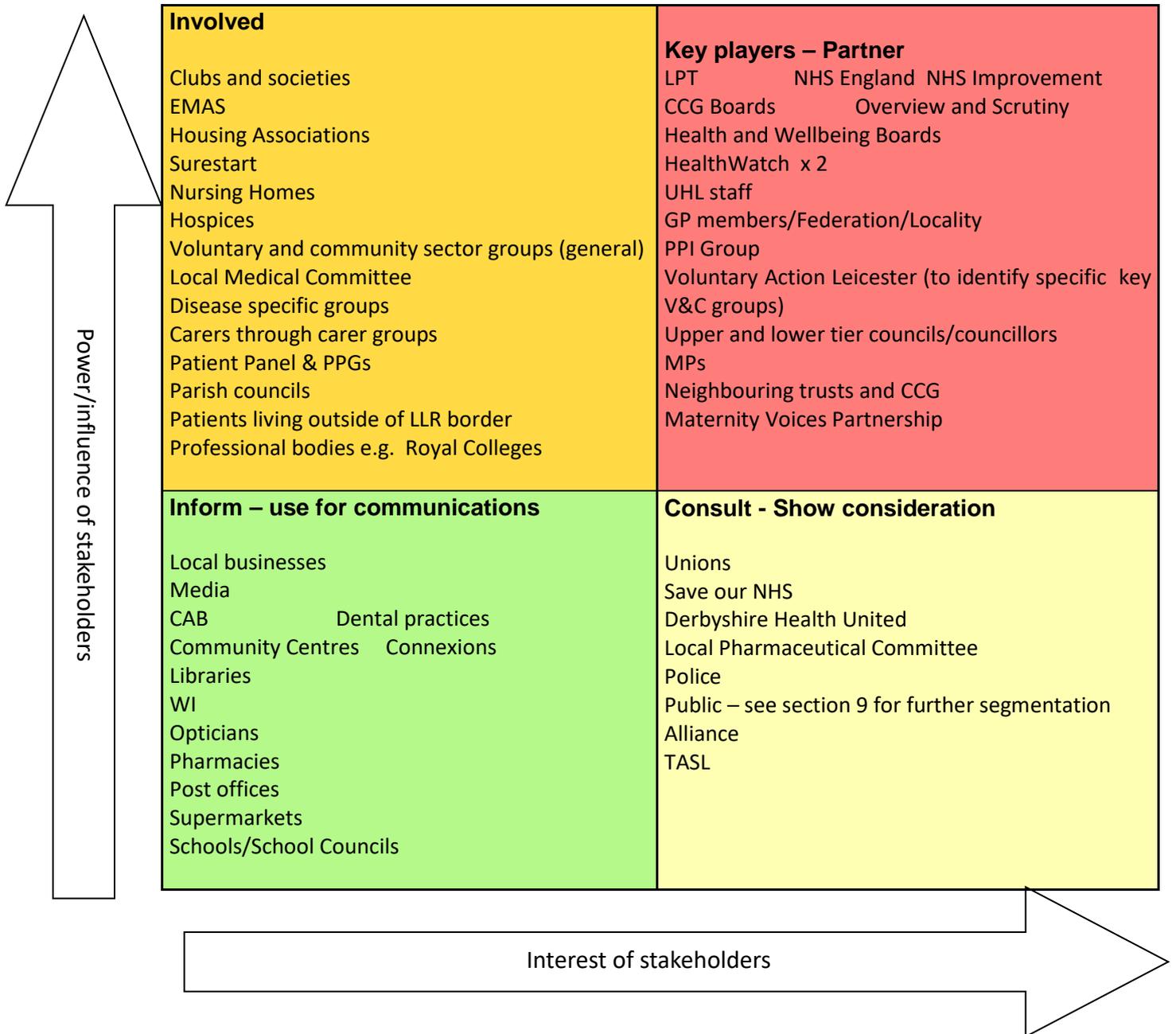
between 2014-18 inclusive, will help us to do this as relationships have already been formed with many groups.

Demographic information will also support us to plan the consultation work and target communities particularly those groups that are traditionally harder to engage. We will use our partnerships with various organisations to reach out to these groups – for example the local authority and specific local GP practices to reach the travelling community, Leicester LGBT centre to reach lesbian, gay bisexual and transgender people, Maternity Voices Partnership to reach expectant mums.

Figure one shows the high level segmentation of the target audiences.

We have also analysed our communities on the basis of how hard people are to reach. There may be a wide range of reasons why people don't want to take part in the consultation. Our challenge is to think about these groups and how we might trigger their involvement. Figure Two in section 9 looks at these 'hard to reach' communities and methods for engagement which are not mutually exclusive.

**Figure 1 - Acute and maternity reconfiguration**



## 7. Key messages

We will use overarching messages through the duration of the consultation process which convey our vision, values and commitment. In addition, specific messages in relation to the proposals for the acute and maternity reconfiguration will be conveyed in relation to:

### **About this consultation – the context and case for change**

- The need to consolidate acute services to improve services for patients.
- The need to consolidate maternity services.
- Financial and clinical challenges.
- Set in context of BCT.
- The importance of people having their say on the proposals.

### **The consultation mandate**

- Describes the purpose of the consultation.
- What the CCGs in LLR wants to achieve through consultation.
- The specific areas we are seeking to understand what the impact of proposals will be.
- How the CCGs will use the responses to inform their decision.

### **The proposal(s)**

- Description of the proposal.
- Benefits of proposals.
- Within the proposal highlight the need to understand the impact on patients, carers, staff and public.
- Set out clearly what can be influenced, what can't.
- Include all changes needed to implement the proposals.
- Funding/financial implications.

### **How the proposals were developed**

- Ongoing engagement and involvement since 2014.
- How the engagement and involvement has influenced the proposals.
- Show how the proposal meets financial, clinical objectives.
- What acute and maternity will look like in the future.

### **Details of the ways that people can get involved in the consultation**

- Events.
- Outreach.
- Online.

We will recognise in our messaging the motivation of each of our communities and tailor it to what matters most to them. We will also acknowledge that some people will need to be persuaded to participate which will involve us using interesting and creative ways to make the consultation relevant to them.

## Testing views

A number of questions will be asked through the consultation providing the public with the opportunity to provide views about the proposed changes.

The questions test the views and impact of the public on the following:

- Moving all acute clinical services onto two of the three hospital sites – Leicester Royal Infirmary and Glenfield Hospital.
- Providing non-acute services at Leicester General Hospital including the diabetes centre of excellence and GP imaging.
- Providing haemodialysis in a unit at Glenfield Hospital as well as in a haemodialysis unit located to the south of Leicester.
- Co-producing, with service users, alternative options for the provision of a hydrotherapy pool, currently located at Leicester General Hospital.
- Creating a new maternity hospital at Leicester Royal Infirmary.
- Testing out the use of a stand-alone midwifery led centre located at Leicester General Hospital for a period of 1 year.
- Test out the concern of people around the choice of place of birth in the event that after a year the midwifery led centre at Leicester General Hospital does not have at least 500 births, the number required to make the service sustainable, and it closes without further consultation.

## 8. Consultation document and materials

We have developed a consultation briefing document which will convey the key messages outlined in section 7.

We have ensured that the main consultation document is relevant to people who currently use and are likely to use services at University Hospitals of Leicester in the future.

The document explains why change is needed, what the proposals are and what benefits they will bring for patients, as well as how the proposals, if agreed, might be implemented.

It also clearly explains how people can participate, feedback comments and ask for further information by post, email, social media and website.

We will produce an online questionnaire and hard copy questionnaires (including an equalities monitoring form) for use at events including an easy read version.

People involved in the engagement will be from a variety of backgrounds, therefore there will be a need to ensure that the consultation document is made available in different formats e.g. easy read. We will also explore the translation of the document into other languages spoken locally. We will also need to produce a summary document to provide people with a quick overview of the proposals which will be circulated to key outlets e.g. libraries, sports centres, GP practices and community venues.

All information produced as part of the consultation will be written in a language that can be easily understood. Technical phrases and acronyms will be avoided, and information will be produced in other formats as required to reflect population needs.

All the consultation documents will be available on a dedicated section of each CCG and BCT partner websites and the BCT website. The sites will be promoted via social media channels such as Facebook, Twitter and YouTube.

We will also produce posters and flyers for distribution, and displays and stands for use at public events and in public places and at roadshows.

We will also offer support to those who may need it to ensure that they are able to understand the information contained within the documents and to ensure that all participants in the consultation have enough information to give informed feedback.

## **9. How we will consult – summary of planned activities**

The experience and learning from the BCT engagement work in LLR and the learning from other consultations shows us that we have to develop and implement a range of activities for different audiences to ensure that we have given everyone equal opportunity to participate in the consultation process and triggered the necessary motivation for communities to wish to participate. Outlined in this section is a summary of the planned activities we will implement. We will monitor and evaluate the process consistently to ensure that all activities are meeting the requirements of a robust consultation.

Figure two outlines a further stakeholder analysis including specific communities that may be hard to reach. In addition, it outlines methods of engagement additional to the summary. This section has been informed by the Equality Impact Assessment undertaken on this programme of work.

### **Existing mechanisms**

There are a number of mechanisms that BCT partners already have in place which help us provide information and communicate with a range of stakeholders. These mechanisms will be utilised during the consultation process:

- Staff – through a number of methods including briefings, newsletters etc.
- Local councillors and MPs are updated through discussions at scrutiny and Health and Wellbeing Boards and through briefings at committee meetings. They also receive a monthly BCT newsletter.
- BCT partner websites.
- Presentations at Healthwatch, Voluntary Action Leicester and other voluntary groups.
- Local media including TV, radio and newspapers.
- Patient groups and members including PPG networks.
- GP newsletters and locality/federation meetings.
- Twitter, Facebook and Youtube.

## **Other mechanisms**

### ***Focus groups***

Under the Equality Act 2010, we have a duty to consider potential impacts of service change on people with protected characteristics. We have extended this to include carers. In order to help us understand these potential impacts in detail, we will run focus groups with these populations using existing meetings and events held by other support groups, particularly the voluntary and community sector.

We will also use focus groups to engage with individual practice patient participation groups and other patient groups.

As mentioned earlier we will utilise the support of local organisations, voluntary and community groups and local support networks to reach out and involve these communities.

We will also adopt other engagement methods as show in Figure 2.

### ***Deliberative events***

We will hold a number of deliberative events event across LLR to enable members of the public, voluntary and community sector stakeholders, parish councils and other interested groups to share their views and give us an understanding of the impact of proposals on them and the people they may represent with information given by local providers including clinicians and CCG leaders. Table top as well as open forum sessions will allow people to share their views and respond to the consultation questions.

We suggest four to six public events to ensure that the diverse population of LLR and people living across our borders have the opportunity to be involved. To ensure we cater for people who work and those that don't, we should hold the events at differing times, both day-time and evening.

All feedback from the events will be captured and the key themes and points of any discussions recorded along with the attendance in terms of equality and diversity requirements. These records will form part of the evidence to inform the final decision-making process. We will also capture any questions and draw up a question and answer section on our websites, so that answers can be viewed by everyone.

We will ensure that sufficient number of activities are undertake to capture the views of ethnic minority groups particularly in Leicester City. Also, in the main areas of deprivations to ensure we assess the impact for people living in poverty or with low incomes.

### ***Road shows on NHS sites***

To provide opportunities for staff and existing patients to find out about the consultation and share their views, we will run a road show at the three UHL hospitals and other NHS premises. During these sessions we will raise awareness of the consultation and signpost people to our consultation

website and response form. We will also provide copies of the summary consultation document and response form so they can either take it away to consider or complete it immediately.

### ***Outreach***

We will arrange for displays and/or manned or unmanned exhibition stands to be situated in prominent areas where there is a high footfall to engage with the public and signpost them to further information.

### ***Briefings***

We will hold briefings with key stakeholders – including Healthwatch, the PPI Group, local authorities, Maternity Voices Partnership and any other key interest groups. We aim to hold these briefings early on in the consultation period to enable these stakeholders to cascade information to their membership and contacts.

### ***E- newsletter***

In order to keep the consultation at the forefront of discussions we will produce a regular e-newsletter updating people on the opportunities for getting involved. We will use it to publicise our deliberative events and road shows and signpost people to our website and response forms.

### ***Networks and contacts***

We will work with our voluntary sector colleagues and those local organisations that have newsletters and magazines both off and online, to publicise the consultation and signpost people to our website and response form. This will include providing on a regular basis throughout the consultation articles and web copy to these organisations asking them to support our communications.

We will also undertake dedicated work with key voluntary sector bodies and commission them to undertake specific outreach with population cohorts to ensure that their voice is heard.

### ***Communications activities***

We will raise awareness of the consultation, associated engagement activities and call to action through a range of communication channels including media, social media, websites, consultation newsletter, stakeholder communications channels and by distributing a range of communications materials.

We will work with the Leicester Mercury to coordinate regular features and updates. We will also engage with weekly newspapers, TV and radio stations including commercial stations e.g. Sabras Radio - a local Asian community radio to engage them in the consultation to help us to reach the Asian population in the area.

## Advertising

We will use online and offline advertising to reach key areas of the community including niche groups.

## Reaching different communities

In 2019 we have invested time and resources to launch a Citizens' Panel, which will be an online group in the main, providing a systematic approach to gathering insight and feedback from a representative sample of our circa 1.1 million population.

Considerable work has been undertaken to understand the socio-demographics of the LLR population to enable us to understand what a true representative of the population would be. The Panel will be used to contribute to the consultation activities.

In addition to this work we have further segmented our target communities and outlined below methods of engagement them. It also considers the format of information e.g. different languages, braille, video, Online Browsealoud and easyread.

**Figure 2 – Methods of engagement**

Who	Methods of engagement
People who live in rural communities	Local display in village hall Through parish councils Outreach work
People who live in urban communities	Local display in library Outreach work
Housebound	Work with district nurses, health visitors to raise awareness
Young people	Video consultations Use of online social networks Youth questionnaire School project Young peoples' forums
Older people	Voluntary sector groups e.g. Age UK Older peoples' forum
Long distance commuters and people living over the LLR boundary	Ensure good online methods are in place via email, website, e-newsletters, online fora, social networks Engage with media over the borders Ensure timing and of some events is in evening and close to our borders
People with an agenda/campaign groups	Develop the relationships already established through engagement and visit their community meetings
People without transport	Ensure good online methods are in place via email, website, e-newsletters, online fora, social networks Ensure location of events is on good public transport links
People who work	Ensure good online methods are in place via email, website, e-newsletters, online fora, social networks Ensure timing of some events is in evening

Who	Methods of engagement
People who don't work	Continue to use social groups and networks online and offline e.g. WI, SureStart, Mumsnet
People with learning disabilities	Through schools and voluntary sector Ensure easyread capability on main website and use of video and illustrations
People with long term mental health problems	Through voluntary sector and NHS providers
People who are pregnant or have babies and young children	Maternity Voices Partnership Women and Toddler groups Surestart
Lesbian, Gay, Bisexual and Transgender	Through Leicestershire LGBT
Migrant workers	Through employers – displays and collateral
BME	Through voluntary and community sector. Particular consideration should be given to women only sessions to meet the cultural needs of specific groups.
Adult carers	Through carer groups and organisations
Child carers	Through carer groups and organisations
Travelling communities	Through local authorities and GP practices with registered patients
Walking well	Through local organisations and business e.g. local authority and large businesses
Staff	Utilising existing newsletters, staff forums, team and staff briefings Staff areas of BCT website Staff events and outreach

## 10. Equalities considerations

As both a legal requirement, but also a moral requirement we will ensure that the consultation process reaches out to all those who have an interest in the proposals and that they are empowered to take part in the consultation.

An equality impact assessment has been undertaken to ensure that the process for consultation and decision making is fully compliant with our legal duties under the 2010 Equality Act and the NHS Act and that we are taking account of people's protected characteristics.

We will also undertake an Equality Risk Assessment to highlight key areas of concern or issues and identify mitigating actions.

As outlined in section 8, consultation information will be made available to all communities in various formats appropriate to the community e.g. Browsealoud, Video, Easy Read. We will also work closely with voluntary and community sector organisations to raise awareness of the consultation and highlight why people should participate and how they can take part.

We will offer to meet with specific groups or representatives to seek feedback on proposals and discuss how people from different communities included those with protected characteristics can be

best enabled to participate. In section 9 we have both summarised activities which will be appropriate to the majority of our communities and further segmented communities with specific engagement activities appropriate to specific sections of our communities.

We will ensure that, as a result of the Equalities Impact Assessment, we take the necessary steps to consult a cross-section of stakeholders in LLR and beyond.

We will reach out to a range of voluntary and community organisations to support us to consult with 'seldom heard' groups and those with 'protected characteristics' under the Equality Act and ensure that those experiencing health inequalities are involved.

Public events will be offered at a range of times and locations to appropriate access for both people of working and non-working age. We will also consider the need for interpreters when speaking to minority ethnic groups.

For all methods of feedback whether online or offline we will ensure that we have asked people to provide socio-demographic and equalities information. This information will be aggregated as part of the consultation to enable us to assess the impact and views from groups that differ from the general population e.g. LGBT, children, people living in deprived area.

## **11. Capturing consultation responses**

We will secure the services of an independent organisation to handle the consultation data and report the findings to the three CCG Governing Boards.

The consultation responses from the various online and offline responses will be logged and analysed and evaluated and an independent report of the consultation written.

Depending on the timeline of the consultation we would expect the Governing Boards to receive the report within four weeks of the closure of the consultation.

We will ask people to answer on a voluntary basis, as part of their consultation response, specific equality questions. This will enable responses to be analysed by segmented communities to ensure that we have been inclusive. This analysis will be done throughout the consultation period enabling us to make modifications to this plan if we find that we are not reaching and providing opportunities to our entire communities

After considering carefully all of the feedback received, the CCG Governing Boards will make a final decision at their public meeting(s). If the decision is to proceed, the Governing Board will outline the process for developments and the timeline. After a decision has been made this will be widely communicated back to the public to ensure they are well informed of the decision.

## **12. Assurance and evaluation**

The consultation plan and consultation materials have been informed by insights gained through the engagement process and will be discussed and approved by NHS England.

Statutory scrutiny during the consultation will be provided by the three Overview and Scrutiny Committees, the BCT Clinical Leadership Group and BCT System Leadership Group.

The consultation will comply with the law which requires NHS bodies to engage with members of the public before making decisions on changes to health services. Currently, separate sections of the NHS Act apply to CCGs. CCGs are governed by section 14Z2 of the NHS Act 2006, which states:

- a) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by CCG in the exercise of its functions (commissioning arrangements).
- b) The CCG must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways – in the planning of the commissioning arrangements by the group; in the development and consideration of proposals by the group for changes in the manner in which the services are delivered to the individuals or the range of health services available to them and in the decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The consultation will also comply with the Gunning Principles on ‘fairness’. The Gunning Principles state that: Consultation must take place when the proposal is still at a formative stage: Decision-makers cannot consult on a decision that has already been made.

The consultation plan has been designed using the Cabinet Office principles for public consultation (updated January 2016) and to comply with the NHS England guidance ‘Planning, assuring and delivering service change of patients (published in November 2015).

We are required to show how the proposals meet the five tests for service reconfiguration, four of which were laid down by the Secretary of State for Health in the Mandate, with the fifth one coming into force in April 2017:

1. Strong public and patient engagement.
2. Consistency with current and prospective need for patient choice.
3. Clear clinical evidence base to support the proposals.
4. Support for the proposals from clinical commissioners.
5. Local NHS organisations to show that significant hospital bed closures subject to the current formal public consultation tests can meet one of three new conditions before NHS England will approve them to go ahead:
  - Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
  - Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or

- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

The regulatory framework is provided by:

- The NHS Act 2006 (as amended).
- The Equality Act 2010, which requires us to demonstrate how we are meeting our Public Sector Equality Duty and how we take account of the nine protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.
- Secondary legislation

We are required to show how we have taken into account the views and requirements of those who may use our services and their carers, families and advocates how the proposals will bring significant clinical benefits and improve outcomes and accessibility how the proposals take into account people's diverse and individual needs and preferences including people with protected characteristics.

### **13. Impact of consultation outcomes**

After the consultation the feedback and outcome will be used to help commissioners decide on the final outcome.

This decision making process will comply with the NHS England guidance 'Planning and Delivering Service Changes for Patients'. It will use the outcome of the consultation as part of the evidence to be considered, alongside clinical benefits of the options put forward and the sustainability and transformation of service.

At the close of consultation the commissioners will publish a report setting out the major themes emerging from the consultation, a summary of the responses to the proposal, an overview of the process, an explanation of how the final decisions will be taken (including dates of meetings in public) and the timeline for implementing the recommended option, should this be adopted. This report will draw on the independent evaluation report. It will be available in hard copy and online. A detailed communications and media plan will set out the actions for commissioners to communicate the decision to service users, carers, staff, local people, partner organisations, stakeholders and the media.

The three Health Overview and Scrutiny Committees will also comment on the outcome.

### **14. Consultation timetable**

The final consultation document and process is subject to approval by the three CCGs and NHS England. This plan assumes that the consultation will start when details of funding is known and agreed. The consultation will last 12 weeks. There will be a period of deliberation and analysis of findings which will last 4 – 6 weeks. The CCG Governing Boards will then meet to make their decision on the outcome.

A detailed grid of the proposed consultation activities to reflect stakeholder mapping can be found in the Appendix 1.

Prior to launching the consultation there will be a period of pre-consultation where we will start to raise awareness and promote all the activities and opportunities for participation. We will invite feedback from groups who would like us to talk to them and participate as a group. We will also use the key stakeholder contacts we have established during the engagement phase to ensure that they are well informed.

## **15. Risks**

Risks and mitigations will be managed by the Senior Leadership Team and coordinated by the Communications and Engagement Group. Risks around communications and engagement will be fed into overall Risks log for the project.

Communications and engagement risks will be identified and regularly reviewed and assessed throughout the consultation and mitigating actions put in place to respond to issues.



Risk	Mitigation
Failure to engage with relevant stakeholders and meet statutory duties / stakeholders feel they have not been fully involved	Communications engagement plan developed identifying stakeholders and partners with detailed communications activity implemented during consultation period.
CCGs do not engage with marginalised, disadvantaged and protected groups	Communications and Engagement plan identifies relevant groups and organisations that we will work with to access these groups and communities
Lack of response / “buy in”	Ensure adequate publicity and support. Ensure accessibility of activities and appropriate feedback mechanisms using a range of online and offline media. Implement mid-point review to assessment responses and modify communications and engagement activities accordingly
Proposal in consultation document perceived by members of the public as a “cost cutting” exercise or a ‘done deal’	Ensure through all communications that public are aware of previous engagement activities and have knowledge of the clear rationale for the proposal for change
The consultation may be subject to challenge and the lack of options for public to comment on may be criticised	Appropriate governance policies/standards will be put in place to ensure correct procedure, logging processes and equality analysis are maintained throughout the consultation and that public are fully aware of the engagement that lead to the narrowing down of options to the proposal
Campaign group challenges proposals	Ensure that consultation documents outline how the proposals have been developed and how they will benefit patients by improving services available to them. Ensure we are following due process and logging all engagement. Ensure that we are prepared through the processes in place to receive any petition

## Appendix 1

<i>When</i>	<i>Stakeholder/ group/ Audience</i>	<i>What</i>	<i>What does good look like</i>	<i>Lead</i>	<i>Status/Update</i>
tbc		<p><b>Set up</b></p> <ul style="list-style-type: none"> <li>Design and print consultation document and Easyread</li> <li>Design and print summary of consultation document</li> <li>Design and print leaflets, posters and displays</li> <li>Translate consultation document</li> <li>Develop survey (online &amp; off line)</li> <li>Set up method of capturing insights to contribute to final report</li> <li>Develop web pages</li> <li>Set up advertising of events and consultation opportunities</li> <li>Set up event planner of community events and outreach opportunities</li> <li>Set up public event including venues and speakers</li> <li>Set up schedule of newsletters and updates</li> <li>Collate local social media schedule</li> <li>Set up PR schedule</li> <li>Produce miscellaneous materials including voxpops and video clips</li> <li>Set up online Q&amp;A and method of adding to</li> <li>Appointment independent organisation to produce final analysed report</li> </ul>	Well prepared consultation activities		
		<p><b>Focus Groups</b></p>			
tbc	People with protected characteristics and carers	<ul style="list-style-type: none"> <li>Review the existing communication and engagement networks of the participating organisations to establish how best to engage the most 'unheard' and 'hard to reach voices' in the reconfiguration process</li> <li>Use the framework of the nine protected characteristics of The Equality Act (2010) as a guide</li> <li>Identify and approach voluntary, community and other organisations and groups informing them of the consultations and offering attendance at existing forums and meeting to discuss consultation proposals</li> <li>Work with key voluntary sector groups commissioning them</li> </ul>	<ul style="list-style-type: none"> <li>Inclusive engagement of all areas of the community</li> <li>Evidence of participation from people with protected characteristics through equality questions in response form</li> </ul>		

set up specific engagement activities with their audience

<b>Health Overview and Scrutiny, councilors and MPS</b>			
tbc	Overview and Scrutiny	Attend Leicestershire Overview and Scrutiny Committee Attend Borough and District Council Overview and Scrutiny Committee Sent bulletin to launch consultation and coordinate regular updates/ in line with requirements of the committee and /or council	Informed and engaged Overview and Scrutiny
	Health and wellbeing Board	Bulletin to launch consultation and report on regular basis the progress of the consultation	Well informed Health and Wellbeing Board and representative organisations
	MPs and local councillors	Bulletin to launch consultation and report on regular basis the progress of the consultation	Well informed MPs and councillors
<b>Deliberative events</b>			
Coordination tbc Events held in tbc	All audiences	Coordinate 4 -6 events to enable public to share their views and give us a knowledge of the impact of proposals Promotional activities including on-line and off-line through press, by invitation, in newsletters, through relevant groups including patient membership Set up method of capturing insights to contribute to final report	100 people attending 4 – 6 events.  Community aware and involved in consultation and participating in feeding in views All responses coordinated as part of the overall independent evaluation and analysis
tbc	All audiences	<b>Advertising</b> Select and book key advertising space in online and off line media	Community aware and involved in consultation and participating in feeding in views All responses coordinated as part of the overall independent evaluation and analysis

<b>Roadshow on NHS sites</b>			
Coordination in tbc Roadshow held in tbc	All audiences, but particularly patients and staff	Coordinate schedule for roadshow around UHL and other NHS sites, including provision of display and information to take away	People aware of consultation, information shared and dialogue generated and feedback received directly or via website
<b>Website and social media</b>			
Develop in tbc and implementation throughout consultation	All audiences	Coordinate web pages for consultation on CCG websites, provider and BCT websites including response form for feedback Develop ongoing schedule of web, video and social media content through the duration of the consultation to engage and appeal to different audiences Collate social media plan for duration of consultation linked with aim to generate maximum responses via website Create web copy and distribute to partners to form links to CCG website and maximise number of hits to response form	More people involved in the consultation; viewing partner web pages and responding
<b>Briefing</b>			
Coordinate in tbc and hold briefings in August and September	Key stakeholders (see section 8 of plan)	Diary in briefings to key stakeholder list in early phase of consultation to enable stakeholders to cascade information to their members/contacts	Informed stakeholders who are cascading information about consultation to their contacts
<b>Posters and leaflets</b>			
Coordinate in tbc and distribute in tbc	Public	Distribute posters and leaflets in community venues promoting the consultation and ways to get involved Investigate with practices emailing patients to promote the consultation and ways to get involved	Materials distributed in communities promoting consultation yielding 3% response rate
<b>Press and public relations</b>			
Coordinate in tbc and commence distribution in	All audiences	Meetings and/or regular communications established with journalists to develop ongoing relationships and communicate review Identify different topics of interest generated by consultation	At least 2 press releases per month during duration of consultation yielding coverage

tbc		<p>pertinent to different audiences. Collate and produce proactive press releases throughout consultation to generate maximum coverage through print, radio and TV Establish key media spokespeople and ensure they are and confident and well briefed in undertaking media interviews</p>	
Coordinate in tbc and commence distribution in tbc	All audiences	Widen media database and target appropriate local magazines and newsletter with relevant articles and features, including patient newsletters and local parish councils	Better informed local residents actively participating in consultation
tbc	All audiences	<p><b>Collateral</b> Produce consultation document including in appropriate formats Produce Q&amp;A Produce on and off line copy Produce slide presentation and script Produce display material Produce web copy and initial video Set up online for a Set up e-newsletter</p> <p><b>Processes</b>  Set up calendar of activities Set up social media and press schedule Set up process for logging activities and provision of evidence Set up process for ongoing evaluation on weekly basis and make necessary modifications</p> <p><b>Staff engagement</b></p>	Well informed public contributing to consultation
Coordinate in tbc and commence briefing in tbc	Health professionals	Work with UHL and other providers to set up briefings with a cross section of staff	Well information staff contributing to consultation

<b>General communications</b>			
Coordinate in tbc and produce bi-weekly through consultation starting with launch	All audiences	Use BCT newsletter to update on progress on consultation	Well informed audiences contributing to consultation
<b>Evaluation and analysis</b>			
Coordinate tbc to commence after consultation ends	All audiences	Undertaken independent evaluation and analysis of insights from consultation	Coordination of all business intelligence and production of report
<b>Post consultation communications</b>			
tbc	All audiences	Produce 6 week report to assess reach of consultation and to assess any additional activities needed to attract further participation  Produce final report for Governing Board and publicise final outcome  Develop communications plan to ensure all audiences are aware of outcome and next steps	Well informed public who are aware of outcome and next steps