

DRAFT

Consultation Plan – Communications, Engagement and Involvement

Investing £450 million in Leicester's Hospitals

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1. Context for this draft consultation plan

This draft consultation plan outlines the steps we intend to take to ensure that we run an appropriate and transparent consultation on proposals to transform acute and maternity services at University Hospitals of Leicester NHS Trust through the investment of £450 million

This draft document does not outline the proposals themselves, as these are outlined in the draft 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 was identified as one of the key areas within the plan that required capital investment, which has now been announced.

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

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 proposal 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 mid-consultation review will be undertaken to ensure that we are reaching out to our whole population. Depending on the feedback, if gaps are identified then adjustments will be made to this plan.

A final report of the evaluation and analysis of the outcome of the consultation 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 has 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.

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 replaced with a Public and Patient Involvement Assurance Group. This group will play a significant role leading to and 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.

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)

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.

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.

- **Public events**

To commence this process, the CCGs and UHL jointly hosted a series of open engagement events during late October and November 2018 to share more widely the plans for acute hospital reconfiguration and maternity services.

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 sessions.

- **Outreach work**

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

The outreach work took two different 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.

In addition we launched in June 2019 a booklet and video outlining the proposal and promoted this widely using on and offline mechanisms.



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.

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.

This included an all members briefing in December 2018 for Leicestershire County Council members Rutland Council members and the Labour Group within Leicester City Council. A second briefing has been held with Rutland in September 2019 and Leicestershire County Council in November 2019.

Prior 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.

Prior 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.

UHL and the CCGs have 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. 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 developed and 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 Better Care Together
- The importance of people having their say on the proposals

The consultation mandate

- Describes the purpose of the consultation
- Describes what the CCGs in LLR wants to achieve through consultation
- Describes what we seeking to understand about the impact of the proposals on local communities
- Describes how the CCGs will use the responses to inform their decision

The proposal(s)

- Description of the proposal
- Perceived 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
- Set out proposed changes needed to implement the proposals
- Set out 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 and offline

We will endeavour to recognise the motivation of each of our communities in our messaging and tailor it to what matters most to them. We will also acknowledge that some people will need to be encouraged 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 and to influence the plans.

The questions ask for views and comments from the public on the following, along with opportunities for people to share how they may be impacted by the proposals:

- 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.
- Ensuring that the Treatment Centre is the right size of facility and aligns with plans to move planned care into community settings.
- Testing out views on reducing the number of follow-up appointments moving towards technology based interactions.
- 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 views on the use of a stand-alone midwifery led centre located at Leicester General Hospital for a period of 1 year.
- Testing out if a new standalone midwifery-led centre would be used by expectant mothers, if appropriate to their individual circumstances, whilst also articulating that at least 500 births per year is the number required to make the service sustainable.
- Testing out the impact of the changes on travel, transport and access.

6. Consultation document and materials

We have developed a consultation briefing document which will convey the key messages outlined in section 5.

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 a hard copy questionnaire (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. 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 all media including 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.

7. 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. We will undertake a mid-consultation review to assess whether we are reaching all communities. If gaps are found then we adjust this plan to ensure that we are inviting feedback from all communities.

Figure one outlines a stakeholder analysis including specific communities and methods to reach them. 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.
- MPs through face to face and written briefings
- Local councillors are updated through discussions at scrutiny and Health and Wellbeing Boards and through briefings at committee meetings. They also receive a monthly BCT newsletter
- Council political executives
- 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.

Deliberative events

We will hold a number of deliberative events 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. Focus groups as well as open forum sessions will allow people to share their views and respond to the consultation questions.

We suggest a range of 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 undertaken 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 Public and Patient Involvement Assurance Group (PPIAG), 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 local media to coordinate regular features and updates. This will include the Leicester Mercury, weekly newspapers across Leicester, Leicestershire and Rutland, 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.

Telephone interviews

We will undertake a mid-point review when the consultation commences to assess whether there are any gaps in the communities we are reaching and who are participating. If it identifies communities that are not engaged but could be reached through telephone interviews, then we may integrate this engagement method into our communications plan.

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 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 1

Who	Methods of engagement
People who live in rural communities	Local display in village hall Through parish councils Outreach work Social media e.g. Spotted
People who live in urban communities	Local display in library Outreach work Social media pertinent to communities social connections
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 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 are in evening
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 Social media e.g. mumsnet
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 Social media
Staff	Utilising existing newsletters, staff forums, team and staff briefings Outreach and displays Staff areas of BCT website Staff events and outreach

8. 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.

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.

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

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. This will be done half way through the consultation to assess any gaps, which can then be mitigated against. It will also be done at the end of the consultation.

9. 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 12 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. This will be identified through a half-point assessment.

After considering carefully all of the feedback received and a period of reflection, 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.

10. 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 Joint Health Overview and Scrutiny Committee, the BCT Clinical Leadership Group, System Leadership Group and the three CCG Boards.

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 1422 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; these have been established by case law which describe the principles that should underpin consultation. Under the principles:

1. Consultation must be at a time when proposals are still at a formative stage;
2. The proposer must give sufficient reasons for any proposals to permit of intelligent consideration and response;
3. Adequate time is given for consideration and response; and
4. The product of consultation is conscientiously taken into account when finalising the decision.

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, which is not applicable to this consultation:

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 must 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

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.

11. 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 patients, service users, carers, staff, local people, partner organisations, stakeholders and the media.

The Joint Health Overview and Scrutiny Committee will also comment on the outcome.

12. 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 approval of the Pre-Consultation Business Case is known. The consultation will last at least 12 weeks. There will be a period of deliberation and analysis of findings which will last 12 weeks. The CCG Governing Boards will then meet to make their decision on the outcome.

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 re-engage with the key stakeholders we have established relationships during the engagement phase.