

Date: Monday, 25 September 2017

Time: 3.00 pm

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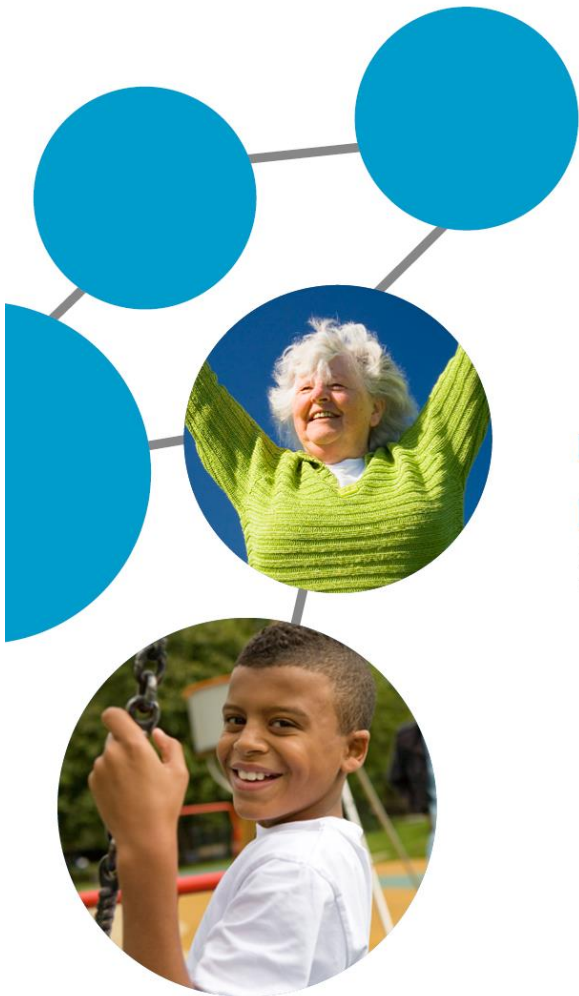
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

7 Future Fit Programme: Consultation Plans and Consultation Document (Pages 1 - 24)

Consultation Plan attached

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futurefit
Shaping healthcare together

Consultation plan

August 2017



Document version control

Version	Date	File Name	Status
Version 1	23 August 2016	Draft consultation plan version 1	Initial draft prepared by Katy Driver
Version 2	16 September 2016	Draft consultation plan version 2	CHC Powys, SaTH communications team John Kirk and David Burrows, Engagement and Communication workstream Shropshire PACC, Telford & Wrekin Parish Council Forum
Version 3	31 October 2016	Draft consultation plan version 3	Members of the public through focus group and engagement events, Telford and Wrekin Senior Citizens Forum, Joint Heads of Scrutiny and survey of public on methods. Midlands and Lancashire Commissioning Support Unit Involvement team Powys Teaching Health Board Powys C&E stakeholder meeting
Version 4	August 2017	Draft Consultation plan version 4	Draft in development for submission to NHS England. Version to be shared with patient representatives and communications and engagement colleagues and key stakeholders for further development.

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1.0 Introduction

The purpose of the consultation plan is to describe our approach to communications and engagement for the formal public consultation on the transformation of hospital services in Shropshire and Telford & Wrekin. Telford & Wrekin CCG and Shropshire CCG are reviewing the way hospital services are delivered for the populations Shropshire, Telford & Wrekin and mid Wales. The CCGs have their own overarching communications and engagement strategies in place, but recognise that this joint transformation programme requires a bespoke consultation focused communications and engagement plan to be in place.

The aim of this communications and engagement plan is to ensure activity clearly informs the development of a new model of urgent and emergency care and diagnostic and treatment, combined with local planned care services. It aims to ensure that the services that will be delivered will appropriately meet the needs of the population now and into the future. This plan draws on feedback received to date from the public and key stakeholders.

The plan describes mechanisms that are already in place and what else we intend to do to consult with staff, the public, patient, carers and key stakeholders.

1.1 Setting the context of the consultation

In November 2013 a major engagement exercise took place in Shropshire, Telford & Wrekin with public and clinicians under the NHS England's Call to Action. The response of local people was very clear. They said they wanted full engagement in thinking through options for the future and that nothing should be predetermined. It was agreed there was a compelling case to review the way hospital services are provided for future generations to benefit. Citizens called for more accessible and connected care which is closer to home and responds to the needs of the local population. Clinicians called for safe care that brings together specialist expertise in the best way to offer patients the best outcomes and a great experience. Building on this, an agreement was made to deliver new models of care which are fit for the future.

This call to action event resulted in the launch of the NHS Future Fit programme. This programme agreed it would bring together patients, NHS leaders and local authority partners to look at how services are currently used in detail and compare this with the best clinical practice across the UK and beyond. The outcomes from this were used to develop options for how services can be improved in order to deliver excellence for the future.

From this piece of work three key areas were identified:

- Long term care and frailty;
- Diagnostic and treatment centre combined with local planned care services
- Urgent and emergency care

For this consultation we are focusing on the urgent and emergency care and planned care services, with an urgent care services at both sites.

In Shropshire, Telford and Wrekin we currently have two major hospitals serving the local population, consisting of around 500,000 patients accessing services of which around 70,000 are from mid Wales. It is recognised that having predominantly the same hospital services provided across two sites, set less than 20 miles apart, is not sustainable now or in the future.

The clinical and financial sustainability of local acute hospital services has been a concern for more than a decade. Shropshire and Telford & Wrekin has a large enough population to support a full range of acute general hospital services, but splitting these services over two sites is increasingly difficult to maintain without compromising the quality and safety of the service.

Most pressing, the Acute Trust currently runs two A&E departments that require at least 12 consultants. Currently there are only five consultants who have to be on call one full weekend, day and night each month. This means they could be working 12 days in a row. Similar hospitals have enough consultants so that they only need to be on call four times per year.

Therefore, the Trust currently has particular medical workforce recruitment and retention issues around A&E s and critical care services. Most of these services are currently delivered on two sites, although stroke services were brought together on an interim basis at Princess Royal Hospital to address workforce issues. This latter move has delivered measurable improvements in clinical outcomes. Stroke services form part of the Future Fit consultation due to start in 2017.

The Shrewsbury and Telford Hospital NHS Trust (SaTH) has developed its Sustainable Services Programme to address these challenges. It has produced a Strategic Outline Case (SOC) which has now been developed into a Draft Outline Business Case (OBC).

The clinician-led work over the last four years, forms the basis of what we will be consulting on. The options developed in the programme have gone through an appraisal process to analyse certain factors such as distance and quality. An Integrated Impact Assessment and an Equalities Impact Assessment were carried out in 2016. A further IIA was conducted into the impact of any potential re-siting of women's and children's services from Telford to Shrewsbury in 2017. This was conducted at the same time as an Independent Review into the process so far, conducted by KPMG, again in 2017.

Throughout the development of the options and subsequent plan development there has been extensive engagement and communication with the key stakeholders and the general public. A 'mind map' of activity to date (as at Nov 2016) and a stakeholder map are available at the end of this document. Activity has ensured that we have worked with and involved stakeholders in mid Wales to ensure that correct processes are followed in line with Welsh guidance and legislation.

2.0 The purpose of the consultation plan

The purpose of the consultation plan is to describe our process for formal consultation and how we will reach stakeholders including patients, their carers, families and members of the public across Shropshire, Telford & Wrekin and mid Wales. This process will ensure that our methods and approaches are inclusive and tailored to the people we want to reach so that they can have their say. These include:

- Public, patients, carers and their representatives
- Key stakeholders including partner organisations
- Voluntary, community and social enterprise sector organisations
- Staff across all partner organisations of the Sustainability and Transformation Partnership
- Local Councillors, MPs and AMs
- Joint Health Overview and Scrutiny Committee and Powys Community Health Council
- Particular interest groups, including seldom heard groups

The plan sets out the activity which will take place and the timelines involved, including the resources required to deliver the plan. The intention of the plan is to help people understand what to expect from the formal consultation, how they can be involved and how long the process will take. The purpose of the consultation communications and engagement activity is to:

- Raise awareness of and provide information on the changes being proposed.
- Involve stakeholders in discussions about the proposed changes and draw out any issues and concerns.
- Support us to pay 'due regard' to our equality duty in our decision making Work with stakeholders to consider potential solutions to any issues raised.
- Gather feedback which will inform the decision about the future model of hospital services .
- Ensure we meet our statutory duties as set out later in this document.

3.0 Aims and objectives

We will deliver a best practice consultation, guided, advised and assessed by The Consultation Institute, which is founded on the commitment to inform and listen. The Consultation Institute is undertaking a Quality Assurance role and has provided feedback to date on the consultation document, consultation summary document and consultation plan, all of which remain in draft until final approval stages in order to take on board comments and feedback from many varied channels, including CHC, Joint HOSC and NHSE.

We will work with our stakeholders to deliver key consultation activities and to collate and analyse the results to ensure an objective outcome. We will use an approach that allows for volume and richness of response.

To help us achieve this aim, we have the following high-level objectives:

- To ensure that the consultation is transparent and that it meets its statutory requirements through sufficient inclusiveness, breadth, and depth.
- To create a significant and meaningful amount of engagement with local stakeholders.
- To create a thorough audit trail and evidence base of feedback.
- Collate, analyse and consider the feedback we receive to make an informed decision.

3.1 Principles for consultation

- Make sure our methods and approaches are tailored to specific audiences as required.
- Identify and use the best ways of reaching the largest amount of people and providing opportunities for those within the nine protected characteristics.
- Provide accessible documentation, including easy read and word documents suitable for screen readers.
- Ensure that Welsh language versions of all materials are produced.
- Offer accessible formats including translated versions relevant to communities as required, including different languages and Braille.
- Equality monitor participants so we ensure the views reflect the whole population and review and adapt activity as required.
- Use different methods or direct activity to reach certain communities where we become aware of any under-representation.
- Arrange our meetings so they cover the local geographical areas that make up Shropshire, Telford & Wrekin and mid Wales.
- Arrange meetings in accessible venues and offer interpreters, translators and hearing loops where required.
- Purchase our resources for delivering consultation activity from the local community wherever it is possible.
- Inform our partners of our consultation activity and share our plans.

Consultation is the formal process of asking the public their views on any proposals to change the way services are provided and delivered. This process is supported by our legal obligations. Any formal consultation process requires us to follow a legal process so that we can ensure local people have a voice and an opportunity to provide us with their view. Consultations will be based on what we already know and should only take place when we have already engaged with the public.

We have made sure that key stakeholders have fed into this document, which has taken into account the different methods for consulting. We have taken their advice on the needs of local people and, budget permitting, their advice is reflected in the methodology used for this consultation. In addition a detailed consultation delivery plan is in development, with activity to be populated throughout September. This will be a live document that will reflect the detail of the ongoing consultation activities.

4.0 Consultation: pause and proceed

Consultation procedures included in our process are to at a mid-point, most likely in the seventh week, assess the response received so far. We will assess if there has been sufficient feedback from seldom heard or minority groups so that we can adapt our activities to reach groups of people who have not yet been involved. We will also, as required, adapt our methods and channels used so far, to ensure that we make the best use of the most effective channels and that our resources are directed accordingly. As the consultation period is likely to fall over the winter holiday period, we will adjust/extend the consultation length to accommodate for those times when people are less likely to be able to be involved in the process. We are not aware of any pre-election periods that will occur at the time of the consultation.

Once the proposed 12/13 week formal consultation period has finished the responses will be collated, coded and summarised into a report. It is proposed that in further discussion with commissioners, that we take a report of the early findings to the Part 2 meetings of each CCG board and to share this in confidence with a stakeholder reference group to ensure a fair, open and transparent process. This early sharing will allow for any key issues coming to the forefront to be discussed. The final report will be presented to decision makers for their due consideration. No decision will be taken until full consideration has been given by the decision making board of the consultation outcomes. The report will be made publically available at around six to eight weeks after the consultation period has ended. This period is subject to confirmation, depending on the volume and complexity of the responses received.

5.0 Legislation and guidance on consultation

There is a legal duty on NHS organisations to involve patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate:

- Section 242, of the NHS Act 2006, places a duty on the NHS to make arrangements to involve patients and the public in planning services, developing and considering proposals for changes in the way services are provided and decisions to be made that affect how those services operate.
- Section 244 requires NHS bodies to consult relevant OSCs on any proposals for substantial variations or substantial developments of health services. This duty is additional to the duty of involvement under section 242 (which applies to patients and the public rather than to OSCs).
- The NHS Act 2012, Section 142Z updated for Clinical Commissioning Groups places a duty on CCGs to 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 commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them,
 - in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.
- Section 183 of the National Health Services (Wales) Act 2006 requires LHBs, with regard to services they provide or procure, to involve and consult citizens in:
 - planning to provide services for which they are responsible
 - developing and considering proposals for changes in the way those services are provided;
 - and making decisions that affect how those services operate.
 - Section 242 of the National Health Service Act 2006 extends this requirement to NHS Trusts.
 - Regulation 27(2) and 27(3) from the Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010 which places a duty on NHS Trusts in England to consult with Community Health Councils in Wales on substantial variation in health services

For the full guidance from NHS Wales on engagement and consultation please use the following link

<http://www.wales.nhs.uk/sitesplus/documents/900/Guidance%20on%20Engagement%20and%20Consultation.pdf>

Our approach to public involvement and consultation is also informed by legal case law which has established some key principles (commonly referred to as The Gunning Principles). In summary these are:

- A consultation must be held “when proposals are still at a formative stage”
- There must be “sufficient reasons for proposals to permit ‘intelligent consideration’”
- There must be “adequate time for consideration & response” of proposals
- Responses “must be conscientiously taken into account”

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance ‘Equality of Opportunity’, and c) foster good relations. All public authorities have this duty so the partners will need to be assured that “due regard” has been paid through the delivery of this formal consultation.

To help support organisations to meet these duties a set of principles have been detailed in case law. These are called the Brown Principles;

- The organisation must be aware of their duty.
- Due regard is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind.

- The duty cannot be satisfied by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.
- This formal consultation will fulfil part of our consideration of our legal duty

We note the additional duties to consult in Wales and refer to guidance set out in the 'The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011'

The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies in England and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

6.0 Findings from pre-consultation engagement activity

Our approach is formed on the basis of work already carried during the pre-consultation period of engagement which ran from November 2013 – November 2016. This process involved the Call to Action event, deliberative events, pop up events, social media and regular newsletters, alongside a communications and media programme led by The Shrewsbury and Telford Hospital NHS Trust and a proactive media programme based on the four principles of NHS Future Fit (Appendix 6). Patient representatives have contributed at every stage of the programme, attending work stream meetings and events, and so have helped to shape the proposals.

- The following themes have been identified and have fed into the proposals on during the engagement and communications activity:

In accordance with Guidance for Engagement and consultation on changes to Health Services this draft consultation plan will be shared with Powys CHC for its feedback prior to the start of the formal consultation.

7.0 Consultation mandate

The CCGs have already decided that change is necessary to deliver safe, sustainable services that improve outcomes for patients. They now need to make an informed decision on progressing the future shape of hospital services. To do this they need to ensure that these are high quality, safe, sustainable and affordable and result in the best possible outcome and experience for patients. Therefore they need to understand the views of all patients, public, stakeholders and staff who live and work in Shropshire, Telford & Wrekin and mid Wales. This includes those directly impacted by the proposals (which may include patients, public and stakeholders in surrounding areas) which may lead to a change in the future to the way provide emergency and planned care, including urgent care.

8.0 Process for consultation

8.1 What we already have in place

There are a number of mechanisms in place which help us provide information and communicate with a range of stakeholders. These mechanisms have and will continue to be utilised throughout this process.

- Staff, are already being engaged through a number of methods including briefings, newsletters etc.
- Local councillors and MPs are updated through discussions at scrutiny and Health and Well Being Boards and with briefings at committees and forums. In addition one to one meetings with MPs and AMs provide an opportunity for regular briefings.
- Joint Overview and Scrutiny Committees and Health, Well Being Boards and Powys Community Health Council are kept up to date with our plans through presentations and briefings.
- We have dedicated pages on CCG websites, the NHS Future Fit website, The Shrewsbury and Telford Hospital NHS Trust website and the Powys Teaching Health Board website. These pages contain a range of information including documents and supporting information. We will continue to use existing social media we have in place as a communication tool to promote the consultation.
- Close working with Healthwatch and CHC colleagues to ensure we provide consistent messages to the public.
- We engage with local GP practices to make sure they are aware of any involvement activities and promote participation via surgeries for example through patient reference groups.
- We review existing websites including those attached to the local media to gather feedback.
- We work closely with the local voluntary, community and social enterprise sector to share information and deliver activities to obtain feedback on our behalf.
- Patient groups and representatives are informed and opportunities to engage in conversations are promoted.
- We circulate information widely to our existing stakeholder database which includes a range of local community, voluntary, statutory and other organisations and members of the public.
- Regular discussions with stakeholders in mid Wales have allowed us to be advised and guided to ensure our communications and engagement approach to residents in Powys is robust.

8.2 What else do we need to do

To ensure formal consultation can take place we will need to provide more opportunities for communication and information sharing and discussion, offer stakeholders the chance to host conversations and directly reach identified groups. The consultation plan has been co-produced overtime with key stakeholders through a number of workshops, focus groups and surveys in order to understand the methods and approaches that are appropriate. We will continue to work with people to refine our approach up to and throughout consultation.

The formal consultation will be delivered over a 12/13 week period using a number of mechanisms. The process will need full commitment from all partners to provide staff and appropriate key speakers as required. We are in the process of confirming a comprehensive list of key spokespeople, including clinicians, GPs and senior managers. Many are already aware that they will be asked to commit to attending a range of activities from meetings, such as those for mothers and babies, roadshows in high footfall and community spaces and taking part in larger scale public meetings. Spokespeople will be encouraged to

attend pre-consultation briefing sessions, which can be delivered face to face or via a webinar. They will be provided with briefing packs and a series of media awareness / training sessions are currently being scheduled. In attendance at events we will aim to have a range of experienced engagement staff, clinicians and managers wherever possible, to ensure that questions can be answered and feedback gathered and all staff feel supported.

In planning the consultation activities we recognise that due to the time of year there may be instances where bad weather occurs. In the case of severe weather such as snow, flooding, high winds or very cold temperatures we will take as early decision as possible to cancel any public events or meetings so that people are not put at risk of injury. We will take measures to ensure that the event or meeting is rescheduled at the earliest opportunity. We will use our networks to ensure the message is circulated to all relevant stakeholders.

9.0 Consultation activities

Pre-launch - We continue with a thorough programme of key stakeholder engagement leading up to the start of the consultation. This includes a workshop with the Joint HOSC, ongoing dialogue with PTHB and Powys CHC, formal attendance at CHC and Joint HOSC, regular MP briefings, updates to communications colleagues to facilitate ongoing senior executive and councillor engagement. The media have always been a key stakeholder in the Future Fit process. Now that a decision has been taken by the Joint Committee to proceed to consultation with a preferred option, a programme of proactive media engagement is also scheduled to ensure that the media have a clear grasp of the facts and access to briefing sheets.

Launch - The consultation launch will take place in the first week of formal consultation. The NHS Future Fit website will contain more information about the consultation, links to a consultation document. The website will provide information on how to respond to the consultation. This will include a questionnaire which can be downloaded and printed, an electronic survey and a schedule of planned events and activities, which will continue to be updated. A number of briefings will take place with key stakeholders and information will be provided. We will also launch through communication channels such as local media, social media and radio.

Public meetings - Each event will be based in an accessible location. These events will be used to explain the consultation and continue to promote the opportunities to get involved. In discussion with Healthwatch and the Consultation Institute, we are proposing a format that will allow all attendees to ask their questions and have their say. An 'interactive' face to face approach is in development so that the events allow people to find out the facts about the services that really matter to them while receiving a general update on the programme.

Existing networks – We will capture people's views through face to face conversation using our existing relationships with the voluntary, community and third sector. We will use our networks and existing platforms to host conversations and ensure comments and views are captured by circulating our proposals using a presentation and a questionnaire for community groups. This will include Welsh and Easyread versions of our longer and summary documents, with additional formats and translated documents as requested. This approach will ensure we gather view from the widest possible range of groups and individuals.

Staff– We will build on existing platforms in organisations and utilise notice boards, websites, staff briefings and local intranets. A range of opportunities for consultation including events, presentations and information sessions will be promoted.

Elected representatives - We will use face to face meetings and regular written briefings to ensure these key stakeholders are informed and involved. In addition the Joint Health Overview and Scrutiny Committee (JHOSC) and Powys Community Health Council (CHC) will be formally consulted on our plans.

Existing meetings – we are building a schedule of regular group meetings attended by local people. These may be organised by the voluntary sector, community groups or patient groups and will offer opportunities for spokespeople to attend and share information, answer questions and gather feedback. This approach will reach people that may not attend other events or feel able or confident enough to speak up in unfamiliar settings.

Seldom heard groups - We will continue to aim to reach groups that have been identified by the Equalities Impact Assessment and ongoing equalities activities as being impacted by the proposals. Through the consultation process we will continue to review and update our Equalities Impact Assessment, remaining open to identifying groups and impacts that have not been identified by the work to date

10.0 Key messages

MPs/AMs/Councils	• NHS Future Fit is an integral part of the STP which will allow us to create safe and sustainable services for the future. • NHS Future Fit is clinically led by the people who work in our NHS day-in-day-out. They know the challenges and have devised what they believe is the best solution. • The NHS Future Fit programme was launched with a determination to make decisions in the interest of the whole population. This is a spirit we should adhere to. • If the NHS Future Fit Programme succeeds it will improve outcomes for all patients regardless of whether they live in Telford & Wrekin, Shropshire or Mid Wales. There will be no winners or losers. • The fundamental issues with hospital reconfiguration NHS Future Fit is trying to resolve have been known about for many years, but have always been judged as too difficult to tackle. But we are no longer in a position where “do nothing” is a viable option.
Regulators/Scrutineers	• NHS Future Fit is an integral part of the STP which will allow us to create safe and sustainable services for the future. • The area is facing massive workforce challenges, especially in key areas such as emergency medicine. This is largely a result of the current hospital configuration which NHS Future Fit seeks to address. • We have drawn on best practice both nationally and internationally in developing NHS Future Fit. We have a very strong evidence base that supports our case for delivering positive health outcomes for the whole population of Shropshire, Telford & Wrekin and Mid Wales. • We have engaged extensively about our plans. Our systems have been robust and we are

	confident they will stand up to scrutiny
Other opinion formers	• The way that our health services are configured now is dated and no longer fit to meet the challenges we face now, let alone those we know are coming in the near future. NHS Future Fit is a key part of the STP which is designed to address this and create safe and sustainable services • We have to make the most of the resources that we have and that is impossible with the current configuration. There is duplication and waste, but more importantly it is a real barrier to recruiting the staff we need in key specialisms, including emergency medicine. • People who work day-in-day-out in our local NHS are unanimous that the case for change is as strong as it has ever been. While there are different opinions about which services should be in which location, many people delivering those services just want a decision to be made so they can improve outcomes for patients. • We should remember that NHS Future Fit was set up in a spirit of co-operation to improve the health outcomes
Providers	• NHS Future Fit is an integral part of our STP which aims to provide safe and sustainable services into the future. • It is important that the consultation is as comprehensive as possible, and that the public and our staff are given every opportunity to participate. We have a collective interest in promoting it through every possible channel. • Our staff are our most powerful advocates and we should enable them to deliver the message that NHS Future Fit offers real opportunity for providing improved patient outcomes. • While there are different opinions on how reconfiguration should be executed we have a broad clinical consensus that the case for change is as strong as it has ever been and become stronger as the challenges increase.

11.0 Communication material

We will produce a range of communication materials to support the consultation process including:

- Full consultation document with questionnaire including equality monitoring.
- A summary document will be distributed to key outlets for example libraries, sport centres, GP practices and community venues.
- Accessible Easyread materials.

- Documents will signpost to how people can request materials in alternative formats and languages if required.
- Hard copy questionnaires for use at events, including an easy read version.
- Online questionnaire.
- Posters and flyers for distribution.
- Electronic materials for partner websites.
- Displays and stands for use at public events and roadshows
- All materials will be translated into the Welsh language in accordance with the Welsh Language Act.

11.1 Consultation documents and survey

The consultation documents and survey have been developed with feedback from all key stakeholders. Two workshops have been held with a reading group of patient representatives from Shropshire, Telford & Wrekin and mid Wales. The latter of these praised the team for the development of the document to date. The documents currently remain in draft form.

- Description of our proposals, including the preferred option
- Who the consultors are and who's in charge of making the decisions
- Case for change, what is changing and why
- Who will be affected by the change and who, with this in mind, we want to hear from
- What the consultation is about in a clear and simple way
- How we have reached the options we are consulting on
- Conversations we have had to date with stakeholders and service users
- Our vision for the future
- How to give your views and deadline for submitting responses
- Questionnaire
- Equality monitoring
- How to access alternative versions
- How we will be using these findings/views
- When and how a decision will be made
- Next steps after consultation

12.0 Reaching the right audiences

We will use the following key channels to reach identified target audiences:

Target Audience	Delivery Method
Service users, general public, third sector	- Events - Printed material - Mailshots/posters etc. - Media/social media - Advertising - Partner channels - Existing meetings and forums - Patient Reference Groups - Third sector organisations - Patient groups - Carers groups

Joint Heads of Scrutiny, Health and Wellbeing Boards, Community Health Council and Powys Public Service Board	- Meetings - Written briefings - Possible workshop
Staff (hospital and community health services staff, CCG and PTHB)	- Bulletins and briefings - Staff events/displays - Intranet
Healthwatch	- Written briefings - Face-to-face meetings
Elected members / Councillors/MPs/AMs	- Written briefings - Face to face meetings - Public events - Website - Media/social media - Advertising - JOSOC/Health and Wellbeing Board
Local Professional Committees, PTHB Partnership Forum	- Written briefings - Face to face meetings
Media	See proactive media plan appendix 6
Local GP Practices	- Existing meetings - Intranet - Practice visits - Bulletins

12.1 Capturing Feedback

- Feedback will be gathered from our public, stakeholder, staff meetings and events.
- Feedback through face to face contact will be recorded on data capture sheets.
- Feedback from questionnaires will be gathered electronically and via a FREEPOST response address.
- Comments cards will be captured in the same way as comments are gathered through the CCG websites
- All the intelligence will be evaluated.
- Information will be collated in line with Data Protection Act 1998.
- All the information we gathered will be analysed.
- We recognise that Powys CHC reserves the right to request copies of all comments received from Powys residents and will gather data to ensure this right can be met.
- Questions and Answers (Q&A): We will monitor feedback received via questionnaires, at events and through the media and other mechanisms on an ongoing basis. We will update our Q&A and website and use other communications mechanisms to clarify any factual information or correct inaccuracies. Where required we will aim to respond to stakeholders directly, however our aim is use resource effectively to deliver thorough consultation activity.

12.2 Equality

To ensure the consultation process meets the requirements to evidence that due regard has been paid to their equality duties, all the consultation activity will be equality monitored routinely to assess the representativeness of the views gathered during the formal consultation process. Where it is not possible to gather such data, such as complaints and social media we will record any information provided. Half way through the consultation we will review responses so far and adapt our approach to seek more feedback from any groups that might not so far have fed back.

We will ensure that our consultation process targets protected groups as above using our community assets and relationship matrix via the voluntary sector and local authority colleagues. We will ensure all adjustments and arrangements are made to enable protected groups to participate fully in the consultation process. Advice will be sought to create accessible and easy read copies of the consultation, translations and language and British Sign Language (BSL) interpreters for events. In accordance with the Welsh language all materials will be translated into the Welsh language.

Once gathered the consultation data will be independently analysed. At a mid-point in the consultation, analysis will be reported to highlight any under-representation of patients who we believe could be potentially affected by any change in services, and if this is demonstrated further work will be undertaken to address any gaps.

Once complete the analysis will consider if any groups have responded significantly differently to the consultation or whether any trends have emerged which need to be addressed in the implementation stage. This data will also be used as part of the evidence to support the equality impact assessment process which will be carried out simultaneously.

12.3 Analysis of data and reporting of findings

Consultations can be sensitive and controversial. We have secured the services of an independent organisation, affiliated to the Consultation Institute to assist with the design of the consultation survey, undertake the collation and analysis of all data and feedback and provide content for the final report. We recognise that the format for responses will be varied and analysis may be required on data collected from a number of sources, this is not an exhaustive list:

- Hard copy and online questionnaires
- Qualitative feedback from comments cards and data capture forms
- Transcripts and minutes of meetings
- Letters and emails
- Petitions

At the mid-point review there will be an intermediate analysis (including Powys segmentation) to support the identification of further action during the remaining consultation period (including assessing whether such additional action can be completed adequately during the remaining period).

Once the formal consultation data input has taken place and the data analysed we will ensure that all the intelligence is captured into one report. We propose to share an early draft report with commissioners and in confidence with a stakeholder reference group including patients and members of voluntary, community and social enterprise sectors. This open and transparent approach will allow us to address any issues arising from feedback before finalising the report. In addition to the final report, a simple summary and easy read version will be produced. This report will provide a view from staff, public, patients, carers and key stakeholders on the proposals.

To provide additional assurance The Consultation Institute will be commissioned to provide an independent evaluation of the consultation as part of their role in quality assuring the consultation process.

Once finalised the report will then be received through internal reporting mechanisms and due consideration will be given to the findings to determine the next steps.

13.0 Pre-consultation stakeholder communications

We will engage with the following key stakeholders either via letter or where possible face to face: • GP members and practices • Chairs of patient engagement groups at GP practices • Chairs of PTHB Health Forums in Powys • MPs and AMs (awareness if members of constituency approach them) • Councillors • Powys Public Service Board • Health and wellbeing board members (via chair) • Community Health Council • Scrutiny panel members (via chair) • Bordering CCGs - to inform them that a formal consultation is imminent and to seek their views on an informal basis • It would be advisable to meet (informally) with staff who will directly be affected by either the process of the consultation or the outcomes particularly in departments/clinical disciplines directly impacted by the proposed changes • Professional bodies such as Royal Colleges and Councils • Unions and trade bodies • Healthwatch (via Chair) • Media (health correspondents where possible) During this time, all consultation support materials – printed, electronic and all supporting software should be signed off and made ready for printing	Pre- launch of formal consultation
Publicity materials to be sent to key stakeholders who are actively involved in: • Supporting the consultation process as a partner • Providing care or services directly related to consultation (for example National Childbirth Trust) • Media release for newspapers and voluntary sector newsletters, parish magazines and health service partner newsletters • Advert in relevant local newspapers • Liaise with regulatory bodies, Patient Participation Groups, Health and Social Care Forums to inform them the consultation is going to take place and to provide relevant information • Liaise with key contacts on 'hard to reach' and minority groups to establish their preferred method of consultation and engagement.	Pending launch

14.0 Activity plan

Pre-Consultation activity	What's included	Additional notes
Editorial of full consultation document - <i>People fully understand the issues and solutions to enable them to have an informed say</i>	Project management of production of consultation document (Including: liaising with design team, client, account team, compiling, writing, editing, proofing, up to 3 rounds of amendments, up to 10 teleconferences or attending up to 4 meetings) Production, editing and proofreading of consultation summary document and evaluation report (Including up to 3 rounds of amendments).	Revised brief for an up to 40 page document. Brief to include caveats: Signed off brief for contents, structure and flow - CSU to provide checklist of guidance that needs to be adhered to for content (Welsh guidance etc.) One major set of revisions from partners Two further sets of minor revisions
Editorial of summary consultation document - <i>People fully understand the issues and solutions to enable them to have an informed say</i>	Drafting content, adhering to English and Welsh consultation guidance; testing with reading group; amends and sign off	In-house Future Fit team – in post. Document currently in draft
Translation of documents into Welsh - <i>ensuring information meets Welsh Guidance</i>	Required under Welsh Guidance.	Outsourced activity – supplier identified.
Development and design of an Easy read version of summary document – <i>ensure consultation information is accessible</i>	Expert advice taken to ensure this meets best practice guidelines for documentation required in this format	Outsourced activity – supplier identified. (Taking Part)
Development of survey - <i>tool to support stakeholders to feedback views on the consultation</i>	Up to 2 rounds of amends, design of survey, mechanism and hosting. Support to test out on patients	Outsourced activity – potential suppliers identified. Printing and distribution included. Costed at a proposed 10,000 print run
Design and print of (up to) 40 page consultation document - <i>produce an engaging document which encourages stakeholders to participate</i>	Includes up to four design amends. Takes into account NHS branding guidelines, upload onto FF website. To include questionnaire.	Outsourced activity – potential suppliers identified. Costed at a proposed 1000 print run
Design and print of 8 - 12 page summary document - <i>produce an engaging document which encourages stakeholders to participate</i>	Includes up to four design amends. Takes into account NHS branding guidelines. Upload onto FF website	Outsourced activity – potential suppliers identified. Costed at a proposed 10,000 print run

Layout and print of (up to) 40 page Welsh consultation document - produce an engaging document which encourages stakeholders to participate	Required under Welsh Guidance.	Outsourced activity – potential suppliers identified. Costed at a proposed 100 print run
Layout and print of 8-12 page Welsh summary document - produce an engaging document which encourages stakeholders to participate	Required under Welsh Guidance.	Outsourced activity – potential suppliers identified. Costed at a proposed 1000 print run
Event supporting materials - Design of 6 items of collateral needed to support the event.	Up to 6 pull up banners based on the consultation infographics.	Outsourced activity – potential suppliers identified. For use at events, in situ for a period of time at venues such as libraries etc.
Design of 5 x A4 posters - People are aware of all the activities and have supporting information to help inform their responses	Design of posters (including up to four amends) supplied as a PDF or JPEG	Outsourced activity – potential suppliers identified. 1000 print run x 5 designs
Design of 5 x A5 flyers - People are aware of all the activities and have supporting information to help inform their responses	Design of flyers (including up to four amends) supplied as a PDF or JPEG	Outsourced activity – potential suppliers identified. 1000 print run x 5 designs
Advertising of events - 1/4 page in local free weeklies and paid-for publications and online to advertise local events.	Includes design of advert and placement in papers.	Delivery through Future Fit team – resource to be identified - working alongside media outlets. Schedule of activity TBA with media outlets once approval to commence consultation is provided. (Costs vary throughout the year due to offers etc).
Website development - Ensuring that all people can access information on the consultation on fill in an online survey	Licence fee for hosting online platform, functionality for consultation, providing advice on what documents and evidence needs to be on the site, what the site will look like and how people will navigate it and website administration training.	Outsourced activity - potential suppliers identified. Content updates ongoing through consultation team by Future Fit team – resource to be identified.
Consultation activity	What's included	Additional notes
Information roadshows - Local people are targeted in local venues providing access to information and experts to allow them to fill	Identifying clinicians/CCG reps (board members/senior managers)/programme executives to man the stand, live social media reporting,	Each event provides presentation; appointments for one to one discussion; roadshow style display. Runs in each location from 9am - 9pm. We would propose 12 events,

<i>in survey.</i>	refreshments, further man power support. Venues don't currently include any residential nursing homes, GP surgeries, high footfall town centre areas.	one in each week of the consultation period and to include at least three weekend events. (Budget and resource confirmation dependent). Future Fit team – resource to be identified. Supported by existing in-house communications and engagement resource.
Public events - <i>People feel their voices have been heard and have learned about the key issues, target up to 250 ppl per event</i>	Identifying of clinicians, CCG reps (Board members/senior managers) and programme executives to lead discussions. Live social media activity, facilitators, scribes, printing of supporting collateral and event promotion. Venue booking and event management.	Future Fit team – resource to be identified. Supported by existing in-house communications and engagement resource. Activity is subject to budget and resource allocation approval). Options exist to tailor board meetings for public meetings or deliver more community events and attend more local stakeholder events, rather than large scale public events.
Local stakeholder events - e.g Parish Council Meetings.	Co-ordination of event planner to ensure we capture events attended, numbers attending and information /materials supplied.	Existing engagement activities delivered by the engagement leads in each CCG; briefings and materials for engagement leads in all public sector organisations in Shropshire, Telford and Wrekin to support their business as usual engagement activities.
EQIA - hard to reach T&W and shrops/ Powys - <i>Those most impacted by potential changes have their voices heard and able to influence. Target 10 focus groups in regions with around 10 people at each one</i>	Focus groups to reach protected characteristics under Equalities Act 2010. Events summary report.	Outsourced activity to include Welsh speaking facilitators as required. Supported by existing in-house communications and engagement resource.
QA of consultation – assurance process		Outsourced activity. To be delivered by The Consultation Institute.
Stakeholder briefings	Coordination of activities of leaders of organisations to ensure questions and answers are captured and frequency/number of meetings can be reported on	In-house teams and Future Fit team – resource to be identified. Support from the Communications and Engagement workstream.

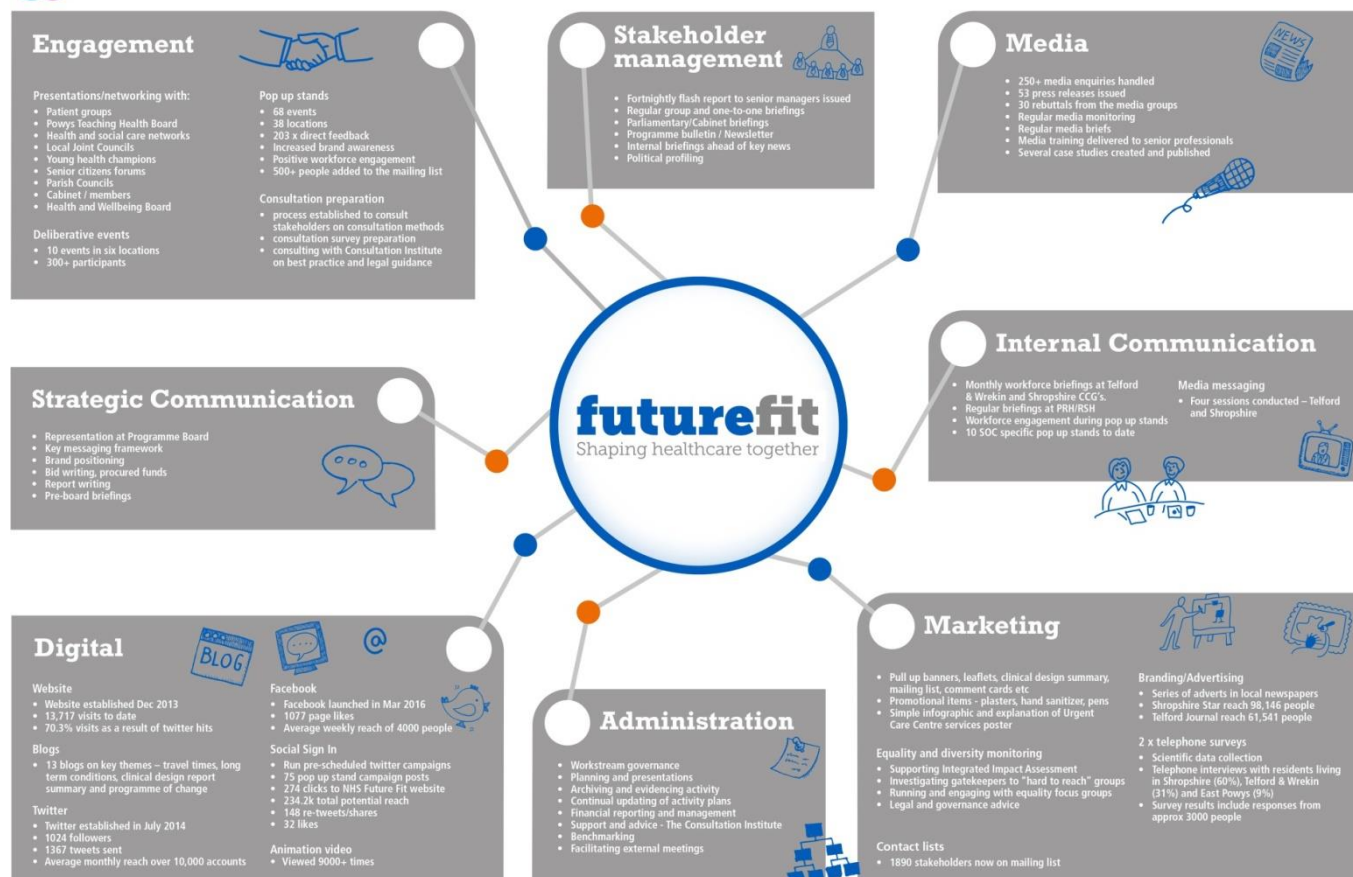
Telephone Survey - Design, execute and reporting of telephone survey	Includes purchase of phone numbers, design of telephone script, application and implementation of survey. Potential for time slot / booked appointments.	Outsourced activity – potential suppliers identified.
Advertising strips (call to action) - Local readership of around 100k of people who would have access to information on the consultation encouraging them to get involved	A run of strips, raising awareness and encouraging people to fill in survey	Future Fit team – resource to be identified.
Social media schedule and advertising - Regular schedule of social media to target communications to specific stakeholders, keeping them engaged throughout the programme, encouraging debate, signposting to survey and events and more information.	Provide a schedule of creative messages (including any hashtags), run facebook advertising campaign to reach approx 30,000 over 12 weeks, encouraging survey take up, targeted messaging to specific age groups, gender etc, live tweet with clinicians once a week	In-house team. In-putting of social media schedule, monitoring of responses, reacting to stakeholder comments and reporting on FF activity. Future Fit team – resource to be identified. Support from the Communications and Engagement workstream.
Communications schedule delivery – essential PR for print, broadcast and online media, forums and platforms	Communications activities to include pro-active and reactive activity	Future Fit team – resource to be identified Outsourced activity for out of hours media support.
Miscellaneous materials	Video, short video clips for social media, deaf and hard of hearing signing for events.	Contingency to support social media, engagement and communications activities
Post -consultation activity	What's included	Additional notes
Data input – capturing feedback	Capturing feedback from all non-web based surveys and letters	Outsourced activity – potential suppliers identified. Activity will take place during and post consultation. (This area of work needs to be subject to flex in order to capture all responses).
Post consultation analysis - Coding of all responses with themes	Analysis and coding of feedback. Feedback report and summary feedback report	Outsourced activity – potential suppliers identified. Allowing for approx. 10,000 responses to questionnaire and 50 detailed written submissions. (This area of work needs to be subject to flex in order to analyse all responses).
Drafting of final consultation report		Outsourced activity – potential suppliers identified.

15.0 Timeline for consultation

Phase	Proposed timeline - TBC
Delivery of a formal public consultation	October 2017 for 12/13 weeks
Deliberation and analysis of findings	January 2018 for 6 weeks
CCGs' Governing Body meetings(Decision making)	February / March 2018

DRAFT

16.0 Engagement Mind Map



July 2014 – November 2016

NB: Further updating required for final draft to incorporate all pre-consultation engagement

MPs / AMS / Local Councils

Shrewsbury and Atcham (Con) MP: Daniel Kawczynski   
North Shropshire (Con) MP: Owen Paterson 
Telford (Con) MP: Lucy Allen   
The Wrekin (Con) MP: Mark Pritchard   
Ludlow (Con) MP: Philip Dunne   
MP Glyn Davies (Con) for Montgomeryshire
MP Chris Davies (Con) Brecon and Radnorshire
MP Christopher Davies (Con) Brecon and Radnorshire
MP Glyn Davies (Con) Montgomeryshire
AM Russell George (Con) Montgomeryshire Wales
AM Kirsty Williams (Lib Dem) Brecon and Radnorshire
AM Joyce Watson (Labour) Mid and West Wales
AM Eluned Morgan (Labour) Mid and West Wales
AM Simon Thomas (Plaid Cymru) Mid and West Wales
AM Neil Hamilton (UKIP) Mid and West Wales
AM Russell George (Con) Montgomeryshire
Telford & Wrekin Council (Lab)    Leader: Shaun Davies 
Shropshire Council (Con)    Leader: Malcolm Pate  
Shropshire Association of Local Councils (SALC)
Powys County Council (Ind) Leader Barry Thomas
Shropshire Local Joint Committees
Telford & Wrekin Parish Council Forum
Town and Community Councils Powys

Regulators / Scrutineers

Care Quality Commission   
Audit Commission  
NHS Improvement  
Powys CHC 
Shropshire Health and Wellbeing Board 
West Midlands Clinical Senate  
Telford & Wrekin Health and Wellbeing Board 
Telford & Wrekin Council and Shropshire Council
Joint Health Overview and Scrutiny Committee 
NHS England Gateway
NHS England Midlands and East  
Shropshire Healthwatch   
Telford & Wrekin Healthwatch   
Welsh Government
Powys Public Service Board and Regional Partnership
Local Government Ombudsman Board

Other Opinion Formers

Media

Central News   
Midlands Today   
BBC Wales
ITV Wales
S4C
Telford Live   
Shropshire Live   
BBC Radio Shropshire   
County Times   
Radio/Online/Print/ Television
Shropshire Star   
Local Free papers including:
Shrewsbury Chronicle and Telford Journal

Patient Groups

Shropshire Patient Group 
Telford & Wrekin Health Roundtable 
Patient Participation Groups
Shropshire Public and Patient Engagement Committee
Health Forums in Wales
PTHB Stakeholder Forum

Campaign Groups

Shropshire Defend Our NHS  
People First, Telford 
Shropshire Fights Back  
PTHB Stakeholder Forum

Voluntary Sector

Shropshire Voluntary Sector Assembly   
Carers Centre Telford   
Listen not Label   
Age UK   
Telford & Wrekin Senior Citizens Forum   
Shropshire Youth   
Shrewsbury Signal   
Shropshire Seniors   
IMPACT   
Rights and Fairness Telford (RAFT)
Carers Partnership Board
Telford & Wrekin CVS   
Shropshire Youth Parliament   
Shropshire Young Health Champions
Telford Young Health Champions
League of Friends in all hospitals
Shropshire Deaf & Hard of Hearing Forum 
Mental Health Forum Shropshire 
Mental Health Forum Telford 
Powys Association of Voluntary Organisations (PAVO)   

NHS Future Fit Stakeholder map

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Providers

Primary Care

60+ GP practices
Shropdoc (out of hours GP services)
  
Local Medical Council
Shropshire CCG  
Telford and Wrekin CCG  
Local Pharmaceutical Council  
Powys Teaching Health Board
North Powys GP Cluster

NHS Organisations

Shrewsbury and Telford Hospital NHS Trust  
Shropshire Community Health NHS Trust  
Powys Teaching Health Board
South Staffordshire and Shropshire Healthcare NHS Foundation Trust 
Robert Jones and Agnes Hunt Orthopaedic Hospital Foundation Trust   
West Midlands Ambulance Service NHS Foundation Trust   
Welsh Ambulance Services NHS Trust  
Betsi Cadwaladr University Health Board   
Mid Wales Healthcare Collaborative 

Neighbouring NHS Organisations

Wye Valley NHS Trust  
Royal Wolverhampton NHS Trust 
Mid Staffordshire NHS Foundation Trust   
University of North Staffordshire NHS Trust   
Hwyel Dda University Health Board