

# **Healthy Weston consultation plan**

**Plan for Bristol, North Somerset and South  
Gloucestershire Clinical Commissioning Group on  
public consultation activity**

**28 November 2018 v 0.6**

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Please note: This is a working document and it will be further developed as we deliver our consultation. More detail will be published as supplementary information to Appendix B as plans are put in place (e.g. meeting dates and venues) and research services are commissioned (e.g. dates of focus groups)

## 1. Introduction

Healthy Weston is the name of the work Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group is leading together with a range of health and care organisations to change and improve local services. It is part of Healthier Together – our Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Partnership.

Following detailed engagement with the public, patients, carers, staff, stakeholders, partners and providers of services we will be consulting on changes to services at Weston General Hospital in the context of wider changes taking place across primary and community services in Weston-super-Mare, Worle and the surrounding area.

A pre-consultation business case (PCBC) outlining our proposals in detail and including detailed information about our communications and engagement work so far, has been developed. This will be published in early 2019 once we have decided to go to formal consultation. We are aiming to run a formal public consultation, to test and gather feedback on our proposals for changes to services at Weston General Hospital, in early 2019.

### About this plan

This plan sets out how we will approach a formal consultation on changes to services at Weston General Hospital. More detailed plans and additional information are included as appendices to this document.

This plan is being informed by discussions with colleagues from commissioner and provider organisations across the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Partnership, our Healthy Weston Communications and Engagement Group and our Patient and Public Reference Group (PPRG) and the CCG's Patient and Public Involvement Forum (PPIF).

It is also being informed by best practice principles from NHS England and NHS Improvement, Cabinet Office guidelines on consultation and from The Consultation Institute, as well as examples of good practice found across healthcare and other organisations in England. The PPRG and PPIF will continue to play an active role in the development and refinement of our consultation plan, and to review and comment on consultation materials and activities as they are developed.

### Governance

Development and implementation of this consultation plan will be largely delivered by the BNSSG CCG Communications Team, with support from colleagues in the Healthier Together Communications Network, and the Communications and Engagement Group workstream of the Healthy Weston programme. The work will be overseen by the Healthy Weston Steering Group and ultimately the CCG's Governing Body.

The Healthy Weston Programme Director (CB) is accountable for the effective delivery of the programme, including this workstream – working closely with the BNSSG CCG Executive Director responsible for communications and engagement (DES).

This plan will be formally approved and signed-off by the CCG's Governing Body on the recommendation of the Healthy Weston Steering Group. The plans for consultation will be discussed by North Somerset Council's Health Overview & Scrutiny Panel on 11 December 2018 and formally agreed by the BNSSG CCG Governing Body as part of its decision to consult in early January 2019.

## 2. Scope

In **geographical** terms, the consultation will cover:

- the North Somerset area covered by Bristol, North Somerset and South Gloucestershire CCG including Weston-super-Mare, Worle and the surrounding areas
- the north Sedgemoor area covered by Somerset CCG. This is because Weston General Hospital currently provides services to some patients from north Sedgemoor
- neighbouring/boundary areas whose communities may be impacted by the proposed changes, and particularly where there are any material patient flows from these areas to Weston

In **service** terms, the consultation proposals focus specifically on changes to hospital services at Weston General Hospital, but these are very much within the context of changes and improvements to primary and community-based services in the North Somerset area and a vision of an integrated system of health and care.

## 3. Pre-consultation engagement

Extensive engagement has been undertaken throughout 2018 with all key audiences including frontline staff, stakeholders such as MPs and local government representatives, and patients, public, carers, and their representatives such as Healthwatch, to ensure that the proposals are clinically led, co-designed and developed with significant input from a wide range of people.

This work is detailed in the Pre-Consultation Business Case (PCBC) and a full break down of activity can be found at [www.bnssghealthiertogether.org/healthyweston](http://www.bnssghealthiertogether.org/healthyweston)

## Statutory duties and legislation

As an NHS organisation we are required to show how the proposals we are putting forward meet the four tests for service change laid down by the Secretary of State for Health. These are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear clinical evidence base to support the proposals
- Support for the proposals from clinical commissioners.

The Chief Executive of NHS England has introduced a 'fifth test' that requires NHS organisations to show that any proposals for significant hospital bed closures, subject to the current formal public consultation tests, can meet one of three conditions before NHS England will approve them to go ahead:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- Show that specific new treatments or therapies, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

There is also 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 local authority Overview and Scrutiny Committees 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 Overview and Scrutiny Committees).
- The NHS Act 2012, Section 14Z2 updated for Clinical Commissioning Groups places a duty on CCGs to make arrangements to ensure 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.

Current guidance on involvement is called 'Transforming Participation in Health and Care' and is available here - <https://www.england.nhs.uk/2013/09/trans-part/>

We need to make sure that our consultation activities meet the requirements of 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.

We also need to consider other relevant legislation and show:

- How we have learnt from the views and requirements of those who may use our services and their carers, families and advocates and responded to their feedback
- How the proposals will bring significant clinical benefits and improve outcomes and accessibility
- How the proposals consider people's diverse and individual needs and preferences including people with protected characteristics.

The approach and activity outlined in this document demonstrates how we will meet these obligations.

## 4. Consultation principles

Our consultation plan is underpinned by some fundamental principles. As well as shaping the content and activity of our consultation, these principles will form the basis of our evaluation of the plan.

## Consulting with people who may be impacted by our proposals

- We will reach out to people where they are, in their local neighbourhoods and in local networks.
- We will make sure that there are 'no surprises' for staff whose jobs may be affected by the review and that they will hear from us first about the proposals and have an opportunity to respond. We will ensure that they are aware of the process, understand how their roles may be impacted and will ensure they understand how they can give their views on the consultation.
- We will cover the geography, demography and diversity of Weston, Worle and the surrounding area including the working population, silent majority, seldom heard, people who are mostly well, and people who aren't, and those with protected characteristics, to gather a fair representation of views and feedback.

## Consulting in an accessible way

- We will provide detailed information on websites to ensure transparency. We will also produce targeted public-facing documents (some printed as we know not everybody wants to access information digitally), summaries, case studies and social media content.
- We will make sure our public information is consistent and clear; written and spoken in 'plain English' avoiding jargon and technical information; accessible to everyone and available on request in a range of languages and formats.
- We will make clinical information and agreements available to the public.
- We will provide a range of opportunities for involvement and engagement with our consultation; reaching out to people where they are, in their local neighbourhoods and in local networks, physically and digitally.

## Consulting well through a robust process

- We will make sure that local people and the staff working in organisations affected by the proposals across Weston-super-Mare, Worle and the surrounding areas have confidence in our consultation process, ensuring it is open, transparent and accessible.
- We will be clear and up front about how all views can influence decision-making, explaining it will not be possible to do everything everyone wants and why difficult decisions have to be made.
- We will widely advertise and do our best to make sure people are aware of our consultation even if they choose not to participate.
- The consultation will run for 12 weeks to allow people to give their views and we will provide regular reminders about progress and the closing date.
- We will strive to ensure we are acknowledged locally and nationally to have undertaken a meaningful and effective consultation process and will seek support for our consultation plan and process from the Health Overview and Scrutiny Panel in our ongoing engagement with them.

## Consulting collaboratively

- We will work collaboratively with individuals, stakeholders and partner organisations to deliver the agreed consultation principles and make the most of the opportunities of partnership working to reach out to as many people as we can in a meaningful way across Weston-super-Mare, Worle and the surrounding areas.



- Our information will be relevant to local groups, being clear about what the proposals mean for each geographical area and for each group of people taking account of their interests, diverse needs and preferences.

### **Consulting cost-effectively**

- We will strive to ensure our consultation budget is spent wisely and used effectively in terms of reach and response, delivering good value for money.

### **Consulting for feedback**

- We will monitor and evaluate our consultation process consistently and in a systematic way, including capturing feedback and comments from events, meetings, surveys, discussions and individual responses
- We will commission several 'mid-term' reports in terms of consultation response analysis, to assess progress on where, how and from whom we are receiving feedback and responses, so we can target our activity to address gaps in feedback geographically or demographically
- The analysis of feedback will be done independently, and the independent report shared publicly
- The results of our consultation and the feedback received will be thoroughly and conscientiously considered and used to inform decision-making.

We will strive to deliver a best practice consultation within the timeframe and budget allocated and will work with independent providers to analyse the results to ensure an objective outcome. We will use a mix of qualitative and quantitative methodologies to allow for both volume and richness of response.

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

- Make people aware of the public consultation and how they can get involved
- Comply with the duty to inform people about how the proposals have been developed and describe and explain the proposals and what they will mean in practice for the provision of local services so that people can make an informed response
- Seek to actively gather people's views and encourage responses to the consultation
- Ensure that a diverse range of voices are heard and that the engagement activities target specific community groups to ensure the local population is represented
- Ensure that the consultation process uses a range of methods to reach different audiences and maximises opportunities for engagement with the local community and key partners
- Consider the responses made as part of the consultation and take them into account in decision-making, with sufficient time allocated to give them thorough consideration
- Deliver a public consultation in line with best practice that complies with our legal requirements and duties.
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## **5. The consultation document – outlining our proposals for the future of health care in North Somerset**

At the heart of our consultation is a public-facing consultation document that will:

- outline our reasons for change, our ambitions and the proposals for changes to services at Weston General Hospital to create a stronger, more focussed hospital, in the context of wider changes taking place across primary and community services in Weston-super-Mare, Worle and the surrounding area

- provide explanatory, supporting information and a set of questions to allow people to tell us what they think of the proposals

We will make this document available in a range of formats and through a variety of different channels. A range of consultation products and collateral will be developed and is described further throughout this document. All will be available on the CCG website as they are developed.

## 6. Target for reach and responses

The total registered population of the North Somerset area covered by Bristol, North Somerset and South Gloucestershire CCG is 212,000, and the catchment population for Weston General Hospital is 152,000. We want to reach a representative sample of this population to ensure that there is awareness of the proposals, sufficient opportunity to comment and a rich source of feedback and insight for us to make sure that future decisions on how health services are organised and provided in Weston-super-Mare, Worle and the surrounding areas are ones that reflect the needs of the local population.

We have set three core targets for our consultation activity which will be a key measure of our evaluation for the success of the consultation:

### Raising awareness through opportunities to see or hear about the consultation

Our objective is to provide multiple opportunities to see or hear about the consultation through, for example, broadcast, print and social media, paid-for advertising, targeted leaflet drops etc in addition to more personalised and interactive engagement. We would expect to be able to generate at least 150,000 opportunities to see or hear about the consultation\*.

*\*NB: We recognise that 'opportunities to see or hear' do not necessarily equate to people reading or listening and are a relatively superficial measurement, so will put more focus on and weight into the engagement and response figures below*

### Active and direct engagement

Our objective is to reach 3,000 people, equivalent to approximately 2% of the catchment population for Weston General Hospital, through direct engagement (e.g. mailings to stakeholder distribution lists, meetings and events, roadshows, social media interaction, focus groups, polling etc).

### Responses to the consultation

Our objective is to generate 1,500 separate responses to the consultation, equivalent to approximately 1% of the catchment population for Weston General Hospital. These could be emails, questionnaires, Tweets, phone calls, letters or comments made at events. Where we can show whether the same person or group has replied twice, we will do, but it might not always be possible.

Whilst we want to hear from as many people as possible, we are clear that our consultation is not a referendum or vote. What is important is that we seek and get a broad, representative and diverse range of views to give rich insights to support our decision-making. If we set our targets for reach too high we will need to use a lot more resource to generate higher numbers in the limited timeframe of the consultation, which may not then result in a very different outcome or feedback. The quality of feedback to our consultation is important alongside the quantity.

These targets will be a key measure of our evaluation for the success of the consultation.

## 7. Stakeholder mapping

We aim to engage as many people and groups as possible from the local area as the timeframe and budget for our consultation permits. We will be seeking to work with our colleagues and organisational partners across the county to enable this. Our stakeholder map below illustrates the broad range of stakeholders we anticipate will have an interest in responding to the proposals and this plan outlines our strategy for engaging each of these key groups.

The groups and organisations we have identified will be engaged during the consultation period, where they will be encouraged to share their views on the proposals for change and the potential options. In addition, to help us reach as many people as possible, we will ask all organisations and groups to act as conduits and to actively help us promote the consultation (via their communication and engagement channels and distribution networks) to any relevant stakeholders.

Patients and public	Clinicians and staff	Local and national government and regulators	Political	Partners and providers	Media
<ul style="list-style-type: none"> <li>• Residents of Weston-super-Mare, Worle, Winscombe and the surrounding area including Bristol, North Sedgemoor and the neighbouring areas served by Taunton and Musgrove NHS Trust in Somerset</li> <li>• Patients, carers and their families</li> <li>• Those previously involved in pre-consultation engagement activities</li> <li>• Seldom heard groups</li> <li>• Groups with protected characteristics</li> <li>• Healthwatch</li> <li>• Local patient groups (GP Patient</li> </ul>	<ul style="list-style-type: none"> <li>• Trades unions, staffside groups and professional organisations</li> <li>• all acute hospital staff (WAHT, UHB, NBT, T&amp;S)</li> <li>• South Western Ambulance trust staff</li> <li>• NSCP, SPFT community services provider staff</li> <li>• social care teams</li> <li>• AWP mental health trust staff</li> <li>• BNSSG CCG Governing Body members</li> <li>• BNSSG CCG GP members and GP providers including BrisDoc</li> <li>• GP practice staff, dentists,</li> </ul>	<ul style="list-style-type: none"> <li>• NHS England (national and regional)</li> <li>• NHS Improvement (national and regional)</li> <li>• South West Clinical Senate</li> <li>• Professional bodies (e.g. HEE)</li> <li>• North Somerset Council and Somerset County Council</li> </ul>	<ul style="list-style-type: none"> <li>• Local MPs</li> <li>• Health Oversight Scrutiny Panel members</li> <li>• Neighbouring HOSC/JHOSC members where relevant</li> <li>• Health and Wellbeing Boards</li> <li>• Councillors</li> </ul>	<ul style="list-style-type: none"> <li>• Acute hospital, ambulance and community services providers – boards and frontline staff</li> <li>• Boards and staff in neighbouring areas</li> <li>• Boards and mental health trust staff</li> <li>• BNSSG CCG GP members and GP providers including BrisDoc</li> <li>• GP practice staff, dentists, opticians, pharmacists</li> <li>• Voluntary, community and faith groups</li> <li>• Local business organisations</li> </ul>	<ul style="list-style-type: none"> <li>• Local print and broadcast channels</li> <li>• National print and broadcast (while we will not proactively seek national media coverage, we should be prepared to handle enquiries from these outlets)</li> <li>• Trade press (professional media outlets such as nursing or medical journals and publications, as well as online and social media counterparts, are often useful channels for raising</li> </ul>

<p>Participation Groups, Health Reference Groups etc)</p> <ul style="list-style-type: none"> <li>• Carers groups</li> <li>• PPIF members</li> <li>• PPRG members</li> <li>• Campaign groups</li> <li>• Voluntary and community sector groups including faith groups</li> </ul>	<p>opticians, pharmacists and their local council bodies</p> <ul style="list-style-type: none"> <li>• Royal Colleges</li> <li>• Universities and medical schools</li> <li>• Health Education bodies</li> <li>• Academic Health Science Network</li> </ul>			<p>and chamber of commerce</p>	<p>awareness of proposals to staff and professional groups)</p> <ul style="list-style-type: none"> <li>• Partner organisation news channels such as council papers, local directories, parish bulletins and leaflets and voluntary sector organisation newsletters</li> </ul>
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## **8. How we have developed this plan**

In developing this plan, we have built on the pre-consultation engagement activities that have been undertaken before and since the publication of the Commissioning Context document, *Joining up services for better care in the Weston area*, in October 2017.

### **The local community**

We have undertaken a variety of activities to reach the local community including holding public meetings, running an online survey, focus groups, roadshows in the community, and attending meetings hosted by others in the community.

We have also undertaken targeted outreach work with seldom heard groups and those with protected characteristics to ensure that we have contacted the range of groups protected under equalities legislation. We will continue with this work and ensure that as many people with diverse views as possible are able to feedback on the proposals. All groups we have engaged with will be sent a copy of the consultation document and questionnaire and be invited to respond, with an offer of more copies, further engagement opportunities and attendance at meetings if requested.

### **Independent delivery partners**

We will work with an independent research partner to develop the consultation questions and to analyse and report the responses from groups and individuals. We are also recommending commissioning additional focus group and telephone survey research as part of the consultation activity to ensure a breadth of views from a representative sample of the target population.

### **North Somerset Health Overview Scrutiny Panel (HOSP), Somerset Health Overview Scrutiny Committee and BNSSG CCG Joint Health Overview Scrutiny Committee**

We have engaged with and regularly updated the HOSP on the progress of the Healthy Weston work including the engagement activity that has been undertaken since October 2017. We will be presenting our consultation approach and plan on 11 December and will be formally consulting with them as part of our statutory duties. We will keep the Panel regularly updated through the consultation period, and at the appropriate time, with our decision-making and detailed implementation plans. We have also regularly updated colleagues in Somerset HOSC and BNSSG JHOSC and will continue to do so.

### **Voluntary and community sector and local elected representatives**

We have worked closely with community and patient groups and welcome further partnership working through consultation and beyond. We have held meetings and engaged with representatives from the voluntary, charity, and social enterprise (VCSE) sector, and with local authority councillors from North Somerset and neighbouring Somerset. We plan to work closely with these groups and partners, including those in our boundary areas, during our formal consultation to ensure that as wide a cross-section of the community is informed about and made aware of the consultation as possible, and to increase the range of opportunities available for our patients, their relatives and carers and the public to have their views heard.

### **Staff**

Clinicians, leaders and representatives from all the partner organisations in Healthy Weston have been involved in the pre-consultation co-design and engagement phase of work, particularly through the programme governance infrastructure and specifically the Clinical Services Design and Delivery Group, and supporting sub groups e.g. the Finance & Enabling Group, the Healthy Weston Steering Group, the Communications and Engagement Group and through the Healthier Together Executive

Group and Sponsoring Board. These groups have advised and commented on plans and activities and will receive regular reports on the consultation once it is underway.

We make a commitment in this plan to staff who may be affected by the proposals that they will hear about them first internally from their organisation's leadership, rather than from their local newspaper or via social media.

## **Patient and Public Involvement Forum and Patient and Public Reference Group**

Group members have been, and will continue to be, invited to advise on how engagement can be strengthened and to act as a 'critical friend' to this work, including giving feedback on draft public-facing materials to make sure they are clear and easily understood.

### **Healthwatch**

North Somerset Healthwatch conducted a research project on behalf of the North Somerset Sustainability Board (a forerunner to the Healthy Weston Steering Group), which informed the CCG's Commissioning Context document, and has been actively involved in work since it was published. North Somerset Healthwatch is also a core member of the Healthy Weston Communications and Engagement Group. We will continue to work in partnership with Healthwatch and to use their networks to deepen engagement and encourage responses to our consultation. We will also be requesting them to promote the consultation through their own newsletters and channels.

### **Integrated Impact Assessment (IIA)**

TBC [DN: results of the IAA should inform the consultation planning and activity ie by targeting groups identified as most impacted by the proposals. PMO to confirm]

## **9. Consultation activities – an overview**

A good consultation exercise should employ a range of techniques and channels to ensure that members of the public and stakeholders may fully participate. Our approach will make efforts to reach a broad range of people, in addition to and beyond statutory organisations, partner organisations and those with a vested interest or those already highly engaged who usually respond to consultations. We aim to do this through using a variety of methods to engage with the public and stakeholders.

It is recommended that activity takes place via two core routes which is described in more detail in Appendix B:

- 1. Active and visible leadership at a system level, led by system and clinical leaders and the Healthy Weston Programme Team:** briefings and meetings with groups and stakeholders (e.g. HOSP, MPs, some patient and voluntary groups, regulators, partners, royal colleges, clinical senate, staff briefings etc)
- 2. Activity at CCG/Trust 'local' level, led by the communications and engagement team:** generation and clearance of core content, production and distribution of consultation materials, planning and delivery of a launch event, responses to correspondence, FOI, media requests and proactive media activity, digital engagement etc.

Our techniques will recognise the different ways in which various stakeholder groups and audiences might choose to participate, allowing for differing levels of engagement or interest as reflected in the

stakeholder analysis. By using a range of different methods, we will be able to facilitate a wide range and breadth of feedback.

We will use a range of techniques to enable people from all local communities to take part in the consultation and to give feedback. Consultation methodology generally falls into two main categories - giving information and getting information.

At the core of our consultation will be a consultation document and summary which clearly lay out the basis on which we are consulting, the background to the consultation, a summary of the data upon which options have been developed and what the proposals/options are, and signposting for more detailed technical information if needed. This document will also seek feedback and promote the various other methods by which people can engage in the consultation.

In line with best practice the consultation document will meet the following criteria:

- The consultation document will be concise and widely available
- The language of the consultation document will be accessible, clear, concise and written in plain English. It will be available in other languages and formats on request
- The objectives of the consultation document will be clearly stated
- The consultation document will provide details of all options for change with well-balanced pros and cons for each option, including the implications of no change
- Proposals will be set out clearly and transparently
- The consultation document will contain specific, relevant, clear information
- The consultation document will explain why service improvement is required, setting out what the results of change will look like in terms of benefits to patients (whether in terms of clinical outcomes, experience or safety) as well as any financial benefits, but also setting out any potential disadvantages, presenting a balanced view
- A set of key questions will be included
- The consultation document will inform the public about how they can contribute to the consultation and state clearly how feedback will be used
- An email as well as a freepost address will be given for responses
- The consultation document will include a list of the partners involved in the consultation, but be clear it is led by the CCG
- The document will include details of how patients and the public have been involved so far
- The consultation document will include contact details for a consultation enquiry line, staffed by someone/people who will respond to questions and who will pursue complaints or comments about the consultation process
- The consultation document and other supporting collateral will be available in paper format, free of charge
- The consultation document will be on the Healthy Weston part of the Healthier Together website in digital format from the start of the consultation
- The document will give the dates of the consultation period (start and finish).

We will test our draft document and other consultation materials with our Patient and Public Involvement Forum and the Communications and Engagement group to ensure that they are clear and well-understood. In addition, we will seek advice from an independent research and evaluation organisation to help us design non-leading questions that meet the highest standards of research design for this sort of exercise and undertake cognitive testing on the consultation questionnaire to ensure that our target audiences find it easy to understand and respond to.



## Distribution channels

As noted in our section on stakeholder mapping, we will distribute a range of consultation materials throughout our consultation area to our partners and stakeholders and encourage them to disseminate information through their own networks. These include:

- All NHS acute hospital sites
- All NHS community hospitals and clinics
- All GP practices
- All community pharmacies
- Voluntary and community services organisations for onward distribution to community organisations
- Faith groups
- Residents associations
- Leagues of Friends
- Other NHS acute, mental health, ambulance and independent services provided by other providers for use internally and for placing in patient and public areas
- Public libraries and public information points
- Local media, for publication about the proposals and consultation events
- Social media (including Twitter and Facebook)
- Local MPs, councillors and council offices.
- Local businesses/business representatives and large local employers

## Consultation briefings, updates and frequently asked questions

In addition to the consultation document, a series of updates, briefings and frequently asked questions will be produced during the consultation period. These will be used to provide answers to common issues and questions, share emerging information and respond to issues that have arisen.

## Displaying and distributing information

The objective is to convey information in plain English in an easy to understand format and encourage participation, ultimately to drive responses to the consultation.

### Physical distribution

Distribution of promotional material will take place across hospitals, primary care and other health settings, community centres, leisure centres, health, libraries, and other public places.

### Virtual distribution (see also section 14 on digital communications approach)

This will be supported via:

- Websites – the main website is the Healthy Weston part of Healthier Together ([www.bnssghealthiertogether.org/healthyweston](http://www.bnssghealthiertogether.org/healthyweston)) and across all partner websites within the consultation area, signposted from partner websites where they are content to support in this way.
- Email bulletins
- Online video
- Social media (Facebook / Twitter etc)

### Media (see also section 14 on media approach)

Information will be conveyed either as editorial that is free but not within our control, and via local media adverts that we pay for and control.

We will issue regular media releases throughout the consultation period to local newspapers, local broadcasters (tv and radio) and community magazines (including newsletters produced by

residents' associations, parish, borough and district councils, community, faith and voluntary groups etc).

## Display

Displays in key locations will promote the opportunity to respond to the consultation. This will include displays at the acute hospitals and in other public areas where these can be accommodated.

## Workshops, roadshows and public meetings

As part of the consultation there will be further workshops and public meetings, which local people can attend by booking their place in advance. There will also be opportunities to distribute materials and engage local people through roadshows and existing local engagement events. These will focus on explaining the case for change, the options for consideration, sharing information and answering questions to increase understanding, and inviting feedback and formal responses to the consultation questionnaire.

## Getting information

Discussion groups are guided conversations with smaller groups of people. We intend to use these groups primarily to seek feedback on proposals with small targeted groups and specific user groups – especially those who may find it difficult to engage in other consultation methods such as people with learning difficulties or communications impairments. (We may use interpreters or advocates at these sessions).

## Questionnaire

Our questionnaire will be used to ask people for their feedback on our proposals for change and their opinion on our consultation options, and to gather views and feedback on issues, concerns, and areas of support so that these can be understood, and taken account of, including mitigating where possible, in terms of decision-making and implementation of that decision. The consultation is also an opportunity to seek additional evidence, insight and ideas that may not have been known about or considered thus far. We will send out our consultation document by email to a wide range of stakeholders and will also make hard copies widely available in the community. People will also be able to download the document from the Healthy Weston part of the Healthier Together website and respond online or via freepost.

## Drop-in sessions

Drop-in sessions are informal methods which invite people to take part in discussions on a one-to-one or very small group basis. This will allow for more detailed conversations about specific topics of interest. We plan to hold these sessions at Weston General Hospital, in community spaces, in primary care/health centres and with NHS staff. We will provide a mechanism for capturing the content and themes from these discussions, as well as using them to encourage completion of the consultation questionnaire.

## Patient and carer groups

In line with the results of the Integrated Impact Assessment [*DN: check against earlier note*], we will also look for additional targeted opportunities to engage with groups who have been identified as potentially more impacted than others by the proposed consultation options.

## Outreach

As part of the approach to equality and inclusion, we will carry out proactive outreach to target seldom heard groups, with a focus on those representing the nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation. We will proactively approach community groups with

information about the consultation, as well as attending pre-existing meetings. Like the drop-in sessions above, this outreach will allow for more detailed conversations and the opportunity to encourage people to complete the consultation questionnaire.

## Focus groups

We plan to hold focus group discussions with the following groups [tbc]:

- frail older people, including those with long-term conditions
- parents of young children (up to age 18 years)
- carers
- those particularly identified in the IIA as potentially more impacted by the proposals
- staff

Focus groups will be held across the consultation geography. They will enable us to gather rich data about the views of these groups who are most likely to be impacted by the proposed changes. Members of the public could be financially incentivised to take part if recruitment is difficult (as per standard industry practice).

## Telephone survey

We will commission a telephone survey with representative samples of the population from across the consultation geography. This will allow us to gather a broad range of views from those who may not otherwise contribute (e.g. working well).

All events, activities and meetings will be scheduled and diarised as part of a 12-week consultation diary, once agreed. We will keep an up-to-date schedule of public meetings publicised on the Healthy Weston and BNSSG CCG website. In line with best practice engagement, and our recommended approach of going out as much as possible into the local community to engage, most meetings and briefings will form part of pre-existing meetings rather than being stand-alone events. Clearly this activity is dependent on the capacity and availability of spokespeople to attend these meetings, answer questions and facilitate discussion with our target audiences for consultation. It is recommended that a team of clinical and other leaders from the Healthy Weston programme is developed and supported, with sufficient time scheduled to deliver this face-to-face activity as part of a dedicated cohort of spokespeople for the consultation.

## 10. Our commitment to an accessible and inclusive approach

It is essential to ensure that we target, and cater for, the needs of seldom heard groups and others with special requirements. These groups include, for example: the young, the working well, those in deprived communities, those in more rural communities, migrants, those with learning disabilities and those from BAME groups. We are also committed to seeking views on the proposals from those representing the nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation.

Our commitment to engage specific groups is underpinned by legislation to ensure that all public services make every effort to engage specific groups in consultation to improve and redesign services. The 2010 Equalities Act (updated to Equality Duty 2011) makes clear the responsibility of public services to make additional effort to engage specific groups as a means of improving decision-making.

To best meet needs of people with additional requirements we will:

### **Produce an 'Easy Read' summary consultation document and response form:**

- This nationally recognised scheme uses words and pictures in an easy to read format to effectively communicate with people with learning needs or who have only a basic knowledge of English language. The draft version of the document will be piloted with a Learning Disability advocacy group to ensure it is readable and understandable. This document will be cascaded through our voluntary community sector contacts, sent or taken to relevant focus groups and meetings, and will be available online.

### **Produce materials in different print formats on request**

To meet the needs of individuals with visual impairments and or with other communication needs, we will produce consultation documents in a range of formats upon request.

- Large print
- Braille
- Audio
- Offer a translation service (e.g. Language Line).

We are aware that not everyone speaks English and will explore the most commonly spoken languages across the consultation catchment area to select the top 10 languages and offer a translation service on request. This means, that throughout the consultation period and during all our events and roadshow activities, if we need translation we can immediately access a telephone service. In addition, we will offer to translate the consultation document upon request. This will be noted on the back of key documents in the 10 top languages spoken across the area.

### **Produce documents in plain English**

Essential to a good consultation is a clear consultation document and summary. We will continue to use our Patient and Public Involvement Forum Group and the Communications and Engagement Group as part of our drafting and testing process to make sure materials are clear and easy to read. We will also ensure the questions we ask are checked in the same way and are developed and approved by an independent research company.

### **Ongoing analysis**

Throughout the consultation period we will receive regular response monitoring reports from the independent consultation analysis agency (who we will use to collect and analyse the responses). We will monitor this information closely to identify any demographic or other trends which may indicate a need to adapt our approach regarding consultation activity, or refocus efforts elsewhere, for example a high response rate from a particular ethnic group/age group/borough or equally a very low response from a potentially affected group.

## **11. Direct engagement with NHS staff and stakeholders**

Our approach to direct staff engagement is two-fold:

1. Staff who are potentially affected by the proposals – in our 'Consultation principles' we make a commitment to a 'no surprises' approach for staff who may be affected by the proposals. Targeted engagement activity with these groups will be at the forefront of our staff engagement effort in advance of the consultation launch as well as during the consultation period.
2. Staff are often local residents, patients and carers too, with the same concerns as other members of the public, carers or patients about health and care services. It is essential that they are aware and engaged about the consultation and have the opportunity and means to tell us what they think.

Workforce considerations are a major part of any service reconfiguration and as part of this plan we recommend that it is the responsibility of the commissioner and provider organisations to ensure that they fulfil their legal duty and consult their staff on the proposals. The consultation materials generated will be used to support health and care organisations in this regard, but they will need to be localised, and ‘what could this mean for me?’ plans should be developed by and aligned with local HR Directors and their workforce teams’ ongoing work. We will work with partner organisations as appropriate, to determine and agree the range of activities that will meet the needs of their staff.

In advance of the consultation launch, staff who may be affected by the proposed changes will be briefed on the proposals and options for consultation and made aware of the opportunities to attend face-to-face briefings and meeting sessions to find out more and give their views.

Following the launch of the consultation, our approach will include the following activities:

### **Events**

Events/briefings for health and social care staff, including GPs and their practice staff, across acute, ambulance, community and mental health, primary care and social care.

The aims of the events will be to:

- provide detailed information and to answer questions which enable people to make a considered response to the consultation
- to gather rich feedback on the benefits, concerns and issues in a structured and constructive way
- to explain the proposals and enable leaders and clinicians to be questioned about them and to understand the balance of opinion by exploring the preferences on the consultation proposals.

### **Existing internal communications channels**

Intranets, newsletters, materials available in high-traffic areas and staff briefings and existing meetings and fora will all be used to engage with staff.

We will contact and distribute materials to GP practices, via practice forums and promote the consultation via existing bulletins to GPs and their practice staff.

We will also seek to work through existing networks to reach independent contractors such as dentists, pharmacies and opticians.

## **Our communications and media approach**

### **Digital communications**

Digital communication does not replace engaging with people face-to-face, but is a way of raising awareness, providing information and accessing more people; including some people like the working well, parents of young children or carers, and some older people who find it harder to leave the house and attend meetings.

For a large and growing section of the population digital communication is now their preferred means of communication. Cabinet Office Guidance advises that “digital is the default method for consultation”. ‘Digital First’ is the preferred mass method as it reduces waste, money and time – web and social media activity should be the starting point. The guidance states that paper surveys must be reduced as their evidence suggests people do not like them and few fill them in. It does emphasise that tailored, evidence-led inclusion of target groups must use additional appropriate tools to suit the needs of these groups i.e. face to face road shows and focus groups. However, we

are aware, through feedback from our own patient and public groups, representatives and networks that there is still a requirement for paper-based copies of documents and we will make sure that we have adequate supplies of paper-based materials and that these are targeted and distributed appropriately.

Given the above, our approach will be balanced using the full range of different channels of communication: face to face activities, digital and news media. We hope this will ensure that all people are able to get involved in a way that best suits them.

Our approach to digital communications will be via:

### **Website**

We will use the Healthy Weston part of the Healthier Together website as our 'online consultation hub' and visitors to the site will be able to access all consultation information here in one place, with quick links on every page to clearly highlight key documents and online feedback channels. It will also include an events diary and document store (for more detailed technical information) and integrate with our social media channels.

### **Social media and video**

Twitter, Facebook, YouTube and a blog will be used to signpost and facilitate discussion, during and after the consultation period.

We will provide the option to hold online discussions using Twitter – 'tweet chats' - at times that evidence suggests will attract these audiences, e.g. weekday evening chats for working adults and parents. Twitter will also be used to complement offline engagement.

The blog will be an opportunity for individual clinicians to interact with an online audience in a less formal way, emphasising that the work is clinically led, and keeping them updated with progress of the review at every step of the way. It will also enable us to rapidly respond to inaccurate media and social media stories.

In addition, we will make use of video and try to bring the consultation to life for people using Voxpops, interviews with key spokespeople, patients and carers to help engage our target audiences, disseminate key information, share understanding and encourage responses to the consultation.

### **Animation** – *[DN: option depending on budget, resource to produce etc]*

As part of the consultation materials, we will develop an animation outlining the proposals in an engaging and easy to understand way and as a 'call to action', encouraging feedback on the options that are being put to the public.

The animation will follow standard Equality Act 2010 (EQA) accessibility guidelines with English subtitles and graphics that are suitable for sight-impaired viewers.

### **Media approach**

Our media approach will be proactive during the consultation period (as well as reacting, of course, to any enquiries or issues that arise). In the consultation catchment area, the local media continues to be important in influencing public perception and reaction to all aspects of health and care changes and we will work with them and communicate key messages for the consultation through the channels they provide.

During the consultation phase we will adhere to the following key principles:

- Work with the media. This activity will include a media programme of promoting case studies, inviting journalists to events and facilitating interviews with key clinicians involved in the development of the proposals, patients and carers

- Ensure we can provide clinical spokespeople wherever possible to explain the reasons for change and our proposals, and to support them appropriately in this role
- Work closely with local journalists and ensure they are fully briefed on the reasons for the consultation and why local clinicians believe it will improve services.
- Invite members of the media to all relevant engagement events and meetings, to maintain transparency throughout the process.
- Work with media teams at all partner organisations to make sure messages are consistent. We will ask NHS communication colleagues to include a link to the Healthy Weston consultation review in their proactive relevant press releases.
- Respond to all media enquiries in a timely and helpful manner.
- Regularly monitor the media and ensure that inaccurate information about the consultation and Healthy Weston programme is rebutted.
- Evaluate all media coverage to assess its effectiveness, and the inclusion of our key messages, adapting our approach as appropriate.
- Focus on professional journals to engage local clinicians, for example Nursing Times, Pulse, Allied Health Professional journals and the Health Service Journal.
- Explore the value for money of paid-for advertising to generate a good response to the consultation and explain the programme to local people.

The media audiences we will target with information about the consultation include:

- All local newspapers
- Professional journals such as Health Service Journal, Pulse, Nursing Times, Nursing Standard and GP
- Council newsletters and websites
- Local NHS Trust newsletters and websites
- Local community newsletters and websites
- Online media via social media strategy
- Identified and targeted key NHS and health policy commentators and bloggers, as appropriate.

## **12. Mechanisms for response**

We will provide the following mechanisms for response:

- Freepost address – for returning paper responses to the consultation questions
- Dedicated consultation email address
- Online – including a web form and via social media e.g. Twitter and Facebook
- Free phone line/voicemail
- Face to face.

All feedback, whether verbal or written, will be collected and sent on, as part of the formal response, to an independent research organisation that will receive, collate, monitor and analyse and report on the responses received.

## **13. Analysis of consultation responses**

An independent organisation will be commissioned to manage the response process and will be responsible for collation and analysis and reporting of all responses. This is best practice for a public consultation such as this, and ensures a formal, independent, non-biased and objective provider is in place to analyse the responses and to produce the final consultation response analysis report.

## 14. Impact of consultation on outcomes and decision-making

The outcome from the consultation, in terms of the final report from the independent analysts (and any raw data specifically required), will be used alongside the range of other evidence gathered as part of the Healthy Weston decision-making process (including clinical, financial, workforce, estate, travel time evidence etc). It will be used to help decide on any changes to the way we organise and provide health care across primary and community services as well as at Weston General Hospital.

This decision-making process will comply with the NHS England guidance 'Planning and Delivering Service Changes for Patients'.

It is important following the consultation that the consultation team develops timely feedback mechanisms to ensure that those who participated in the process are informed about the feedback received, its likely impact and, in due course, the decisions made as a result. It is also important that any ongoing process and further decision-making is understood by stakeholders. This will build on the mechanisms already developed in the engagement phase including the Healthy Weston part of the Healthier Together website and regular stakeholder cascade briefings.

After the consultation has closed, we will publish a report setting out the major themes emerging from the consultation, a summary of the responses relating to our consultation proposals and options, an overview of the process, an explanation of how the final decisions will be taken (including dates of meetings in public) and the high-level timeline for implementing any changes.

A framework for the response to the public consultation is shown below, based on best practice guidance.

The report will include the following information:

- Introduction and background
- Review of case for change
- Review of proposed changes
- Summary of responses to consultation
- Number of responses and how many were deemed suitable/usable
- Respondent background, e.g. voluntary organisations, faith groups, clinical, public
- Responses to specific consultation questions
- Summary of responses for individual questions
- Summary of themes in responses
- Information on themes that came out of consultation not covered by the questions
- How the CCG will address concerns
- Link to website where responses can be viewed
- Recap of final decision-making process and next steps.

This report will draw on the independent evaluation report. It will be available online, with printed copies available on request. The full evaluation report will also be available to the public on the Healthy Weston part of the Healthier Together website, with hard copies available on request. The Health Overview Scrutiny Panel will be invited to review the consultation process and comment on the outcome. The final decision on the future of services will be taken by the BNSSG CCG governing body expected in the autumn of 2019. Following this decision, a detailed communications and media plan, will set out how this decision will be communicated to all stakeholder groups.



## 15. Measure of a successful consultation

The success of our consultation will be measured against:

- the aim and objectives set out in section 7 of this plan
- whether we have met our statutory and legal duties during the consultation
- feedback from stakeholders
- depth and breadth of analysis from feedback gained by activity and engagement methods during the consultation period
- measurement against the target for reach set out in section 9 of this plan
- analysis of social media and other media coverage for penetration of key messages; and
- depth of analysis resulting from feedback gained during the consultation.

## 16. Resourcing plan

Resources are needed to deliver the consultation approach outlined in this plan.

Our best practice consultation approach aims to ensure that statutory requirements have been met and, in the event of a legal challenge, that the correct process has been followed.

It is important to note that consultations tend to be challenged on process (typically equalities and options development) – and this could lead to long delays, potential re-consultation and increased costs, and of course too the opportunity costs for patients in delays to making improvements to services. In summary, although the investment outlined below is significant, it is recommended that investment is secured so that the process may be run properly, effectively and robustly. As well as enabling an effective consultation which we hope will produce rich feedback and insights, this will also help mitigate the risk of successful challenge around a poor consultation process at a later stage.

### A dedicated consultation team

To successfully deliver this consultation approach, and the activity plan, we recommend that BNSSG CCG identify a dedicated core team, focused solely/largely on the consultation. This team would mainly consist of existing staff working for the CCG and the Healthy Weston programme. We have indicated the resource required below.

This core team will need to be supported by colleagues in provider organisations who will lead local delivery of activity, maintain engagement with staff, and help cascade and disseminate key information and materials as necessary.

Running a public consultation exercise is challenging and requires a core team that is resilient, professional and ideally consistent to take the programme through from start to finish. It is wise for the CCG to also consider how they may handle potential reviews by the Independent Reconfiguration Panel or a Judicial Review, in due course.

Details of the proposed core/central Healthy Weston consultation team is shown in Appendix A.

### Resource costings

While most of the staffing costs are already met as detailed above, there may be some additional costs for additional external capacity/capability to support delivery of the work for a short period of time in the lead up to and/or during the consultation, and potentially for short-term administrative staff. In addition, there will be costs for document design and printing and other materials and events required to run a successful consultation. The costs for these resources are estimated in this plan at this stage.

### **Non-pay resources**

Non-pay resources should be agreed in advance. This will give the consultation team the flexibility to be responsive to change and focus their delivery and activity within the agreed envelope.

## **17. Conclusion**

By its nature this plan will be iterative, although based on the comprehensive approach described here and agreed with key colleagues and stakeholders. It will be updated as necessary and appropriate in the lead up to consultation and adapted as necessary during consultation to make sure it supports the maximum reach to our target audiences and is flexible enough to address any gaps or duplications or issues that may emerge.



## Appendix A: Core consultation team

Role	Resource in place?	Any additional costs?	Responsibilities
<b>Senior leadership</b>			
Programme Director	Y	N	For sign-off of new materials and to provide steer and advice as needed throughout the consultation period
Associate Director of Communications and Engagement	Y	N	Strategic oversight of consultation programme and activity; board level advice and counsel; attendance at key Steering Group programme meetings; messaging and narrative development
Clinical support	Y	N	For sign-off of any materials requiring clinical view or evidence
Leads for stakeholder relations and key meetings	Y	N	To support the planning and delivery of stakeholder engagement activity at system level, working closely with the communications Lead; providing briefing and slide packs as needed using core narrative and messaging; attending and recording events and supporting response to stakeholder issues and actions
Cohort of spokespeople/core leadership team	Y	N	<p>Cohort of: CCG Chief Executive, plus a deputy; Clinical Chair and Medical Director, plus a deputy; other clinical spokespeople (including from WAHT) to:</p> <ul style="list-style-type: none"> <li>• Speak at public and community meetings and engagement events across the consultation geography</li> <li>• Speak and present at key stakeholder meetings</li> <li>• Potentially be a media spokesperson for proactive work, and to support responses to media bids and reactive work</li> <li>• Support online engagement activity e.g. webchats</li> </ul>

Role	Resource in place?	Any additional costs?	Responsibilities
			<ul style="list-style-type: none"> <li>Be a spokesperson for staff communications, engagement and consultation activity</li> </ul>
<b>Communications and engagement expertise</b>			
Communications and Engagement Lead	Y	N	Day to day operational leadership of the consultation programme and activity from a communications and engagement perspective; liaison with comms and engagement network; messaging and narrative development; shaping and coordination of consultation C&E activity and delivery of core materials, working closely with core C&E team; liaison with independent analysis company for consultation responses and reporting; liaison with any providers commissioned to support consultation e.g. through telephone polling; focus groups etc
Communications: FOI, briefing and correspondence	Y	N	Drafting and ensuring delivery to time of FOI and briefing enquiries and correspondence
Communications: media and social media	Y	N	Planning, oversight, coordination and delivery of all media and social media activity (proactive and reactive) for the duration of the consultation
Communications: content for digital and other collateral	Y	N	Drafting and production (based on core messaging) of digital content and other collateral (working closely with Communications Lead); developing content as needed throughout the consultation to keep content regularly refreshed and to respond to issues and gaps, whilst keeping consistency across the network
Meetings and events manager	Y	N	To project manage and lead delivery of public meetings and events through planning and booking of accessible venues, management of invitation and registration system,

Role	Resource in place?	Any additional costs?	Responsibilities
			coordination and booking of panel speakers, oversight and delivery of all logistics including printed and projected materials, table facilitators/scribes, AV and recording, refreshments, etc
Engagement/Patient and Public Involvement	Y	Additional external support may be required at cost to work with seldom heard and protected characteristic groups, audiences identified in the impact assessments, and to facilitate events	Planning and delivering engagement activity at system level and working closely with wider C&E network to support CCG led delivery of engagement and local events; ensuring delivery of outreach to seldom heard and protected characteristic groups
<b>PMO support</b>			
Policy support	Y	N	To provide technical and policy support and information to help answer enquiries and briefing requests, respond to issues, and in preparation of consultation collateral; gather facts, figures and evidence to support clear and comprehensive communications and engagement activity throughout the consultation period
Admin support/consultation response and enquiries unit	TBC	TBC	Staffing enquiries telephone and email; logging, responding to and coordinating response to enquiries; management of meetings invitations and coordination of speakers/consultation team to respond to those, ensuring they have the necessary briefing and latest materials; support for events and meetings management e.g. booking venues; support in distribution of consultation collateral; logging of all consultation activity

## Appendix B: Consultation delivery plan

**NB:** This delivery plan is work in progress – mapping existing meetings opportunities and planning and booking dates and venues for meetings and events throughout the consultation period etc is required.

Week no. and key topic for communications	Activity taking place at system level	Activity taking place at local level
<b>Activity at all levels will be a mix of face-to-face, online, proactive and reactive (including responding to requests for attendance at meetings and events hosted by others etc)</b>		
<b>Week -1</b>  Topic/focus: Engagement with affected staff	<ul style="list-style-type: none"> <li>Further briefings and meetings with staff at WAHT who may be affected by the proposals – led by WAHT Medical Director and CEO, supported by CCG Healthy Weston programme director and CCG Medical Director)</li> <li>Further briefings with VIP stakeholders including MPs John Penrose and James Heapey, and HOSP Chair</li> </ul>	<ul style="list-style-type: none"> <li>Local support to affected staff groups and feedback to consultation team and Steering Group on reaction and response to briefing sessions.</li> </ul>
<p><b>NB: We have committed to a ‘no surprises’ approach where staff may be directly affected by the proposals set out in the consultation document. It is proposed that there is a CCG announcement made on the likely shortlist for consultation in advance of the HOSP meeting on 11 December 2018 and plans for this announcement include comprehensive staff engagement sequenced ahead of media and public messaging. Any pre-briefings before the proposals are formally published carry a risk of leak and this will be managed by the Healthy Weston consultation team who will activate a handling plan should information leak into the public domain in advance of formal announcements.</b></p>		
<b>Week 1</b>  Topic: Introducing the consultation - case for change/current challenges and overview of options, how to engage & respond	<ul style="list-style-type: none"> <li>Central electronic dissemination of consultation document across consultation area including stakeholder briefings and communication to staff.</li> <li>Physical dissemination of printed versions of consultation document to health premises, stakeholder organisations, plus community organisations</li> </ul>	<ul style="list-style-type: none"> <li>Promotion via existing channels – e.g. BNSSG CCG, Healthier Together and provider websites, social media, bulletins, newsletters, staff intranets etc - of consultation and opportunities to attend meetings, listening events and other local activities etc</li> <li>Physical dissemination of consultation doc to staff and</li> </ul>

Week no. and key topic for communications	Activity taking place at system level	Activity taking place at local level
	Activity at all levels will be a mix of face-to-face, online, proactive and reactive (including responding to requests for attendance at meetings and events hosted by others etc)	
	<p>(e.g. libraries, Citizen's Advice, Healthwatch etc) – timing tbc, depends on final sign-off date for print and lead times</p> <ul style="list-style-type: none"> <li>• Online consultation presence and collateral goes live.</li> <li>• Media and stakeholder launch event (launch plan to be developed including sequencing of announcement, key messages, event shape and logistics etc).</li> <li>• Start of consultation discussions and presentations at existing mapped meetings including: HOSP, Health and Wellbeing Board, VCSE sector meetings and networks, LMC, and other professional groups and bodies, MPs, North Somerset Council etc</li> <li>• Staff events at BNSSG CCG and WAHT [DN: to be offered at UHB, T&amp;S, NBT?], and with GP members</li> <li>• Consultation survey hosted on Healthy Weston part of Healthier Together website. Links to website from all partner organisations.</li> <li>• Push via social media including Twitter and Facebook as well as in all other communications channels.</li> <li>• Advertisements in local press/media about consultation and details of</li> </ul>	<p>patient areas in provider organisations</p> <ul style="list-style-type: none"> <li>• Physical dissemination of consultation doc to staff areas and to GP practices by BNSSG CCG</li> <li>• Wider/non-affected staff briefings in CCG and provider organisations (briefing notes supplied by consultation team to ensure consistency)</li> <li>• Information display about consultation at WAHT, UHB and NBT</li> <li>• Attendance at local pre-existing events and meetings, both proactively identified and in response to requests for speakers, for example staff team meetings, parish council meetings, patient/health reference groups, 'Friends of...' groups, meetings of local (patient) organisations etc</li> <li>• Other activities in this first week may include roadshow presence in town centres/shopping/community areas and public areas of provider organisations to raise awareness of consultation among public, patients and staff</li> </ul>

Week no. and key topic for communications	Activity taking place at system level	Activity taking place at local level
Activity at all levels will be a mix of face-to-face, online, proactive and reactive (including responding to requests for attendance at meetings and events hosted by others etc)		
	public meetings/engagement opportunities.	
<p><b>Week 2</b></p> <p>Topic: Our vision for the future – benefits, patient stories, staff stories, case studies from elsewhere</p>	<ul style="list-style-type: none"> <li>• Consultation survey hosted on Healthy Weston part of Healthier Together website. Links from all partner organisations.</li> <li>• Push via social media including Twitter and Facebook as well as in all other communications channels.</li> <li>• Webchat with PC/MJ/JH on future vision</li> <li>• Focus groups with identified groups</li> <li>• Start of seldom heard outreach work</li> </ul>	<ul style="list-style-type: none"> <li>• Promotion via existing channels as above</li> <li>• Attendance at local pre-existing events and meetings, as above</li> <li>• Presence in town centres/shopping areas and public areas of provider organisations as above</li> <li>• Staff briefings/drop-in sessions as needed</li> </ul>
<p><b>Week 3</b></p> <p>Topic: The opportunities for Weston General Hospital – vibrant and dynamic future at heart of the community delivering services to meet the most common needs of the local population</p>	<ul style="list-style-type: none"> <li>• Consultation survey hosted on Healthy Weston part of Healthier Together website. Links from all partner organisations.</li> <li>• Push via social media including Twitter and Facebook as well as in all other communications channels.</li> <li>• Advertisements in local press/media about consultation and details of public meetings/engagement opportunities.</li> <li>• Web content highlights related to this week’s topic</li> <li>• Seldom heard outreach work continues</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Listening events/public meetings held in Weston Town Centre</b></li> <li>• Promotion via existing channels as above</li> <li>• Attendance at local pre-existing events and meetings, as above</li> <li>• Staff briefings/drop-in sessions as needed</li> <li>• Stall in Weston General Hospital providing information about consultation and opportunities for the hospital; information displays about consultation in UHB and NBT</li> <li>• Focus groups with WAHT staff</li> </ul>
<p><b>Week 4</b></p> <p>Topic: Primary care and</p>	<ul style="list-style-type: none"> <li>• Staff events in commissioner and provider organisations</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Listening events/public meetings held in the Bournville area</b></li> </ul>



Week no. and key topic for communications	Activity taking place at system level	Activity taking place at local level
Activity at all levels will be a mix of face-to-face, online, proactive and reactive (including responding to requests for attendance at meetings and events hosted by others etc)		
community role – how things will change, focus on joining up services, what the benefits will be	<ul style="list-style-type: none"> <li>• Consultation survey hosted on Healthy Weston part of Healthier Together website. Links from all partner organisations.</li> <li>• Push via social media including Twitter and Facebook as well as in all other communications channels.</li> <li>• Web content highlights related to this week’s topic</li> <li>• Web chat with JH/MJ/KH on primary care and community working more closely together, opportunities, keeping more people out of hospital</li> <li>• Telephone survey begins with representative populations</li> <li>• Staff survey Seldom heard outreach work continues</li> <li>• Proactive media push</li> </ul>	<ul style="list-style-type: none"> <li>• Promotion via existing channels as above</li> <li>• Attendance at local pre-existing events and meetings, as above</li> <li>• Staff briefings as needed</li> <li>• Advertisements in local press/media about consultation and details of public meetings/engagement opportunities.</li> <li>• Focus groups with WAHT staff</li> <li>• Information display about consultation at WAHT, UHB and NBT</li> </ul>
<p><b>Week 5</b></p> <p>Topic: Examples of patient treatment– how these will be accessed, where you would go for different conditions</p>	<ul style="list-style-type: none"> <li>• Staff events in commissioner and provider organisations</li> <li>• Consultation survey hosted on Healthy Weston part of Healthier Together website. Links from all partner organisations.</li> <li>• Push via social media including Twitter and Facebook as well as in all other communications channels.</li> <li>• Web content highlights related to this week’s topic</li> <li>• Telephone survey continues with representative population</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Listening events/public meetings held in the Weston area</b></li> <li>• Promotion via existing channels as above</li> <li>• Attendance at local pre-existing events and meetings, as above</li> <li>• Staff briefings as needed</li> <li>• Advertisements in local press/media about consultation and details of public meetings/engagement opportunities.</li> </ul>

Week no. and key topic for communications	Activity taking place at system level	Activity taking place at local level
Activity at all levels will be a mix of face-to-face, online, proactive and reactive (including responding to requests for attendance at meetings and events hosted by others etc)		
	<ul style="list-style-type: none"> <li>• Staff survey (to include cross section of staff from all provider organisations and primary care)</li> <li>• Seldom heard outreach work continues</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Information display about consultation at WAHT, UHB and NBT</li> </ul>
<p><b>Week 6</b></p> <p>Topic: Looking in detail at the options– How we decided to consult on 3 different variations of models [tbc], the benefits of each model and the differences</p>	<ul style="list-style-type: none"> <li>• Staff events in commissioner and provider organisations. Consultation survey hosted on Healthy Weston part of Healthier Together website. Links from all partner organisations.</li> <li>• Push via social media including Twitter and Facebook as well as in all other communications channels.</li> <li>• Webchat with PC/MJ/JH on rationale for models</li> <li>• Web content highlights related to this week’s topic</li> <li>• Focus groups with identified groups continue</li> <li>• Telephone survey with representative population continues Seldom heard outreach work continues</li> <li>• Mid-point media push</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Listening events/public meetings in the North Eastern area and Bournville area</b></li> <li>• Promotion via existing channels as above</li> <li>• Attendance at local pre-existing events and meetings, as above</li> <li>• Staff briefings as needed</li> <li>• Information display about consultation at WAHT, UHB and NBT</li> </ul>
<p><b>Week 7 (repeat of above)</b></p> <p>Topic: Looking in detail at the options– How we decided to consult on 3 different variations of models [tbc], the</p>	<ul style="list-style-type: none"> <li>• Staff events in commissioner and provider organisations. Consultation survey hosted on Healthy Weston part of Healthier Together website. Links from all partner organisations.</li> <li>• Push via social media including Twitter and Facebook as well as in all</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Listening events/public meetings in the Town Centre</b></li> <li>• Promotion via existing channels as above</li> <li>• Attendance at local pre-existing events and meetings, as above</li> <li>• Staff briefings as needed</li> </ul>

Week no. and key topic for communications	Activity taking place at system level	Activity taking place at local level
Activity at all levels will be a mix of face-to-face, online, proactive and reactive (including responding to requests for attendance at meetings and events hosted by others etc)		
benefits of each model and the differences	<p>other communications channels.</p> <ul style="list-style-type: none"> <li>• Webchat with PC/MJ/JH on rationale for models</li> <li>• Web content highlights related to this week's topic</li> <li>• Focus groups with identified groups continue</li> <li>• Telephone survey with representative population continues</li> <li>• Seldom heard outreach work continues</li> </ul>	<ul style="list-style-type: none"> <li>• Information display about consultation at WAHT, UHB and NBT</li> </ul>
<p><b>Week 8</b></p> <p>Topic: Travel times and addressing common concerns on this topic</p>	<ul style="list-style-type: none"> <li>• Staff events in commissioner and provider organisations. Consultation survey hosted on Healthy Weston part of Healthier Together website. Links from all partner organisations.</li> <li>• Push via social media including Twitter and Facebook as well as in all other communications channels.</li> <li>• Web content highlights related to this week's topic</li> <li>• Webchat with CCG clinical chair/medical director and senior clinician from SWASFT on travel times</li> <li>• Focus groups with identified groups continue</li> <li>• Seldom heard outreach work continues</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Listening events/public meetings held in Burnham-on-Sea</b></li> <li>• Promotion via existing channels as above</li> <li>• Attendance at local pre-existing events and meetings, as above</li> <li>• Staff briefings as needed</li> <li>• Information display about consultation at WAHT, UHB and NBT</li> </ul>
<p><b>Week 9</b></p> <p>Topic: Focus on frailty – describing the approach to putting frailty at</p>	<ul style="list-style-type: none"> <li>• Staff events in commissioner and provider organisations</li> <li>• Consultation survey hosted on Healthy Weston part of Healthier Together website. Links from all partner organisations.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Listening events/public meetings held in the North Eastern area</b></li> <li>• Promotion via existing channels as above</li> </ul>

Week no. and key topic for communications	Activity taking place at system level	Activity taking place at local level
Activity at all levels will be a mix of face-to-face, online, proactive and reactive (including responding to requests for attendance at meetings and events hosted by others etc)		
centre of services to meet the needs of the local population	<ul style="list-style-type: none"> <li>• Webchat with ML explaining the purpose of the frailty model and its benefits</li> <li>• Push via social media including Twitter and Facebook as well as in all other communications channels.</li> <li>• Web content highlights related to this week's topic</li> <li>• Telephone survey ongoing with representative population</li> <li>• Staff survey Seldom heard outreach work continues</li> <li>• Pro-active media push</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance at local pre-existing events and meetings, as above</li> <li>• Staff briefings as needed</li> <li>• Information display about consultation at WAHT, UHB and NBT</li> <li>• Advertisements in local press/media about consultation and details of public meetings/engagement opportunities.</li> </ul>
<p><b>Week 10</b></p> <p>Topic: Workforce – how we will support our staff, what the changes mean for staff, how we will work to attract, recruit and retain the best staff, benefits of multi-disciplinary teams</p>	<ul style="list-style-type: none"> <li>• Staff events in commissioner and provider organisations</li> <li>• Consultation survey hosted on Healthy Weston part of Healthier Together website. Links from all partner organisations.</li> <li>• Push via social media including Twitter and Facebook as well as in all other communications channels.</li> <li>• Web content highlights related to this week's topic</li> <li>• Telephone survey continues</li> <li>• Seldom heard outreach work continues</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Listening events/public meetings in the Weston Area or Town Centre?</b></li> <li>• Promotion via existing channels as above</li> <li>• Attendance at local pre-existing events and meetings, as above</li> <li>• Information display about consultation at WAHT, UHB and NBT</li> <li>• Provider staff briefings</li> <li>• Staff focus groups (to include cross section from all provider organisations and primary care)</li> <li>• Advertisements in local press/media about consultation and details of public meetings/engagement opportunities.</li> </ul>
<p><b>Week 11</b></p> <p>Topic: round up of common</p>	<ul style="list-style-type: none"> <li>• Staff events in commissioner and provider organisations</li> </ul>	<ul style="list-style-type: none"> <li>• Promotion via existing channels as above</li> </ul>

Week no. and key topic for communications	Activity taking place at system level	Activity taking place at local level
Activity at all levels will be a mix of face-to-face, online, proactive and reactive (including responding to requests for attendance at meetings and events hosted by others etc)		
<p>questions asked during consultation, key issues that have come up etc</p>	<ul style="list-style-type: none"> <li>• Consultation survey hosted on Healthy website part of Healthier Together website. Links from all partner organisations.</li> <li>• Push via social media including Twitter and Facebook as well as in all other communications channels.</li> <li>• Advertisements in local press/media about consultation and details of engagement opportunities.</li> <li>• Web content highlights related to this week’s topic Seldom heard outreach work continues</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance at local pre-existing events and meetings, as above</li> <li>• Presence in town centres/shopping areas etc and public areas of provider organisations – highlighting deadline for close of consultation and encouraging responses</li> <li>• Staff briefings as needed</li> <li>• Staff focus group</li> </ul>
<p><b>Week 12</b> Topic: Close of consultation – recap of key issues, encouraging responses, thanking people for being involved, next steps</p>	<ul style="list-style-type: none"> <li>• Consultation survey hosted on Healthy Weston part of Healthier Together website. Links from all partner organisations.</li> <li>• Final push via social media including Twitter and Facebook as well as in all other communications channels – highlighting close of consultation deadline</li> <li>• Webchat with PC/MJ/JH/JR? – summary of consultation questions &amp; next steps</li> <li>• Web content highlights related to this week’s topic</li> <li>• Press release on close of consultation</li> </ul>	<ul style="list-style-type: none"> <li>• Promotion via existing channels as above</li> <li>• Attendance at local pre-existing events and meetings, as above</li> <li>• Staff briefings as needed</li> </ul>

