LEICESTER, LEICESTERSHIRE AND RUTLAND
JOINT HEALTH SCRUTINY COMMITTEE
19 MARCH 2019

REPORT OF BETTER CARE TOGETHER ENGAGEMENT AND INVOLVEMENT

INTRODUCTION

1. Better Care Together (BCT) partners are committed to greater involvement of patients, the public and stakeholders in the proposed improvements to services – particularly those that are likely to result in significant changes to the way in which services are delivered.

2. This paper briefly describes the activities undertaken during 2018/19 to engage with communities in Leicester, Leicestershire and Rutland (LLR).

3. It also outlines the direction of travel and strategic approach to communications and engagement in 2019/20. The paper also discusses the outcomes that we wish to achieve by adopting a consistent engagement process that is embedded through all BCT work streams.

ENGAGEMENT ACTIVITIES 2018/19

4. While the latter part of 2018 saw intensive communication and engagement discussing the acute and maternity reconfiguration, Better Care Together partners collectively and individually have engaged and involved patients, carers, staff and other stakeholders in the various aspects of Better Care Together work stream activities throughout the whole of 2018/19.

5. This work has included engagement on the Carers' Strategy, the Dementia Strategy, All Age Transformation for Mental Health and Learning Disabilities and Community Health Services. We have also undertaken a formal consultation on Planned Care Policies. Each of the programme areas have been led by one BCT partner with the support of all partners.

6. In addition, in October and November 2018 BCT partners undertook engagement to primarily discuss the proposal for acute and maternity reconfiguration in Leicester's Hospitals.

7. Nine public events provided opportunities for patients, the public and wider stakeholders to discuss changes to the care they receive through primary and secondary care services in ways that suit them. This included talking through the rationale for the proposed changes and what it would mean in practical terms for patients using services. Particularly those being provided by the three hospitals in Leicester run by University Hospitals of Leicester NHS Trust and those provided in a community setting. The events also discussed and answered questions and responded to concerns regarding changes to the Intensive Care Service.

8. We offered a series of Member Briefings with the three upper tier local authorities in LLR. We had good take up of this offer. We are committed to continuing this dialogue with councillors to ensure they are updated of proposals and plans. We are also working with

the three Health Overview and Scrutiny Committees as well as the Joint Overview and Scrutiny Community to ensure that appropriate and timely reports are presented and discussed.

9. We continue to work with MPs and a series of briefings will commence in March 2019 to update and discuss all BCT work. These briefings are supported by all NHS BCT partners.

10. A programme of communications activities has surrounded all engagement and consultation in 2018/19, using off and online media to amplify messages to wider communities.

11. NHS partners are continuing engagement in February and March through a programme of outreach by working with different communities particularly - seldom heard groups and those people who are vulnerable and often extensively impacted on changes to NHS services.

12. This work has and is still being done by reaching out and working within communities using their existing meetings and events to discuss BCT programmes. We are particularly working through voluntary and community sector agencies and local support networks to involve these communities.

13. We are also completing the production of a video and brochure to support messages around the proposals for the acute and maternity reconfiguration. They will be published in late February/early March.

14. While extensive engagement has been undertaken during 2018/19, the most successful work has been undertaken at a work stream level. Various engagement models have been adopted including Experience Led Commissioning, with a drive to undertake more activities that go out to communities and stimulate discussions, rather than expect communities to engage with the programmes. They have produced robust insights and business intelligence representing patient, carer and staff voices which have been fed into the work streams and influenced the redesign of our local health and care services.

15. However, communication has often been spasmodic and inconsistent when viewed at an overall BCT programme level. There have been times of intense communication and amplification of messages. While this has reached LLR communities it is not being picked up by key influencers in communities broader than the ‘active groups’ and therefore we aren’t creating and sustaining relationships and building trust with wider communities who then propagate our messages.

16. In addition, we have high volumes of engagement and interactions with some communities, whilst many other key communities and voluntary and disease specific groups still feel excluded from the involvement processes of BCT. We need to strengthen links with these communities, many of which have particular or even greater healthcare needs than the communities where we have high levels of engagement.

17. The BCT brand is either not always used by BCT partner leads when undertaking engagement in work streams or has not been used prominently and extensively enough. This has led to criticism by some patient groups that we have not engaged or

communicated enough on BCT, an understandable viewpoint when we have not used the opportunity that the BCT partnership brand affords the health and care community.

18. We also have some work streams communicating their work using various methods including social media. While this is welcomed, some guidance to work streams on how to deliver appropriate and timely messages would be beneficial. This will avoid situations where staff are inadvertently giving the perception externally that this work is happening without engagement and if required consultation.

19. In addition, very few of approximately 1.1 million people living in LLR take part in formal public consultations and those who do respond, often come from similar demographics or backgrounds.

STRATEGY FOR PUBLIC AND PATIENT INVOLVEMENT PROGRAMMES AND INITIATIVE 2019/20

Objectives

20. The learning from 2018/19 has clearly identified that we need a consistent and integrated strategy for communication and engagement. The strategy is based on delivering activities and actions which support the following key objectives:

- Develop a robust approach to engagement planning processes that are driven by and through work streams and work stream Senior Responsible Officers (SROs).
- Ensure that work streams have a greater level of understanding of the importance of public, patient and staff engagement, co-design and co-production and are provided guidance of what ‘good’ communication looks like.
- Create a structure and network for public and patient involvement, understood by work streams, with a consistent approach to capturing patient and service user experiences through co-design ensuring the insights and business intelligence impacts on service redesign and commissioning decisions.
- Work with leaders across BCT and work streams to create a culture where engagement is ‘an always event’ and there is knowledge of legal and statutory duties to involve people in service redesign which is respected and adhered to.
- Ensure that BCT partners are committed to one strong BCT brand identity to place the programme in a stronger position with the public and ensure messages are amplified.
- Ensure that all work streams have a consistent approach to communications and engagement and, where appropriate, consultation.
- Build permanent and continuous relationships with NHS and social care staff enabling them to shape and contribute to BCT and plans for improvement by involving them in work streams and their engagement activities.
- Build effective relationships with key stakeholders including local councillors and MPs and establish informal and formal two-way communication channels with them.

- Have commitment by BCT partners to communicate the vision of BCT and partners to the wider public and present a realistic picture of challenges and the achievements of the work streams through proactive, consistent and ongoing promotion and media relations.
- Ensure that BCT partners are committed to demonstrating the impact of engagement and consultation and show how it has influenced change. Also to collectively work to communicate change and key achievements through the BCT brand.
- Build a sense of community and build trust and ultimately improve health outcomes and enhance the quality of experience of patients and the professionals who support them as service redesign will be seen to be done in genuine partnership with the public rather than being perceived as tokenistic.

Positioning

21. BCT needs to strengthen its position externally and internally to ensure that it stands out in what is a very complex and confusing sector and develop a positive reputation through a set of simplified messages that take people through a journey with us.

22. Whilst key stakeholder groups including our own PPI Group may have an interest in NHS and social care plans, patients, the public and the media have more of an affinity with the frontline services and the people who deliver these services than the planners and commissioners of the service. This is due to the fact that services and health and care staff are tangible and easy to associate with and conjure up a meaningful image which people recognise.

23. To capitalise on this, BCT will strengthen its' position using a number of messages in order to raise awareness, enhance perceptions and stimulate interest in involvement, engagement - and subsequently for some work streams consultation. These messages will be based on the BCT vision "*To development an outstanding, integrated health and care system that delivers excellent outcomes for the people of Leicester, Leicestershire and Rutland."* They will also be based on our principles of:

    - Working as one team
    - Providing high quality, person centred care
    - Working efficiently and getting best value
    - Supporting and nurturing a committed health and social care workforce

Approach to communications and engagement

24. A consistent approach to communications, engagement and consultation should be driven through work streams and the Senior Responsible Officers. With the support of a named Communications and Engagement Officer, activities should be led and implemented - whether communications, engagement or consultation, using a consistent planning and implementation process. The BCT branding (person's perception of service, experience

and organisation – not just a logo) should be adopted in all BCT work streams to increase brand awareness amongst LLR communities. A general approach will encompass:

Staff engagement

25. Staff are our most important asset and communications with them both informs and assures them and in turn it is hoped that they can pass this information and assurance to their patients and those other individuals/influencers with which they routinely come into contact.

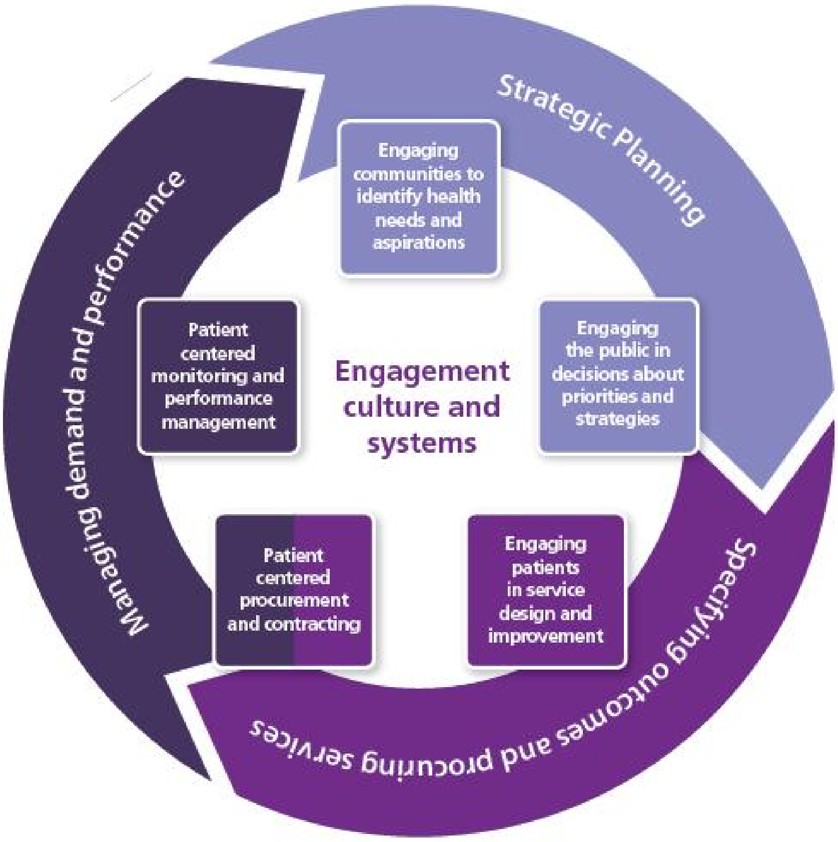
26. All partners have in place well established methods for communicating and engaging with staff. Concurrent to external engagement, BCT partners should enhance opportunities for staff to be engaged as well as continue to use existing mechanisms available through organisations to reach staff including newsletters and online briefings. To support this, regular messages will be produced and supplied to individual organisations to utilise as effectively as possible through their own channels and mediums.

Public Engagement

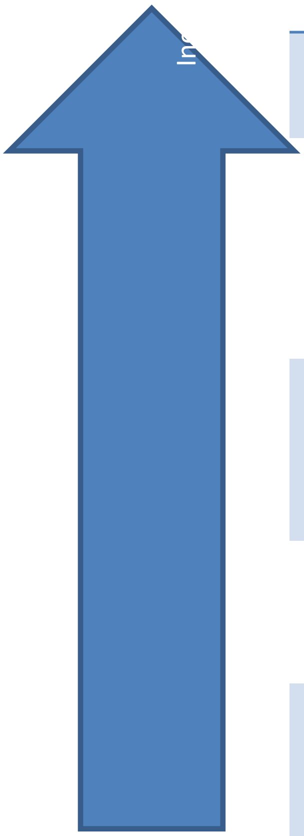
We aim to:

- Be clear about our plans and what the public can and can't influence and why
- Ensure the public have the right information so that all engagement can be fully informed
- Develop a Citizens' Panel to further support a consistent approach to communications and engagement, and to connect with local networks
- Utilise better our relationships with the voluntary and community sector and look to use joint working to support us to do this
- Make sure we engage with the right target audience and consider equality and the impact on diverse groups
- Provide an opportunity to engage with us at any time through our attendance at meetings and input into discussions when invited
- Demonstrate that we have listened to people's views in all our plans
- Demonstrate what changes have been made as a result of engagement activity
- Provide information on our website, through newsletters, in local print and broadcast media and on social media
- Create a structure of engagement for BCT to ensure we are capitalising on indirect marketing using the strength and reach of patient groups, voluntary sector and clubs and societies

We will advocate the use of the following engagement cycle to drive our inclusion process so that the public is at the centre of everything we do.



27. We will aim to increase community participation, empowerment and control by moving relationships through the engagement and communications ladder:



Levels of engagement and communication

Devolving	Placing decision-making in the hands of the community and individuals in partnership with BCT partners
Collaborating	Working in partnership with communities and individuals in each aspect of the decision, including the development of alternatives, and the identification of the preferred solution. For example joint coordinating joint events
Involving	Working directly with communities and individuals to ensure that concerns and aspirations are consistently understood and considered. For example attendance at communities group meetings and events
Engaging	Obtaining community and individual feedback on analysis. Alternatives and/or decisions. For example surveys, Citizens' panel and focus groups
Informing	Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, website, newsletter and press releases

- **Engagement and where appropriate consultation**

28. In engagement activities we will develop the principle of co-designing services with people who have lived experiences of health and care across work streams. This involves gathering experiences from patients, carers, staff through in-depth interviews, observations and group discussions, identifying touch points (emotionally significant points) and assigning positive or negative feelings. It also involves asking and understanding what matters most to people regarding aspects of their care.

29. Co-design has been used within BCT work streams. This has used a variety of methods as adaption is always required depending on the cohort of patients and carers being engaged including vulnerable people with mental health problems, dementia, young people or those with learning disabilities.

30. Due to the qualitative nature of the work, it is only necessary to continue to interview different cohorts of patients until we are hearing the same themes.

31. Once insights have been collated, evaluated and analysed then high impact actions should be developed and used to influence service redesign or service change.

32. Where consultation is appropriate through work streams, we will use the Cabinet Office principles for public consultation (updated January 2016) and NHS England guidance 'Planning, assuring and delivering service change for patients' (published in November 2015). We will also adhere to the range of legislation that relate to decision making for clinical commissioning groups.

33. To ensure that work streams are conversant of the requirements of responsibilities of engagement and consultation and the legislative framework we will coordinate a reference workshop for representatives from work streams prior to Spring.

34. In addition we will also develop engagement and consultation protocols and a supporting toolkit that brings clarity of our responsibilities and greater consistency of communications, engagement and consultation across all BCT work streams.

35. In 2019/20 there are many initiatives within work streams that require engagement with communities across LLR, while others require formal consultation. In addition, other initiatives are at the stage of implementation where communications with health and care staff is required to ensure a streamlined operational process. These programmes of work are outlined in Appendix 1.

36. A consistent and integrated approach will assist in combating public confusion of the BCT programme and partners and combat the danger of engagement fatigue', given the breadth and depth of the activities required in 2019/20.

- **Communications techniques used whilst engaging and consulting**

37. Using BCT narrative and where appropriate work stream narrative we will target communities using a variety of techniques when engaging and undertaking formal consultation. These techniques are outlined in sections a to f below. In addition, Appendix 2 shows some of the key components that would be included in a typical communications and engagement plan for large scale formal consultation e.g. on the acute and maternity reconfiguration.

   a. *Deliberative events*

38. When appropriate we will hold deliberative events in Leicester, Leicestershire and Rutland to enable elected members, members of Health and Wellbeing Boards and Scrutiny Committees to receive a BCT update and share their views and give us an understanding of the impact of proposals on the people they represent. Table top as well as open forum sessions will allow people to share their views. The sessions should be led by clinical leads and Senior Leadership members.

39. All feedback from the events will be captured and the key themes and points of any discussions recorded. These insights will be provided to work stream senior accountable officers. We will also capture any questions and draw up a question and answer section on our website, so that answers can be viewed by everyone.

b. *Briefings*

40. We will hold briefings with key stakeholders – including Healthwatch, patient participation groups and other patient groups and the voluntary and community sector. We aim to provide information to these groups on BCT and get an understanding of any change on them and the groups their represent. We will also provide Briefing Updates (video streaming, presentation and newsletter) to these groups to enable them to cascade information to their membership and contacts.

c. *Monthly work stream features*

41. Over the next twelve months we will coordinate work stream features concentrating on the activities and improvements being implemented. Working with each work stream we will use the variety of communications to engage with target audiences and profile the achievements of the work stream and benefits the work has to patients

d. Digital media

42. We will raise awareness of BCT and associated engagement activities and involvement through a range of communication channels including media, social media, website, webinars, video streaming, e-newsletter, stakeholder communications channels and if budget permits undertaking online advertising.

43. All communications and collateral will be available on a dedicated section of the BCT website and will be promoted via social media channels such as Facebook, Twitter and YouTube.

44. We will also explore hosting Webinars and producing simple online videos – hosted by senior managers and clinicians introducing people to BCT and individual work streams.

e. *Networks and contacts*

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

46. We will also look to develop a closer working relationship with key voluntary and community sector organisations to empower groups to enable the communities they represent to be involved in NHS and social care improvements.

f. Communication activities – newspaper and broadcast media

47. We will improve communications with print and broadcast media to providing regular updates and negotiate features on each work stream. To support this work regular briefings sessions will be held with prominent local journalists to explore opportunities for collaboration.

ENHANCED PUBLIC AND PATIENT STRUCTURES

PPIG proposed new structure

48. Starting in the Summer of 2018 a comprehensive PPIG review was undertaken with group members. The review concluded that there was a desire of the group to create two complimentary parts of a BCT PPIG.

- Assurance – the need to ensure the PPIG was able to assure itself that engagement and involvement was an integral part of all system design and redesign
- Networking – the need to ensure that PPIG had connection with and influenced patient and community focussed groups to identify key areas for engagement.

49. It is proposed that Patient and Public Involvement Assurance group will be established (PPIAG) in 2019, which will replace the existing Patient and Public Involvement Group. The PPIAG will work within an agreed assurance framework to review, comment on and recommend actions in respect of patient involvement and engagement in specific BCT projects or areas of work. It will also liaise with work streams to ensure that insights and business intelligence gained through involvement and engagement influences decision making. PPIAG shall be represented on and report findings to the BCT Partnership Group (when established). The Partnership Group shall agree a programme of review with input from the Senior Leadership Team, Work stream SRO's, PPIAG and the Communications and Engagement Group.

50. The PPIAG will triangulate information from Work stream / Project leads, Communications and Engagement Officers, the Citizens' Panel and patient groups.

51. The PPIAG membership will consist of 10 – 12 people with experience of patient engagement and ability to analyse information to identify key issues and develop specific action points.

Citizens' Panel

52. In order to further support a consistent approach to communications, engagement, BCT and to support the PPIG review to connect with local networks, we secured £40k from NHS England to develop a Citizens' Panel. The Panel, which will be largely online, will provide BCT with an additional systematic approach to gathering insights and feedback on a range of health and care issues from a representative sample of our circa 1.1 million population. It will also assist in aligning the PPIAG with the views of citizens that demographically and attitudinally are representative of the citizens of LLR.

53. It is important to state that the Citizens' Panel will be an additional but complementary tool to other existing involvement and engagement activities and provide an additional avenue to reach local people. Whilst it will be part of the new structure of patient involvement, it will in no way replace the broader engagement, involvement and communications undertaken with our stakeholders, patients, carers and the population that are harder to reach, particularly those led by BCT partners through the BCT work streams.

54. To assist with the creation of a representative Citizens' Panel we will identify and bring in additional support to set up the Panel. This additional capacity will enable us to establish the Panel and set up systems and processes for engagement and involvement. After the first twelve months of the project we will look to embed the Panel into the engagement processes of three clinical commissioning groups in the area.

55. We will look to develop the Panel with the support of all BCT partners, the PPIAG and our upper and second tier local authorities and parish councils.

56. National guidance shows that an accepted way of determining the required sample size is to aim for a confidence interval of +/- 3% at the 95% confidence level. For a population of circa 1.1 million this equates to approximately 1,100 people.

57. We will work with local authority Public Health Teams, to ensure that through our Joint Strategic Needs Assessment and demographic profile data that we know the make-up of people living in our area and can create a Panel aligned to it ensuring it is representative – statistically and demographically and, in tune with the attitudes of the entire population and meets a pre-determined quota.

58. Panel recruitment will concentrate on reaching out to those individuals who could be deemed as 'hard to reach'. We will work hand-in-hand with specialised voluntary and community groups/faith groups at a very local level and undertake intensive recruitment methods. We will also work with district, local and parish councils to enlist their support in reaching the communities they represent and also engage with local schools, colleges and universities to explore their involvement in developing the Citizens' Panel.

59. Prospective Panel members will be asked a number of screening questions to ensure they meet the Panel make-up requirements. BCT will also ensure clarity at the recruitment stage about what is expected of each Panel member and what their membership is likely to entail. Panel members will be advised that their involvement will be for between a one to three year period, and will receive a commitment from BCT to be contacted at least monthly to either:

    - Answer a small number of questions
    - Participate in a face-to-face focus group driven through BCT work stream (panel members recruited applicable to their stated interest)
    - Up to four times a year to complete a full survey

Non-response participants would be removed after one year and panel members refreshed after three years.

60. Our engagement strategy will take into consideration the interests of individuals and how each community receives information and ensure that they are regularly informed and communicated with about how their involvement is used to influence the work of BCT.

61. When implemented the inputs and outputs of the Citizens' Panel will be reviewed and commented on by a restructured PPIAG. They will also make recommendations in respect of specific projects of work involving the Citizens' Panel.

62. Appendix 3 shows a 'mind map' of the Citizens' Panel – the main component parts and the interdependencies.

EVALUATION AND MONITORING

63. Appendix 4 shows a top line work plan of the intended activities to be undertaken in 2019/20. It is important that we monitor our activities and evaluate their success to ensure that the work has the desired impact.

64. We will set key performance indicators for each programme initiative which will be monitored through BCT work streams. The evaluation will be based on:

    - The understanding of the patients, service users, staff and stakeholders of the scale of the challenge that we collectively face and their recognition that services will have to change e.g. through polls and surveys.
    - The understanding that health and social care organisations are working together to address these challenges e.g. through polls and surveys
    - The understanding of our vision for health and social care services and what it means for patients, their families or organisations, including the impact that any changes may have e.g. though workshops and outreach .
    - The understanding that everyone has a role to play in the services changes and engaging in the debate e.g. through the number of people attending events, engaging on social media, joining the Citizens' Panel etc.

Appendix 1

Engagement across LLR communities

Initiative and Accountable Officer (AC)/Senior Responsible Officer (SRO)	Description	Approximate timing for engagement
Planned care Referral Support Service **AO:** Sue Lock **SRO:** Ket Chudasama	Pilot for the provision of a Referral Support Service for a range of speciality areas	Beginning in February 2019 and will be ongoing
Planned care Diagnostics **AO:** Sue Lock **SRO:** Ket Chudasama	Currently at notional stage	Patient experience work to inform from March 2019
Community services redesign **AO:** Karen English **SRO:** Tamsin Hooton	Reorganisation of some of the current services provided by Leicester Partnership Trust including community nursing and Intensive Community Support Services	Commenced July 2018 and is on going Depending on the model implemented – consultation may be required towards the end of 2019/20
Acute and Maternity Reconfiguration ***AO:*** John Adler/ Sue Lock	Reorganisation and improvement of services in hospitals in Leicester Further engagement to describe in more detail the following: • Plans for General Hospital site • Travel and access plan • Plans for environmental improvements to enhance patient experiences • Details on assumptions for bed numbers	Continuation of engagement activities. Depending on outcome of approvals process and outcome of capital bid preparation could be required in financial year, however timing unknown.
Mental Health IAPT **AO:** Karen English **SRO**: Sarah Warmington	Informing procurement of service from June 2019 to support specification and redesign	From February 2019
Mental Health All age mental health transformation **AO:** Peter Miller **SRO**: Sarah Warmington/John Edwards (Project Leads)	LPT is on a five-year journey to transform the care they deliver through mental health and learning disability services, by co-designing improvements With service users, carers, staff and other key stakeholders. They are changing access and assessment to these services as well as crisis and community care.	Ongoing engagement throughout year

Cancer **AO:** Sue Lock **SRO**: Paul Gibara	Leicester's Hospitals, Macmillan Cancer Support, GP and other healthcare professional are developing and expanding the support offered to people living with and beyond a cancer diagnosis	March – November 2019
Formal Consultation across LLR communities		
Initiative	**Description**	**Approximate timing**
Primary care **AO:** Karen English **SRO**: Tim Sacks	Detailed plans to be developed with consultation required on aspects within the primary care strategy	From March 2019
Learning disability Short breaks **AO:** Karen English **SRO**: Sarah Warmington	Full service review	Timeline to be determined for 5 week engagement following by 90 day consultation in June 2019
Gamete and Embryo Cryopreservation Policy (Leicester CCG leading on behalf of 19 East Midlands CCGs)	Nationally driven policy changes including changing wording to consider and incorporate transgender patients.	April 2019 (TBC)
Dental (lead by NHS England requiring local support)	Details unknown	Details unknown
Consultation (specific communities)		
Initiative	**Description**	**Approximate timing**
Hinckley and Bosworth Community service review **AO:** Caroline Trevithick **SRO**: Spencer Gay	£8 million investment to make better use of existing space and improve services	From June 2019
Engagement (specific communities)		
Initiative	**Description**	**Approximate timing**
Health inequalities in Oadby and Wigston ***AO: Karen English***	Engaging on action plan to reduce health inequalities	From February 2019
Engagement with health and care professionals		
Initiative	**Description**	**Approximate timing**
Planned care Pathology **AO:** Sue Lock **SRO:** Ket Chudasama	Transformation of pathology services providing GPs with higher level of knowledge and support	Timeline unknown
Planned care Avastin **AO:** Sue Lock **SRO:** Ket Chudasama	Exploration of use of Avastin where clinically appropriate for patient with AMD	Timeline unknown

Planned care Reduction in follow-up **AO:** Sue Lock **SRO:** Ket Chudasama	Reduce number of unnecessary follow-up appointments	Timeline unknown
Ongoing communications across LLR		
Initiative	**Description**	**Approximate timing**
Planned care Ophthalmology and Dermatology **AO:** Sue Lock **SRO:** Ket Chudasama	Change in pathway to services moving elements of service from UHL into primary and community settings	From March 2019
Self-care and prevention **AO:** Steven Forbes **SRO:** Mike Sandys and Ivan Browne	Ongoing communications	Ongoing
_IM&T_ **AO:** Peter Miller **SRO:** Ian Wakeford	Ongoing communications	Ongoing
Areas being scoped which may require communications, engagement and or consultation		
Initiative	**Description**	**Approximate timing**
Children's care (prescribing) **AO:** Chris West **SRO:** Mel Thwaites/Ian Scudamore	TBC	TBC
Right Care (e.g. Gastro, respiratory) **AO:** Sue Lock **SRO:** Ket Chudasama	TBC	TBC
Planned care (e.g. audiology, pathology, diagnostics) **AO:** Sue Lock **SRO:** Ket Chudasama	TBC	TBC
Long Term Conditions TBC Part of Integrated Community Board	TBC	June (TBC)
End of Life **AO:** Caroline Trevithick **SRO:** Tamsin Hooton	TBC	April – May 2019

Appendix 3

Typical components of a communications and engagement plan for a large scale consultation

Consultation plans use Cabinet Office principles for public consultation (updated January 2016) and NHS England guidance 'Planning, assuring and delivering service change for patients' (published in November 2015).

They also take account of the range of legislation that relates to CCG decision making including:

- Equality Act 2010
- Public Sector Equality Duty Section 149 of the Equality Act 2010
- Brown and Gunning Principles
- Human Rights Act 1998
- NHS Act 2006
- NHS Constitution
- Health and Social Care Act 2012
- Communities Board Principles for Consultation

1. Aims and objectives of consultation

The aim of a consultation exercise is:

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

2. The role of consultation in review processes

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

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

Before the formal public consultation process we have undertaken engagement with all those likely to be involved with, affected by or interested in the services being considered.

3. Consultation document and materials

We develop a consultation briefing document which conveys key messages.

We ensure that the main consultation document is relevant to people who currently use and are likely to use services that we are consulting on.

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

It also clearly explains how people can participate, feedback comments and ask for further information by post, email, social media and website. The document also provides links to where additional information for those people who want a greater level of detail e.g. on workforce, financial information etc.

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

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

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

All consultation documents will be available on a dedicated section of each CCG and BCT partner websites and the BCT website, which will contain further documents that support a consultation. Sites are promoted via social media channels such as Facebook, Twitter and YouTube.

Posters and flyers are produced for distribution, and displays and stands for use at public events and in public places and at roadshows.

4. How we consult – summary of typically activities in large scale consultations

We develop and implement a range of activities for different audiences to ensure that we give everyone equal opportunity to participate in the consultation process and trigger the necessary motivation for communities to participate. Outlined in this section is a summary of typical activities. We monitor and evaluate the process consistently to ensure that all activities are meeting the requirements of a robust consultation.

We also undertake a stakeholder analysis including specific communities that may be hard to reach that is informed by the Equality Impact Assessment undertaken for each consultation.

Existing mechanism

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

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

Other mechanisms

Focus groups

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

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

We also utilise the support of local organisations, voluntary and community groups and local support networks to reach out and involve these communities.

Planned public events

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

To cater for people who work and those that don't, we hold the events at differing times, both day-time and evening.

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

Road shows on NHS sites

To provide opportunities for staff and existing patients to find out about any consultation and share their views, we run a road show at hospitals and other NHS and care premises. During these sessions we raise awareness of the consultation and signpost people to our consultation website and response form. We also provide copies of the summary consultation document and response form so they can be either take it away to consider or complete it immediately.

Outreach

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

Briefings

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

E- newsletter

In order to keep the consultation in the public's eye and ensure continuing engagement with the local population, we produce a regular e-newsletter updating people on the opportunities for getting involved. We use it to publicise our public events and road shows and signpost people to our website and response forms.

Networks and contacts

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

Communications activities

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

We work with newspapers and print media to coordinate regular features and updates. We also engage with weekly newspapers, TV and radio stations including commercial stations e.g. Sabras

Reaching different communities

We further segment our communities including those over our borders and develop other methods of engagement to reach them e.g. outreach work, presence on community website, through local employers

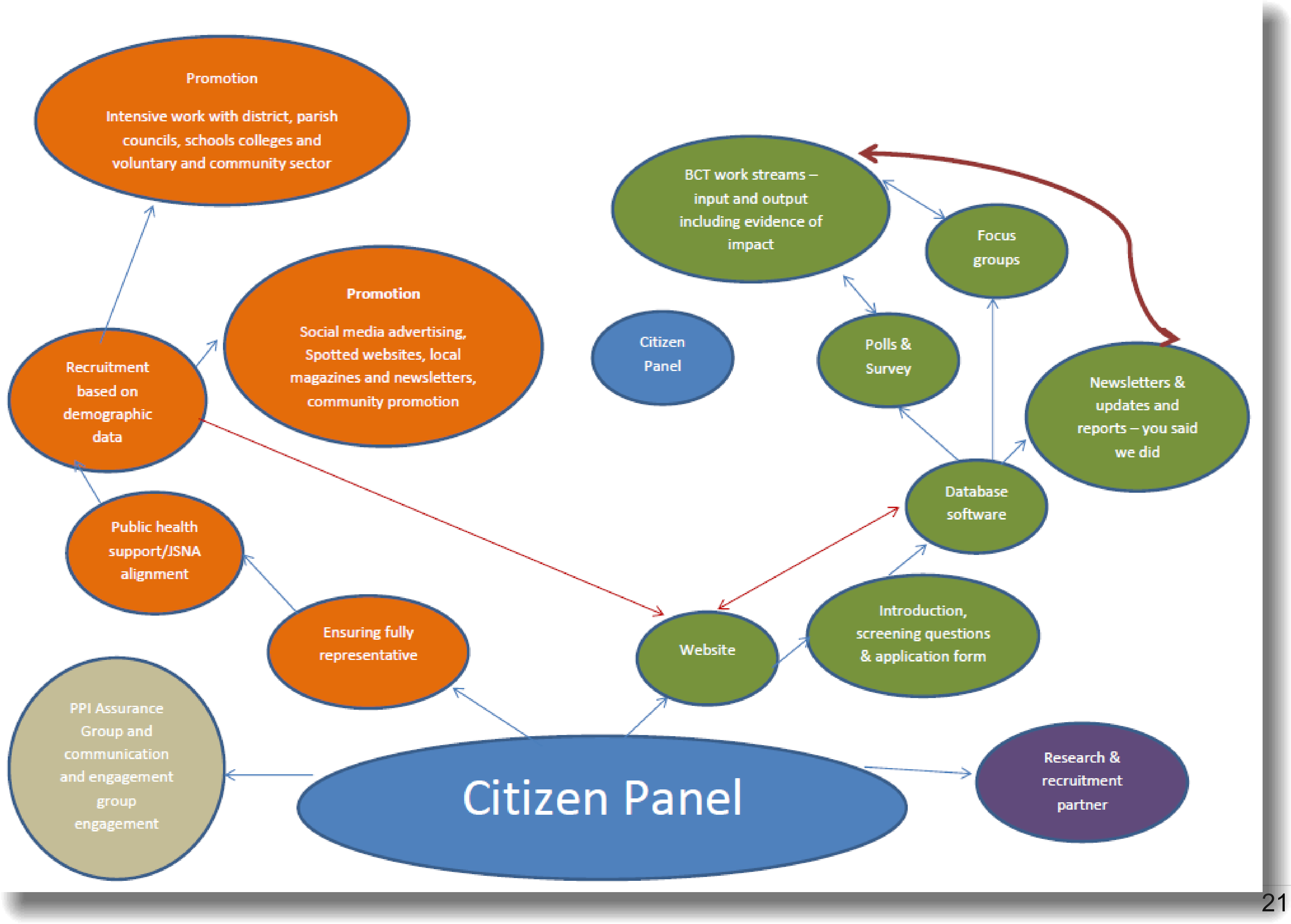
5. Equalities considerations

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

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

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

Appendix 3


Promotion
Intensive work with district, parish councils, schools colleges and voluntary and community sector
Promotion
Social media advertising, Spotted websites, local magazines and newsletters, community promotion
Recruitment based on demographic data
Public health support/JSNA alignment
Ensuring fully representative
PPI Assurance Group and communication and engagement group engagement
Citizen Panel
BCT work streams – input and output including evidence of impact
Focus groups
Citizen Panel
Polls & Survey
Newsletters & updates and reports – you said we did
Database software
Website
Introduction, screening questions & application form
Research & recruitment partner

Appendix 4 – Communications, engagement and consultation work plan

Communication, engagement and consultation delivery timeline	**2018**										**2019**			
Activity and timeline (known as at 5 March 2019)	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**	**January**	**February**	**March**	**April**
Support work streams														
Coordinate a workshop to provide guidance on the statutory and legal responsibilities of NHS organisations		■												
Provide engagement protocols and toolkit of support		■												
Staff engagement														
General BCT messages/bulletin	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Messages pertinent to work streams e.g. CSR, Acute Reconfiguration	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Public engagement														
Planned care referral support service engagement	■			■										
Planned care – ophthalmology and demonology	■													
Primary care	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Community services engagement	■			■	■	■		■	■	■				
Acute and maternity reconfiguration	■			■	■			■	■					
Mental health (IAPT)														
Mental health – all age mental health transformation	■			■	■			■	■	■				
Outreach with groups and organisations	■			■	■			■	■	■				
Long Term Conditions				■	■									
End of Life		■	■											
Cancer		■	■	■	■	■	■	■	■					
Self-care and prevention	■	■	■	■	■	■	■	■	■	■	■	■	■	■
IM&T	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Planned care – ophthalmology and dermatology				■	■									
Public consultation														
Learning disability				■	■									
Hinckley community health services				■	■	■								
Dental (led by NHS England) TBC														

Gamete and Embryo Cryopreservation Policy TBC														
Communications														
Monthly newsletters	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦
Briefing Healthwatch (face-to-face and written)														
Briefing councillors and MPs (face-to-face and written)	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦
Digital media	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦
Print and broadcast media features	🟦		🟦		🟦		🟦		🟦		🟦		🟦	
PPI Structure development														
PPI Assurance Group development	🟦	🟦	🟦											
PPI Assurance Group Implementation	🟦	🟦	🟦	🟦										
Citizens’ Panel development	🟦	🟦	🟦	🟦										
Citizens’ Panel first launch and recruitment commences					🟦									