

**South West London & Surrey JHSC sub-committee -
Improving Healthcare Together 2020-2030
26 September 2019**



7.30 pm at the Civic Offices, St Nicholas Way, Sutton SM1 1EA

To all members of the South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030:-

The sub-committee will consist of seven of the following members with one member representing each of the local authorities:

Chair: Councillor Colin Stears – London Borough of Sutton
Councillors: Edward Joyce - London Borough of Sutton
Andy Stranack - London Borough of Croydon
Sean Fitzsimons - London Borough of Croydon
Anita Schaper - London Borough of Kingston
Lesley Heap - London Borough of Kingston
Ian Lewer - London Borough of Wandsworth
Annamarie Critchard - London Borough of Wandsworth
Bill Chapman – Surrey County Council
Nick Darby – Surrey County Council
Thomas Barlow - London Borough of Merton
Peter McCabe - London Borough of Merton
Alan Juriansz - London Borough of Richmond
Roger Crouch - London Borough of Richmond

This is a Council meeting held in public. Additional representations are at the invitation of the Chair of the Committee. If you are a relevant organisation and you wish to submit representations on a proposal contained within the reports to this agenda please submit a request via Committee Services three working days before the meeting date.

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This meeting will be recorded and made available on the Council's website.

PLEASE NOTE: Any decision taken at this meeting does not become definitive until 10am on the third working day after the meeting. Any four members of the Council may notify the Chief Executive by then if they require a decision to be reviewed by the appropriate committee at its next meeting. Please contact the Committee Services representative shown on the front page for further information.

Helen Bailey
Chief Executive
13 September 2019

Enquiries to:

Copies of reports are available in ~~Page~~ print on request

A G E N D A

1. Welcome and introductions

2. Apologies for absence

3. Declarations of interest

4. Minutes of the previous meeting

1 - 4

To approve as a correct record the minutes of the meeting held on 4 July 2019.

5. Improving Healthcare Together Programme update

Verbal update from Andrew Demetriades, Programme Director, Improving Health Care Together

6. Improving Healthcare Together Consultation Planning

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The Improving Healthcare Together programme office provides an update on their consultation planning.

7. Any urgent business

To consider any items which, in the view of the Chair, should be dealt with as a matter of urgency because of special circumstances (*in accordance with S100B(4) of the Local Government Act 1972*).

8. Date of next meeting

To be confirmed.

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4 July 2019

**SOUTH WEST LONDON & SURREY JHSC SUB-COMMITTEE - IMPROVING
HEALTHCARE TOGETHER 2020-2030****4 July 2019 at 7.30 pm**

MEMBERS: Councillor Colin Stears (Chair), and Councillors Bill Chapman and Peter McCabe

ABSENT Councillor Jeffrey Harris

1. WELCOME AND INTRODUCTIONS

The Chair, Councillor Colin Stears, welcomed those present.

Presentation: Provider Impact presentation (This is a draft paper and numbers and impacts are subject to change as further work is carried out).

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Jeffery Harris with Councillor Bill Chapman attending as a substitute.

3. DECLARATIONS OF INTEREST

Councillor Colin Stears declared his wife is employed by the Epsom and St Helier Trust (renal unit).

4. MINUTES OF THE PREVIOUS MEETING

Members drew attention to the appendix to the minutes of the meeting 30 April 2019.

Members had had sight of a document which had been given to attendees of the Options Development Workshop, the attendees had then been asked to sign the document. Members suggested the document appeared to be a non disclosure agreement.

Andrew Demitriades, Programme Manager, Improving Health Care Together (IHT) explained that the document had been used by Traverse, and not the Programme directly and it had not been intended as a non disclosure agreement. Members suggested as the document had the appearance of a non disclosure agreement, and Traverse had been

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commissioned by the IHT programme, and that this may lead to concerns around trust of the openness of the programme in the communities the Members represent. The document contained reference to keeping information confidential and required a signature. Councillors could then rightly assume this document was a non disclosure agreement.

RESOLVED:

that the minutes of the meeting held on 30 April 2019 be agreed as an accurate record.

**5. IMPROVING HEALTHCARE TOGETHER PROGRAMME BOARD AND
CONSULTATION UPDATE**

Andrew Demitriades, Programme Manager IHT presented the report.

The Programme Manager mentioned the Clinical Senate report had been published on 26 June 2019.

In discussion members heard that the ranking of options will be submitted to the regulators to review prior to consultation on a date soon after 19 July when the Programme Board is meeting. The ranking will not indicate a preferred option, but the options to be considered. It will be clear and explanation will be included that there has been no decision at this stage. The Programme team acknowledged that the timescale remains unclear due to the processes which are required to be followed. All information which can be shared will be shared publicly at this time and before submission to the regulator.

There will be a response to the request for capital funding available prior to the consultation starting, this was not part of the previous arrangement for this process.

Members asked and were provided explanation of the process and timescale to secure funding, by Sarah Blow, Accountable Officer, NHS SW London Alliance.

Members mentioned that the membership of the Travel and Access Working Group does not include elected members, suggesting that consideration should be given to their inclusion.

Members asked that expected timelines be provided to Officers, the Accountable Officer, NHS SW London Alliance, stated that timelines remain dependant on the processes required by the regulator.

Matthew Kershaw, IHT Provider, CEO Lead provided the presentation attached as an appendix to these minutes, it was noted the presentation was a draft paper and numbers and impacts are subject to change as further work is carried out. Draft numbers were provided for capital so that the Committee could have the most up to date information.”

The IHT Provider CEO Lead outlined that as a part of the package for this programme the impacts of capital on outlying hospitals had been modelled and that only areas which directly relate to changes to patient flow as a result of this programme had been included in the modelling. Provider impact is only one factor in the development of the rankings.

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It was noted that the evidence provided is at a point in time, it is therefore refreshed regularly and that consideration is included about current collaborations in South West London and future changes to the NHS.

Members requested that all documents for meetings are provided in a timely manner.

6. ANY URGENT BUSINESS


There was no urgent business.

The meeting ended at 8.42 pm

Chair:

Date:

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Report to:	South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030	Date: 26 September 2019
Report title:	Improving Healthcare Together - consultation planning.	
Report from:	David Olney, Statutory Scrutiny Officer	
Ward/Areas affected:	Borough Wide	
Chair of Committee/Lead Member:	Councillor Colin Stears	
Author(s)/Contact Number(s):	David Olney, Statutory Scrutiny Officer, 020 8770 5207	
Corporate Plan Priorities:	<ul style="list-style-type: none"> ● Being Active ● Making Informed Choices ● Living Well Independently ● Keeping People Safe 	
Open/Exempt:	Open	
Signed:		Date: 11 September 2019

1. Summary

- 1.1 The Improving Healthcare Together programme office provides an update on their consultation planning.

2. Recommendations

The South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030 is recommended to:

- 2.1 Note the report.

3. Background

- 3.1 The Improving Healthcare Together 2020-2030 programme is continuing to gather evidence and prepare its proposals which are currently the subject of consideration by their NHS regulators before reaching a position where they can be published for formal public consultation.

3.2 This report provides an update on the programme’s consultation planning.

4. Appendices and Background Documents

Appendix letter	Title
A	Consultation plan briefing paper
B	DRAFT Consultation Plan

Audit Trail		
Version	Final	Date: 11 September 2019

Background documents
None



IHT JHOSC Sub-Committee
Consultation plan briefing paper
26th September, 2019

1. Introduction

The following briefing paper on the development of the Improving Healthcare Together (IHT) 2020 – 2030 draft consultation plan has been prepared for the IHT Joint Health Overview Scrutiny Sub-Committee (JHOSC). The paper acts as a summary and should be read in conjunction with the draft consultation plan included in Appendix 1.

The outline draft consultation plan was previously shared with the JHOSC on the 30th April, 2019.

Members are asked to note that no decision to proceed to public consultation by the Clinical Commissioning Groups (CCGs) will be made until we have secured support in principal for capital funding availability from our Regulators.

2. Consultation mandate

The CCGs want to understand and consider the feedback of patients, carers, community, voluntary and public sector bodies, parents and guardians, children and young people, elderly people, health and social care professionals, regulators and the public located in Sutton, Merton and Surrey Downs areas and neighbouring CCG areas. The CCGs want to understand their views in relation to proposals to address the longstanding issues at Epsom and St Helier University Hospitals NHS Trust.

In their proposals, the CCGs have set out their options for continuing to keep the majority of current patient services (known as district hospital services) at the Epsom and St Helier sites. District services are those that patients may require more frequently and should be accessible closer to patients' homes. These services include: urgent treatment centres, outpatients, day case surgery, low-risk antenatal and postnatal care, imaging and diagnostics, and district beds.

CCGs will also be seeking views on services which treat patients at risk of serious and life threatening illnesses and where these services may best be located to improve patient care. These services include: Emergency care, Acute medicine, Critical care, Emergency surgery, Obstetric led births and Emergency and inpatient paediatrics care and are sometimes referred to as major acute services. The CCGs proposal is to bring these services together into a new fit for purpose facility situated on one of three hospital sites - Epsom Hospital, St Helier Hospital or Sutton Hospital site.

The CCGs are committed to ensuring that major acute services will be retained in the combined geographies.

The CCGs have developed a draft consultation plan to set out an initial approach to how communities, key interest groups and stakeholders will be further involved and engaged for the period up to, during and after consultation on the proposed options for discussion with JHOSC members.



They are committed to deliver a best practice consultation (advised and assessed by the Consultation Institute), which is founded on the commitment to inform and listen. The Consultation Institute (tCI) is undertaking a quality assurance role and has provided feedback to date on our process of consultation planning as well as our draft consultation mandate.

The CCGs approach to consultation planning has and will continue to be informed by:

- Detailed stakeholder mapping and analysis.
- The feedback received from stakeholders during the pre-engagement and pre-consultation phase. This includes ongoing feedback from the Stakeholder Reference Group (SRG), the Consultation Oversight Group (COG) and members of the IHT JHOSC.
- Advice from the Consultation Institute (tCI) in their quality assurance role.
- External, independent experts supporting the delivery of consultation activities, and
- A review of best practice consultation approaches.

The approach outlined in the draft consultation plan aims to be dynamic and will be adapted to the needs of audiences as well as the budget and resources available as feedback from all interest groups, stakeholders and the public is received.

All elements of the plan for a consultation will seek to:

- Ensure that the methods and approaches are developed to provide a range of opportunities for stakeholders to respond to the consultation.
- Identify the best ways of reaching and engaging key interest groups.
- Provide an easy read version of documents and offer translated versions relevant to the community as required.
- Make sure there is equality monitoring of participants to ensure the views received reflect the whole of the local population.
- Use different methods or specifically target communities where there is any under-representation.
- Target activity so it covers all the local geographical areas that make up the three CCGs.
- Arrange any events and meetings in accessible venues and offer interpreters, translators and hearing loops where required.
- Purchase or hire resources for delivering consultation activity from the local community whenever it is possible.
- Inform partners of the consultation activity and share the plans for engagement.

3. Approach to developing the consultation plan

The development of the draft consultation plan has and will continue to be informed by detailed stakeholder analysis and a co-designed approach to tailor the consultation plan using methods and approaches that are appropriate for the three CCG areas.

Their approach to date has built on valuable feedback received during our pre-engagement work. This feedback is detailed in pages 12-14 of the draft consultation plan.



The co-design work to develop the draft consultation plan has included:

- Sharing a draft outline consultation plan with the JHOSC on the 30th April 2019 and subsequent updates on consultation planning as this has progressed.
- Discussion of the proposed consultation activities on the 22nd of May 2019 with SRG. A discussion facilitated by tCI on best practice consultation with SRG members will take place on the 12th of September 2019.
- Discussion on the consultation principles, proposed activities and stakeholder mapping on the 31st of May 2019 and 11th July with COG. We will continue to co-design our approach with COG members on the 12th of September 2019.
- Review of the draft consultation plan with the Programme Board.
- Review of the draft outline consultation plan with the three CCGs Communications and Engagement leads.
- Review of the draft consultation plan by tCI.

4. Consultation aim and objectives

The consultation aims to obtain a broad range of views from a wide variety of communities, service users and their representatives on the options (including any preferred option if determined by the CCGs) as well as test the evidence for all the options. This will help us to get the best possible solution for the combined areas of Surrey Downs, Sutton and Merton CCGs.

The consultation is not a vote. It does allow the CCGs to obtain a broad range of views from a wide variety of communities, service users and their representatives to be heard and assessed openly and transparently on the options (including any preferred option if determined).

The CCGs will continue to develop our consultation plan by working closely with tCI and our partners to ensure that all our statutory duties are met and we plan and deliver a best practice consultation. This is likely to include:

- Demonstrating the case for change and the benefits of the service change options.
- Understanding public and stakeholder views about the different options and their impacts.
- Listening to peoples' views on the proposed new clinical model including those services that we plan to bring together for our sickest patients as well as those services that will be retained locally.



The consultation will seek to:

- Ensure people in the affected CCG areas are aware of and understand the case for change and the proposed options for change, by providing information in clear and simple language in a variety of formats
- Hear people's views on the proposed changes to major acute services in Surrey Downs, Sutton and Merton
- Ensure the CCGs as decision-makers receive detailed outputs and feedback from the consultation, to ensure they are as well informed as possible for making decisions

The results of consultation are an important factor in health service decision-making, and are one of a number of factors that need to be considered. The feedback gathered during consultation will help the CCGs to make an informed decision on progressing the future shape of hospital services - ensuring that these are high quality, safe, sustainable and affordable and result in the best possible outcome and experience for patients, as well as on which services should be provided in the community, closer to where people live.

No final decision will be made until the consultation has closed and the feedback received has been collated, independently analysed and appropriately considered by the CCGs, alongside any further evidence.

5. Who will the CCGs consult?

The consultation will aim to engage with the following groups across Surrey Downs, Sutton and Merton:

- Patients, carers and the public – Groups of patients and the public who are specifically affected by any proposed changes including young people and carers, Healthwatch, residents' associations, patient representative groups, community and voluntary organisations, faith groups and the wider community including local residents and those not always actively engaged with health services.
- Traditionally under-represented or seldom heard groups – people with protected characteristics, people with learning disabilities, those with long term conditions, carers (including young carers), refugee and undocumented communities, the 'working well' and people who are homeless or in unsecure housing.
- Clinicians and staff – clinicians and those working in secondary care, primary care, social care, mental health and other parts of the health and social care service, and their trade unions.
- Partners and providers – all local partners and providers of services, community and mental health providers and voluntary organisations.
- Political stakeholders – Joint Health Overview and Scrutiny Committee, individual JHOSCs, Health and Wellbeing Boards, Members of Parliament, local councillors and Cabinet members.
- Media – local, regional, national and trade media, and social media commentators including bloggers and vloggers.
- Local and national government and regulators – local councils, Joint Clinical Senate (London and the South East), NHS Improvement, NHS England and



professional bodies.

- Information will also be shared with statutory health and care organisations and key stakeholders and interest groups in neighbouring boroughs.

Members are asked to note that this list of interest groups is not exhaustive and through evidence received during pre-consultation and consultation and the ongoing stakeholder mapping; the list will be updated to ensure that groups are targeted effectively.

6. Proposed consultation activities

The CCGs will seek to engage with patients, carers, their families, healthcare staff at the Trust and in the community, local people and their representatives through a range of consultation activities and events across Surrey Downs, Sutton and Merton.

A full description of the following proposed activities outlined below is included in the draft consultation plan on pages 18-19 which includes:

- Focus groups
- Public engagement events
- Deliberative events/Citizens Jury
- Awareness raising events
- Telephone survey
- Information leaflet/consultation survey

In line with tCI advice, it is also good practice to extend this engagement during consultation to areas on the border where patients may also be affected by any changes to services.

The recommended approach is to extend the activities already planned within the three CCGs to the neighbouring boroughs using existing and projected patient activity data from Epsom and St Helier hospitals, so this is done in an intelligence-led manner.

The proposed activities in the neighbouring CCGs are detailed on pages 20-21 of the draft consultation plan and include:

- Social media –targeting neighbouring CCG areas with relevant content pointing people to the online survey, consultation materials and local events.
- Advertising – targeted online and social media advertising by postcode, as well as using specific demographic and Trust data to directly targeting people with the online advertising campaign, signposting people to the online survey, consultation materials and events local to them.
- GP practices and pharmacies - posters and flyers are to be distributed to GP practices and pharmacies on the borders according to the existing and potential Epsom and St Helier hospitals data. Relevant GP practices are to be asked to replicate the same activities as GP practices in the consultation boroughs, for example by sending out a template email or text to patients linking them to the consultation website.
- Online survey – it is proposed that the online survey is to be sent to local authorities and community organisations in neighbouring boroughs with



- consultation materials, asking them to share with local residents.
- Partnership communications - neighbouring CCG and local authorities are to be provided with a consultation toolkit which they can share through their existing marketing communications channels.
- Community outreach - dependent on data, patient user groups in neighbouring CCG areas are to be targeted where this is relevant to patient flow, for example attending a maternity user group in Kingston.

A full range of consultation materials will be developed to support the consultation process. These are detailed along with the communication tools we intend to use in the draft consultation plan on pages 17-19.

7. Consultation timelines

The CCGs will not proceed to public consultation until they have secured support in principle for capital funding availability from our Regulators to make the necessary investment required. This will only be secured once our plans have been assessed by regulators - both regionally and nationally in line with normal NHS planning requirements.

Following this – and subject to the timing of assurance feedback, decision in principle on availability of capital we will be taking the following decisions in public as a Committees in Common to:

- Approve the final PCBC with a range of options and a preferred option(s) if determined, alongside making the decision to proceed to consultation.

The timing of any consultation will be considered in the light of national advice and guidance from NHS regulators on the readiness to proceed.

No decision about any changes to services will be made until after a full public consultation has taken place and all the information has been considered by the CCGs.

8. Next steps

The CCGs will continue to consider all feedback from key stakeholder groups on the draft consultation plan, further develop and test its stakeholder mapping with key stakeholders and produce an updated consultation plan to share with the IHT JHOSC Sub-Committee in October 2019 (date of the next meeting will be subject to agreement with JHOSC Officers).

Andrew Demetriades
IHT Joint Programme Director

Appendix 1



IMPROVING HEALTHCARE TOGETHER 2020-2030

DRAFT Consultation Plan

Surrey Downs, Sutton and Merton Clinical Commissioning Groups

www.improvinghealthcaretogether.org.uk

Please note: This is a working document which will be further developed to support a potential public consultation on proposals to improve critical emergency care at St Helier and Epsom Hospitals. Any consultation will only take place once we have agreement in principle for capital availability. More detail will be added as this document is shared with the Consultation Institute, the IHT JHOSC Sub-Committee, the Stakeholder Reference Group and the Consultation Oversight Group, plans are put in place and services are commissioned from external suppliers and partners to support a public consultation.



Contents page [PLACEHOLDER].

DRAFT



1. Purpose of this document

The purpose of this draft document is to describe Merton, Sutton and Surrey Downs Clinical Commissioning Groups approach to communications and public consultation for reaching out to and engaging with key interest groups and the public. It also describes the timelines involved and resources required to deliver the plan for the period up to, during and after a formal public consultation.

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- Key interest groups include:
 - Public, patients, carers and their representatives
 - Partner organisations
 - Community and voluntary sector organisations
 - Healthwatch
 - Seldom heard and equality groups
 - Staff at the Epsom and St Helier University Hospitals NHS Trust (ESTH), the Merton, Sutton and Surrey Downs Clinical Commissioning Groups (CCGs) as well as other partner organisations
 - Neighbouring CCGs and other local hospitals
 - Local authorities and MPs
 - Improving Healthcare Together Joint Health Overview and Scrutiny Sub-Committee

The draft plan aims to help people understand what to expect from the formal consultation, how they can be involved and how long the process will take.

This draft plan draws on feedback received to date from the public, key interest groups including, for example, our Stakeholder Reference Group and Consultation Oversight Group (please see section **[PLACEHOLDER]**). Our consultation planning is an evolving process which we will continue to test with interest groups to inform our programme of engagement and ensure that our methods and approaches are inclusive and tailored to the people we want to reach.

2. Background to the Improving Healthcare Together 2020 – 2030 programme

The Improving Healthcare Together 2020 – 2030 programme (IHT) was set up by Surrey Downs, Sutton and Merton CCGs in January 2018 to find the best solutions for the long-standing issues at Epsom and St Helier University Hospitals NHS Trust (ESTH).

We believe there is a compelling set of reasons why change has to happen now and we have detailed these in our Issues Paper¹, published in June 2018.

These challenges include the following:

- Epsom and St Helier hospitals are the only hospitals in South West London that are not clinically sustainable in the emergency department and acute medicine due to a shortage of 25 consultants against the required staffing standards set by commissioners/ Royal College

¹ Improving Healthcare Together 2020-2030, Issues Paper, Available at: <https://improvinghealthcaretogether.org.uk/document/issues-paper-june-2018/>



of Emergency Medicine.. Also, there are shortages in middle grade doctors, junior doctors and nursing staff. The Care Quality Commission has highlighted staff shortages across the two hospital sites as a critical issue.

- The major hospital buildings are ageing and not designed for modern healthcare. Over 90% of St Helier Hospital is older than the NHS and it has the 16th highest backlog maintenance in the country; its condition has been highlighted by the Care Quality Commission as requiring improvement.
- The Trust has an underlying financial deficit which is getting worse each year. This growing deficit is driven by unavoidable increases in costs for our clinical workforce including temporary staff, increasing costs for estates maintenance and decreasing opportunities for changing the way we work. The financial position will continue to worsen unless changes are made.

IHT is working with ESTH to address these challenges around how to provide hospital services in the best way for the local population. Services must be provided in a way that meets all the required quality standards, in modern fit for purpose buildings. We want to do this so that local people have access to services that will improve healthcare now and for decades to come.

These challenges mean major changes are needed in how healthcare and hospital services are organised and delivered across Sutton, Merton and Surrey Downs.

NHS Surrey Downs, Sutton and Merton CCGs governing bodies are the NHS organisations responsible for making decisions about local healthcare. Together they are considering the options for keeping the majority of current patient services (known as district hospital services) at the Epsom and St Helier sites and bringing together acute services into a new facility for the sickest patients and those most at-risk (please see below).

This would mean that Epsom Hospital and St Helier Hospital would continue to run the majority of services they do now including: Urgent Treatment Centres, outpatient clinics, day case surgery, antenatal and postnatal clinics, chemotherapy, dialysis, beds for people who are medically stable, endoscopy, imaging and diagnostics.

What we are proposing to change is where we treat very sick patients, who normally arrive by ambulance, or patients who are at risk of becoming very sick. These services are known as major acute services. Bringing acute services together into a new facility for the sickest patients would involve the following services:

- Inpatient paediatrics and specialist children's beds (including paediatric A&E);
- Major A&E - the 24/7 emergency department taking major cases. Patients to this unit would arrive by ambulance while all other patients needing urgent but not emergency care would be seen at the local A&E departments;
- Births - for maternity services the Trust aims to provide at least two resident doctors on-site at all times;
- Complex emergency medicine for the sickest medical patients (e.g. those needing high dependency care and coronary care);
- Critical care which is currently delivered at St Helier (13 beds, with an additional two planned)
- Emergency surgery and trauma, which is currently delivered at St Helier (this consolidation has resulted in improved outcomes for patients).

The proposal to bring these acute services together requires an application to the NHS for funding for a new purpose-built acute facility which could be located on one of the three hospital sites -



Epsom Hospital, St Helier Hospital or the Sutton Hospital site. This would ensure that these services remain within the areas of the CCGs. The three CCGs have committed to ensuring that acute hospital services remain in their combined geographies.

Through this consultation process the three CCGs are now seeking views from patients, carers, community, voluntary and public sector bodies, parents and guardians, children and young people, elderly people, health and social care professionals, regulators on our draft proposals.

Our proposed new clinical model for how we could organise healthcare and health services together within the combined geographies, and process for developing or proposed solutions have been detailed in our consultation document, available – here: [\[PLACEHOLDER for link\]](#).

The consultation will take place on [\[PLACEHOLDER\]](#) and conclude on [\[PLACEHOLDER\]](#).

No decisions about any changes to services will be made until after a full public consultation has taken place and all of the information has been considered by the CCGs.

3. Findings from our engagement and pre-consultation activity

Our approach to consultation planning is based on work already carried out during the pre-consultation period of engagement which ran from 24th July 2018 and included:

Programme of early engagement on our case for change, vision and Issues Paper

Between 24th July and the 15th October 2018 a wide variety of activities were employed to gain views. These included:

- A Stakeholder Reference Group which met on six occasions (over 100 members involved including local authorities, campaign groups and housing associations – this forum was chaired by Healthwatch Sutton);
- 11 focus groups delivered through Healthwatch with people over 65, carers and young carers, people with learning impairments and black and minority ethnic communities (over 100 residents participated);
- 12 public discussion events (four held in each CCG locality);
- Six mobile engagement events held at community focal points in areas of high footfall to reach seldom heard groups and deprived communities;
- Online survey completed by over 200 staff;
- Six focus groups and six in-depth interviews with users of emergency care, maternity and paediatric services to seek feedback on the clinical model (56 parents and service users participated);
- Attendance at external forums including the Surrey Downs Participation Action Network;
- 122 service users engaged through 18 local community groups supporting mental health, learning impairment and other equality needs;
- Three focus groups held with deprived communities (one in each locality).

Over 1,100 people were engaged in conversations during this extensive programme of pre-consultation activity and all the feedback provided was published on the IHT programme website: <https://improvinghealthcaretogether.org.uk>.



The feedback is summarised below:

- There is dissatisfaction with current health services and a recognition of key elements of the case for change, such as workforce challenges and the problems with current buildings.
- There was support given for the main areas of the clinical vision - such as the focus on integration and prevention. However, there were concerns over deliverability, specifically with regard to financial sustainability.
- There was not a clear consensus of the type of change that should be delivered, with comments made both in favour of consolidation of services and retaining the status quo.
- People tend to advocate for services they are familiar with and solutions that are closer to them with no clear consensus over a single site for acute services.
- There is a particular concern around the transport and accessibility between different sites, such as from St Helier to Epsom and vice versa. This included the need to consider bus routes, the impact of traffic on travel times, and the cost and availability of parking.
- It was felt that those who are perceived to be most in need - in particular older and less mobile people and those in areas of higher deprivation - would be most impacted by potential changes. Consideration of these factors was felt to be important when developing solutions.
- When consulting or engaging in the future, a need was expressed to use approaches and channels that allow all groups in the population to respond in ways that suit their circumstances. It was also felt that the process should be promoted more visibly and for clear, detailed information to be provided to ensure patients and communities can make informed contributions going forward.

Feedback was also received on preferred engagement methods and activities and this has been used to help shape the draft consultation plan. Section [PLACEHOLDER] of the draft plan on [our approach to developing this consultation plan](#) outlines this feedback.

The **pre-engagement period** was drawn to a close in October 2018. The Campaign Company (an independent research organisation) reviewed and analysed all the engagement feedback and produced a report.

Feedback from the engagement activities was also used to inform the information and evidence packs used for the options consideration workshops (detailed in the following section).

Options consideration

Following the pre-engagement period, three workshops were held between 30th October and 14th November to assess the short list of options. Following best practice advice from the Consultation Institute (tCI), we worked collaboratively with local people and professionals to ensure their views drove this process.

The overall objective of this initial options consideration process was to provide the three CCGs Governing Bodies decision making process with information about how the community and professionals assessed the options. The aims of each workshop were to:

The aims of each workshop were to:

- Decide the criteria to test the potential solutions
- Decide the weighting for each criteria in terms of importance; and
- Apply the criteria to score the options



The information presented at the workshops included the evidence gathered and published to date such as:

- Feedback from the engagement reports
- Information from the programme's Issues Paper
- NHS and mayoral assurance tests
- Deprivation impact analysis, undertaken independently by PPL, Nuffield Trust and COBIC
- Initial equalities analysis of major acute services, undertaken independently by Mott MacDonald
- Evidence prepared by the programme team about the likely impacts of the proposed options

This information is available on our website – here:

<https://improvinghealthcaretogether.org.uk/important-documents/>.

The workshop process focused on evaluating the quality of each option, it did not consider their financial merits.

What became clear from this process was that the option of doing nothing scored lower than any of the other options. However, the process did not provide a preferred option.

The workshops were independently facilitated and the workshop report published on our website – [here](#).

Ongoing pre-consultation engagement

Since October 2018, the programme has continued to reach out to community and voluntary groups across the three CCG areas in order to raise awareness of the proposals, explain the case for change, provide an update on the work of the programme, gather feedback, strengthen partnerships and seek wider opportunities for consultation with local service user, resident, patient and carer groups.

A wide variety of community groups and fora have been engaged as part of this community outreach which included the Epsom Maternity Voices Partnership, Merton VSC Mental Health Forum and Beddington and Wallington Senior Citizens Club. This work will continue up until public consultation.

[Appendix 1](#) details the pre-consultation engagement undertaken to date.

4. Consultation aims and objectives

The option or options to be considered during the consultation will set out the potential solution/s for delivering high quality major acute services that will last in the future, for the people of Surrey Downs, Sutton and Merton.

The consultation is not a vote. It does allow us to obtain a broad range of views from a wide variety of communities, service users and their representatives to be heard and assessed openly and transparently on the options (including any preferred option if determined). This will help us to get the best possible solution for the combined areas of Surrey Downs, Sutton and Merton CCGs.

We will deliver a best practice consultation (advised and assessed by the Consultation Institute), which is founded on the commitment to inform and listen. The Consultation Institute (tCI) is



undertaking a quality assurance role and has provided feedback to date on our process of consultation planning as well as our draft consultation mandate. [PLACEHOLDER]

We will continue to develop our consultation plan by working closely with tCI and our partners to ensure that all our statutory duties are met and we plan and deliver a best practice consultation. This is likely to include:

- Demonstrating the case for change and the benefits of the service change options
- Understanding public and stakeholder views about the different options and their impacts
- Listening to peoples' views on the proposed new clinical model including those services that we plan to bring together for our sickest patients as well as those services that will be retained locally

The consultation will seek to:

- Ensure people in the affected CCG areas are aware of and understand the case for change and the proposed options for change, by providing information in clear and simple language in a variety of formats
- Hear people's views on the proposed changes to major acute services in Surrey Downs, Sutton and Merton
- Ensure the CCGs as decision-makers receive detailed outputs and feedback from the consultation, to ensure they are as well informed as possible for making decisions

The results of consultation are an important factor in health service decision-making, and are one of a number of factors that need to be considered. The feedback gathered during consultation will help the CCGs to make an informed decision on progressing the future shape of hospital services - ensuring that these are high quality, safe, sustainable and affordable and result in the best possible outcome and experience for patients, as well as on which services should be provided in the community, closer to where people live.

No final decision will be made until the consultation has closed and the feedback received has been collated, independently analysed and appropriately considered by the CCGs, alongside any further evidence.

5. Consultation approach

The CCGs need to understand the views of the local populations in Surrey Downs, Sutton and Merton and neighbouring impacted areas about the way in which urgent care, emergency care, maternity and paediatric care as well as planned care are provided in the future. The CCGs have set out their case for change with a proposed service changes to deliver safe, sustainable services that deliver improved outcomes for patients.

A formal decision on any proposed service changes will take into account all of the evidence received following consultation by the three CCGs.

All elements of the engagement plan for a consultation will seek to:

- Ensure that the methods and approaches are developed to provide a range of opportunities for stakeholders to respond to the consultation Identify the best ways of reaching and engaging key interest groups



- Provide an easy read version of documents and offer translated versions relevant to the community as required
- Make sure there is equality monitoring of participants to ensure the views received reflect the whole of the local population
- Use different methods or specifically target communities where there is any under-representation
- Target activity so it covers all the local geographical areas that make up the three CCGs
- Arrange any events and meetings in accessible venues and offer interpreters, translators and hearing loops where required
- Purchase or hire resources for delivering consultation activity from the local community whenever it is possible
- Inform partners of the consultation activity and share the plans for engagement.

6. Consultation principles

We commit to the following key principles during public consultation, which all activities will be based on:

Principles	Proposed approach
<p>1. Providing local communities with a range of opportunities to be involved regardless of who they are and where they live. This includes coverage of activity across all three CCG geographical areas. In addition broader borough engagement is to be developed.</p>	<ul style="list-style-type: none"> • We will map out all our local communities and map interest groups and stakeholders so we know who to engage with and how. • We will provide a range of methods of engagement. • We will work closely with a wide variety of local individuals and organisations to make the most of all opportunities to reach out to people. • We will endeavour to go out to where people are, using creative and innovative methods of engagement.
<p>2. Providing accessible information in clear and simple language and in a variety of formats</p>	<ul style="list-style-type: none"> • We will test our materials on patients, interest groups and the public through the Consultation Oversight Group. • We will stick to plain English standards and where possible gain kite mark status for key documents. • We will provide an easy read version of our consultation document and other key documents as required. • We will provide materials in other formats should they be requested. This includes translation of written materials into other formats, including Braille or other languages.
<p>3. The process will be open and transparent.</p>	<ul style="list-style-type: none"> • We will publish our evidence, public and stakeholder and interest group feedback, the consultation process and our decision making



	<p>timeline on our website.</p> <ul style="list-style-type: none"> • We will be easily accessible for local people to ask questions and raise concerns. • We will update our website with responses to frequently asked questions. • We will work with our local communities to co-design our consultation plan.
<p>4. Careful management of resources to deliver good value for money.</p>	<ul style="list-style-type: none"> • We will endeavour to use evidenced based methods of engagement to make sure we deliver good value for money.
<p>5. Sharing ongoing feedback received during and after consultation so everyone can read it.</p>	<ul style="list-style-type: none"> • We will share updates regarding feedback during consultation. • We will commission an independent analysis of consultation feedback which will be published after consultation has finished.
<p>6. Using the feedback received during consultation to inform our decision-making.</p>	<ul style="list-style-type: none"> • We will share our governance structures and timelines so the public and our partners can understand our decision-making process.
<p>7. Running an evidenced-based, best practice consultation.</p>	<ul style="list-style-type: none"> • We will work with our partners to design our consultation activities. • We will work with the Consultation Institute to ensure we are following best practice guidance.

7. Process for consultation

7.1 Our approach to developing the consultation plan

All methods for consultation will be developed in line best practice and co-produced with our stakeholders as well as input and oversight from the Consultation Institute.

In developing this draft plan we have considered feedback from all our early engagement and pre-consultation activities. Table 1 outlines feedback received in relation to consultation planning. The information included in this table will be constantly updated up until a decision to proceed to consultation.

Table 1: Feedback from our early and pre-consultation engagement used to shape our draft consultation plan

Group	Aims	Date	Feedback
Pre engagement audiences	To share and receive feedback on the case for change, proposed options, and any other evidence to date (such as the Integrated Impact Assessment).	July - October 2018	<ul style="list-style-type: none"> • Be transparent around the decision-making process • Open and honest communication about the potential solutions and more detailed information • Make the process inclusive and use a range of communication and engagement channels to meet the needs of different audiences • Promote involvement at hospital sites, GP practices and other public places to reach patients • Hold evening meetings and meetings in venues to reach seldom heard communities; • Consider opportunities for a door to door mail drop as part of the commitment to reach out to the widest sections of the communities served; • Work with community organisations to review and create 'easy read' documents; • Ensure independent facilitation for events; • Ensure that all key documents contain executive summaries.
Ongoing pre-consultation engagement with community forums	To continue to raise awareness of the proposed options, explain the case for change, provide an update on the work of the programme, gather feedback, strengthen partnerships and source wider opportunities for consultation with local service user, resident, patient and carer groups	October – current	<ul style="list-style-type: none"> • The feedback obtained mirrors the findings from our programme of early engagement undertaken during July – October 2018
Communications and engagement steering group	To ensure that messages and activities are aligned with other CCG and Trust communications and engagement objectives.	Workshop in October 2018	<ul style="list-style-type: none"> • Make sure the case for change is very clear • Involve the public and stakeholders in designing the consultation plan so we get rich ideas about how to make consultation really successful • Publish all evidence and more Q&As

Stakeholder Reference Group (SRG)	Set up to reach out to community members and partners from the combined geographies, who have scrutinised and provided input into the programme and key evidence.	Meetings on: 15 th August 2018 17 th October 2018 7 th March 2019 22 nd May 2019	<ul style="list-style-type: none"> • More online and social media advertising • Easy Read version of the consultation survey • Consultation fatigue on this issue so encourage people to complete the survey by offering a voucher (M&S vouchers worked for residents in Surrey) • Engage with resident associations, deprived and elderly communities • Make sure we are getting responses from each demographic area and weight them - same geographically • Need a response handling team so people can get responses during the consultation in case they want to follow up again • Aim for 1% response rate which is national average (The Consultation Institute) • Publish all the evidence in simple formats so people can understand everything, include infographics and other images • Materials need to be precise and short • Engage with the Royal College of Emergency Medicine • Website translation plug-ins • Hold public events
Consultation Oversight Group	Set up to ensure seldom heard and marginalised communities are supported to participate in the consultation process. This group offers practical advice, suggestions, views, expertise and local knowledge as an independent voice and critical friend. The COG consists of Healthwatch, Councils of Voluntary Services (e.g. Central Surrey Voluntary Action and Community Action Sutton) and volunteers from seldom groups such as alcohol, drug abuse and mental health service users and the Gypsy, Roma and Traveller community.	Meetings on: 31 st May 2019 11 th July 2019	<ul style="list-style-type: none"> • Provided feedback on local community organisations, networks and partners following a stakeholder mapping exercise eg to reach young people work through secondary schools – use peer-to-peer methods – work through colleges; neighbourhood watch groups; parochial church groups. • Provided early thinking on draft consultation activities – good menu of proposed activities to reach population – wide variety of methods – not just events • To ensure the programme works with the voluntary and community sector as a deliver partner for consultation activities with the provision that enough lead in time is given to prepare and deliver this work • Target and empower community networks to facilitate conversations for you – provide supporting materials

			<ul style="list-style-type: none"> • Equality groups are important – how do they fit into the consultation? • Be clever – capture captive audience attending existing events e.g. to promote flu jabs – look at what is going on locally to catch large numbers • Work with local councils to reach the working well – largest employers • Use annual public health reports • Focus consultation on reaching affected service users who are more likely to use the service
<p>Integrated Impact Assessment (IIA) Steering Group</p>	<p>Set up to review and agree the IIA scope and membership for the Travel and Access Working Group. This group offers practical advice and suggestions to ensure representative engagement with community members from protected characteristic groups. The group will review and agree the interim and final IIA reports.</p>	<p>Meetings on: 23rd January 13th May 2019</p>	<ul style="list-style-type: none"> • To work with community representatives to reach out to equalities groups (for example, the Lesbian, Gay, Bisexual and Transgender and the Gypsy Roma Traveller Communities) • To undertake further engagement with Trust staff • To ensure the engagement plan incorporates people with both learning and physical disabilities • To ensure that the interim report is accessible (i.e. Easy- Read) during consultation • Consultation fatigue was raised as an issue by members of the IIA Steering Group
<p>Travel and Access Working Group</p>	<p>Set up to provide review and agree methodology for travel and access work, provide advice to the Programme around local travel and access plans and to review and agree all related data analysis. This group reviewed and agreed the travel and access chapter for the interim draft IIA report.</p>	<p>Meeting on: 14th March</p>	<ul style="list-style-type: none"> • Committed to continue to engage with staff at the Trust
<p>IHT Joint Health and Overview Scrutiny Sub-Committee</p>		<p>Meetings on: 16th October 2018 30th April 2019</p>	<ul style="list-style-type: none"> • The sub-committee will undertake its statutory responsibilities to consider whether the consultation is adequate and whether the proposals being put forward are in the interest of the local population • Clarity around timeline and the consultation plan • Ensure a sufficient time period to allow people to be made aware of the consultation



7.2 What we already have in place

There are a number of existing engagement mechanisms in place which help to provide information and communicate with a range of interest groups. These mechanisms will continue to be used throughout this process and include:

- Staff at the Trust are already being engaged through a number of staff briefings which will continue throughout this process. Staff have also been engaged through the Integrated Impact Assessment process.
- Local councillors and MPs are updated through discussions at Scrutiny and Health and Wellbeing Boards. In addition one to one meetings with MPs have provided an opportunity for regular briefings. Overview and Scrutiny Committees and Health and Wellbeing Boards are being kept up to date with plans through presentations and briefings.
- Dedicated pages on CCG websites and the IHT website contain a range of information including the evidence available to date. Existing social media channels, websites, newsletters and the media will be used to promote the consultation.
- Healthwatch colleagues are supporting via the Stakeholder Reference Group, Consultation Oversight Group and the IIA Steering Group to ensure consistent messages are provided to the public.
- Local GP practices are to be made aware of any engagement and consultation and promote participation via surgeries including through patient reference groups.
- Working with the voluntary and community sector to raise awareness of the programme, share information and obtain feedback.
- Resident Association's and Patient Reference Groups are informed and opportunities to engage in conversations are promoted.
- Information is circulated widely to the existing stakeholder database which includes a range of local community, voluntary, statutory and other organisations.

7.3 What else do we need?

To ensure formal consultation can take place there is a need to provide more opportunities for communication and information sharing and discussion, offer interest groups the chance to host conversations and directly target identified groups.

The consultation plan is currently a draft document which will be further developed and co-produced with key stakeholders and interest groups in order to understand the methods and approaches that are appropriate for the three CCGs areas.

We will continue to co-design the consultation plan working with our Consultation Oversight Group, the Stakeholder Reference Group, the Improving Health Together Joint Health Overview Scrutiny Sub-Committee, the IHT Communications and Engagement Steering Group, the IHT Programme Board, and Merton, Surrey Downs and Sutton CCGs' Governing Bodies.

The final consultation plan will require approval by the three CCGs' Committee in Common. The process will need full commitment from all partners to provide staff and appropriate key speakers as required.



8. Legislation

Consultation is the formal process of asking the public for their views on any proposals to change the way a public service is provided and delivered. This process is supported by legal obligations where local people have a voice and an opportunity to provide their view.

As NHS organisations we are required to show how the options we put forward meet our statutory duties and legislation. This information is detailed in [Appendix 2](#) [PLACEHOLDER]

9. Interest groups

The consultation will aim to engage as effectively as possible with the following groups across Surrey Downs, Sutton and Merton:

- **Patients, carers and the public** – Groups of patients and the public who are specifically affected by any proposed changes including young people, carers and the wider community including those not always actively engaged with health services.
- **Voluntary and community sector:** Healthwatch, residents' associations, patient representative groups.
- **Traditionally under-represented or seldom heard groups** – people with protected characteristics, people with learning disabilities, those with long term conditions, carers (including young carers), refugee and undocumented communities, the 'working well' and people who are homeless or in unsecure housing.
- **Clinicians and staff** – clinicians and those working in secondary care, primary care, social care, mental health and other parts of the health and social care service, and their trade unions.
- **Partners and providers** – all local partners and providers of services, community and mental health providers and voluntary organisations.
- **Political stakeholders** – Joint Health Overview and Scrutiny Committee, individual Health Overview and Scrutiny Committees, Health and Wellbeing Boards, Members of Parliament, local councillors and Cabinet members.
- **Media** – local, regional, national and trade media, and social media commentators including bloggers and vloggers.
- **Local and national government and regulators** – local councils, Joint Clinical Senate (London and the South East), NHS Improvement, NHS England and professional bodies.
- Information will also be shared with statutory health and care organisations and key stakeholders and interest groups in neighbouring boroughs.

This list of interest groups is not exhaustive and through evidence received during pre-consultation and consultation the list will be updated to ensure that groups are targeted effectively.



10. Consultation methods and materials

10.1 Engagement activities

We will seek to engage with patients, carers, their families, healthcare staff at the Trust and in the community, local people and their representatives through a range of engagement activities and events including:

Engagement activity	Description
Focus groups	<ul style="list-style-type: none"> To support our efforts to consult local people who may be most impacted by our proposals, including any equality, seldom-heard and protected characteristics groups across the three CCGs areas, we will run up targeted focus groups with these cohorts.
Public engagement events	<ul style="list-style-type: none"> Open-invite public events in each of the three CCG areas (six in total) will be held in order to capture feedback from local residents. The purpose of these is to hear the views of local residents on the questions put forward during the consultation and issues outlined in the consultation document.
Deliberative events/Citizens Jury	<ul style="list-style-type: none"> We will run independently facilitated and invite based deliberative events/Citizens Jury to hear the views of local residents on the questions for consultation based on informed, two-way debate and dialogue.
Awareness raising events	<ul style="list-style-type: none"> The aim of the events are to: <ul style="list-style-type: none"> ○ Raise awareness of the consultation and scheduled information sessions ○ Engage people who otherwise might not actively engaged with the process or be aware of developments so far The stands could cover a number of locations across Surrey Downs, Sutton and Merton in prominent locations in the local community (i.e. supermarkets, shopping centres, and sports centres, places of worship, existing community events), with each roadshow being followed by an information session held in a nearby location.
Telephone survey	<ul style="list-style-type: none"> We will undertake a telephone survey with a representative sample of the three CCGs populations. This will include protected characteristics groups, carers and deprived communities.
Voluntary and community sector support	<ul style="list-style-type: none"> This would involve commissioning community and voluntary sector organisations to secure consultation feedback on behalf of the programme. Networks and existing platforms could be used to host conversations and ensure comments and views could be captured by circulating proposals using presentations and a questionnaire for community groups to use. This approach will ensure that views are gathered from



	<p>protected characteristic, seldom heard and carer groups.</p> <ul style="list-style-type: none"> • This engagement could also include attendance at meetings and sharing presentations and supporting materials with voluntary, community, patient groups across Surrey Downs, Sutton and Merton.
Engagement with elected representatives	<ul style="list-style-type: none"> • Face to face meetings and regular written briefings will ensure these key stakeholders are informed and involved. • In addition, the IHT Joint Health Overview and Scrutiny Sub Committee will be formally consulted on the engagement and consultation plans in line with the Health and Social Care Act 2012.
Information leaflet/consultation survey	<ul style="list-style-type: none"> • We will produce an information leaflet and consultation survey. It will be available electronically and distributed via a range of methods including electronic distribution.
CCG and Trust staff engagement	<ul style="list-style-type: none"> • This work will focus on building on existing platforms in organisations and utilise websites, internal communication channels, staff briefings and local intranets. • Meetings at each hospital site will target groups of staff around the services specifically affected to raise awareness of the consultation and encourage staff to complete the consultation survey. • Attendance at locality forums with GPs, practice managers and nurses to engage them in the consultation questions and gather feedback. We will work with the Communications leads at the three CCGs and Trust to ensure attendance at these meetings.

Sign language interpreters will be available at events and upon request.

We will work with external, independent experts to deliver these engagement activities.

10.2 Consultation materials and tools

A range of **consultation materials** to support the consultation process will be developed, including:

Consultation materials	Purpose
Full consultation document	<p>The designed document will be published on our website and disseminated to partner organisations.</p> <p>The document will include:</p> <ul style="list-style-type: none"> ○ Description of the proposals ○ Case for change, what is changing and why ○ What the consultation is about in a clear and simple way ○ Ways of responding to the consultation and deadline for submitting responses ○ Information about how these findings/views will be used ○ When and how a decision will be made.



Consultation materials	Purpose
A summary consultation document	The summary will be available at events and distributed in bulk to key outlets, for example libraries, sport centres, GP practices and community venues.
An easy-read consultation	An accessible, easy read and translated consultation document (i.e. for people with learning disability and sight impairments) will be available upon request.
Consultation survey	<p>An online and hard copy consultation survey including optional equality monitoring will be available.</p> <p>The survey will be printed for use at events and circulated widely to interest groups and stakeholders.</p> <p>The survey will be translated into different languages and formats where required and upon request.</p>
Videos	<p>Two videos:</p> <ul style="list-style-type: none"> ○ A series of vignettes showing support from clinical leaders on the case for change, the clinical model and their committed support ○ Animation video – develop the story board to support public facing video of the consultation document
Clinical model materials and resources	<p>These materials will include:</p> <ul style="list-style-type: none"> ○ Clinical model factsheets ○ Patient stories ○ Other resources (i.e. presentations) <p>The purpose of these materials is to strengthen understanding of the proposed clinical model by the public, our clinical audience and staff.</p>
Posters, flyers, banners/display stands	These publicity materials will be distributed in bulk and/or available at public events and mobile awareness roadshows to engage with patients and the public.
Pre-briefings	Briefings will be arranged and promoted to update on the consultation process. Briefing material will be tailored and produced to fit particular stakeholder group/request.
Consultation closing procedure	This document will detail how each element of consultation feedback will be recorded.
Consultation toolkit for partners	This will include slide presentations, website and social media materials.

Various **tools** will also be used in order to raise awareness of the consultation, promote engagement events to the public and disseminate information. These include:

Communication tools	Purpose
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Communication tools	Purpose
Media	<p>Working closely with local journalists the focus is to disseminate key messages including details of public events and opportunities for members of the public to have their say.</p> <p>This will involve proactive (press releases) and reactive (statements in response to enquiries) media relations.</p>
Digital	<p>Dedicated IHT consultation website, newsletter and social media channels.</p> <p>The IHT website and all CCGs' websites will contain information about the consultation and how people can give their views.</p> <p>We will also work with communications colleagues in partner organisations to cascade messages through their internal and external channels as appropriate.</p>
Social media	<p>A consultation account will be created on social media. Throughout the consultation period it will be used as a communication tool to promote events and the consultation to the public.</p> <p>Partner organisations are to be asked to share social media communications to reach the widest possible audience.</p> <p>Digital advertising and social media activity will be focused on engaging with new audiences.</p>
Advertising	<p>Working with local media outlets paid-for opportunities will be identified to promote the consultation for example through supplements and/or advertisements for events.</p>

The mechanism used for producing / further developing these tools and materials will include:

Key messages

The aim is to ensure the key messages that support the consultation are consistent, clear and easy for people to understand. This will help people engage in the process. These will be used throughout the process to drive awareness and cement understanding. Key messages typically include information about why change is needed, the proposals for change, and the way in which individuals and organisations can have their say. A range of materials will be developed to support this including:

- Narrative to support engagement activities (for use by partners and those leading events)
- Content for internal/external/partner bulletins
- Content for websites/intranet – PowerPoint presentation for events and use by partner organisations

Ambassador training

Spokespeople among staff are to be identified and provided with appropriate training to undertake public facing roles within the consultation and related engagement work.



Frequently asked questions (FAQs):

Feedback and questions received via questionnaires will be monitored, as well as at events and through the media and other mechanisms. The FAQs via the website and other communications mechanisms will be used to clarify any factual information or correct inaccuracies.

10.3 Consultation activities in neighbouring CCG areas

The programme has a duty to engage the population in the three CCGs where people will be most affected by any potential changes. These are Surrey Downs, Sutton and Merton and the catchment area for Epsom and St Helier hospitals.

It is also good practice to extend this engagement during consultation to areas on the border where patients may also be affected by any changes to services.

The recommended approach is to extend the activities already planned within the three CCGs to the neighbouring boroughs using existing and projected patient activity data from Epsom and St Helier hospitals so that this is done in an intelligence-led manner.

Consultation and communication activities in the neighbouring CCGs will comprise the following:

Social media

The social media plan will encompass targeting neighbouring CCG areas with relevant content pointing people to the online survey, consultation materials and local events. Localised content will be developed by borough and the work proposed on Facebook will target key online community groups in border areas.

Advertising

Online and social media advertising will be targeted by postcode as well as vis specific demographics. Using hospital data people living in postcodes and using Epsom and St Helier hospitals' services can be directly targeted with an online advertising campaign signposting them to the online survey, consultation materials and events local to them.

GP practices and pharmacies

Posters and flyers are to be distributed to GP practices and pharmacies on the borders according to the existing and potential Epsom and St Helier hospitals data. Relevant GP practices are to be asked to replicate the same activities as GP practices in the consultation boroughs, for example by sending out a template email or text to patients linking them to the consultation website.

Online survey

The online survey will be sent to local authorities and community organisations in neighbouring boroughs with consultation materials, asking them to share these with local residents.

Partnership communications

Neighbouring CCG and local authorities are to be provided with a consultation toolkit which they can share through their existing marketing communications channels.

Community outreach

Dependent on data, patient user groups in neighbouring CCG areas will be targeted where this is relevant to patient flow, for example attending a maternity user group in Kingston.



All activities will be reviewed regularly working with the Consultation Oversight Group, Healthwatch, Trust staff, GPs and in discussion with local authorities. These activities will also be tailored in line with the rest of the consultation plan to ensure they are proportionate and fair.

11. Communications channels

The following key channels will be used to reach identified target audiences:

Target Audience	Delivery Method
Service users, general public and the voluntary and community sector	<ul style="list-style-type: none"> Events Printed material Video Website Mailshots/posters etc. Media/social media Advertising Partner channels Existing meetings and forums Patient reference groups Third sector organisations Third sector umbrella organisations Patient groups Carer groups
OSC/Health and Wellbeing Boards	<ul style="list-style-type: none"> Meetings Written briefings Possible workshop Events Printed material Mailshots/posters etc. Media/social media Advertising
Staff (hospital and community health services staff or CCG)	<ul style="list-style-type: none"> Bulletins and briefings Staff events/displays Intranet
Healthwatch	<ul style="list-style-type: none"> Written briefings Face-to-face meetings



Target Audience	Delivery Method
Elected members / Councillors/MPs	Written briefings Face to face meetings Public engagement events Website Media/social media Advertising Joint Health Overview and Scrutiny Committee /Health and Wellbeing Boards
Local professional committees	Written briefings Face to face meetings
Media	Media releases Broadcast interview Briefings Social media Podcasts Video
Local GP practices	Existing meetings including locality meetings Intranets Practice visits Bulletins
Campaign groups	Engagement events Videos Website Newsletter Advertising

12. Feedback

- All public, interest group and staff events will be recorded.
- Feedback through face to face contact will be recorded on data capture sheets.
- Questionnaires will be gathered electronically and via a FREEPOST response address.
- Any comment cards which may be used at events will capture in the same way as comments gathered through the CCG websites.
- The information gathered will be analysed with the support of an independent organisation.

13. Consultation timeline

[PLACEHOLDER]

13.1 Consultation delivery – high level timeline of activities

[PLACEHOLDER timelines to be included once decision in principle for capital is obtained by Regulators]

Phase	Activity
Preparation for formal consultation	Develop all consultation materials including consultation documents, website development, roadshow materials, presentations and information sessions.
Pre-launch of formal consultation	<p>Pre-consultation stakeholder communications engaging with the following key stakeholders either via letter or where possible face to face:</p> <ul style="list-style-type: none"> • GP members and practices • Chairs of patient engagement groups at GP practices • MPs • Councillors • Health and Wellbeing Board members (via chair) • Scrutiny panel members (via chair) • Bordering CCGs - to inform them that a formal consultation is imminent and to seek their views on an informal basis • Informal meeting with staff who will directly be affected by either the process of the consultation or the outcomes particularly in departments/clinical disciplines directly impacted by the proposed changes • Professional bodies such as Royal Colleges and Councils • Unions and trade bodies • Three Healthwatch organisations (via Chair) • Media (health correspondents where possible) <p>During this time, all consultation support materials – printed, electronic and all supporting software should be signed off and made ready for printing.</p>



Pending launch

Publicity materials to be sent to key interest groups who are actively involved in supporting the consultation process as a partner, providing care or services directly related to consultation (for example National Childbirth Trust)

Media release for newspapers and voluntary sector newsletters, community magazines and health service partner newsletters

Adverts in relevant local newspapers

Liaise with regulatory bodies, patient participation groups and health and social care forums to inform them the consultation is going to take place and provide relevant information.

Launch day

On the day of the launch ALL materials need to be available and ready for distribution:

- Web pages and web links live with documents uploaded and access checked
- Process in place to provide materials in alternative formats
- Approved media releases issued
- Social media sites identified and content approved spokespeople briefed and ready to speak.
- Email letter sent to all key stakeholder groups
- Posters sent to public facilities, e.g. GP surgeries, libraries, dentists, leisure centres, pharmacists.

Consultation mid-point review by the Consultation Institute (tCI)

As part of our consultation assurance process with tCI, we will conduct a mid-point review half way through the consultation period. This will look at how well we have engaged to make sure we are providing the best opportunities for people to have their say. tCI will assess if there has been sufficient feedback from seldom heard or minority groups so that we can adapt our activities to reach groups of people who have not yet been involved. We will also, as required, adapt our methods and channels used to ensure that we make the best use of the most effective channels and that our resources are directed accordingly.

14. Equality

To ensure the consultation process meets the requirements on the CCGs to evidence due regard is paid to their equality duties, all consultation activity will be equality monitored routinely to assess the representativeness of the views gathered during the formal consultation process. Following the equality analysis to ensure readiness for consultation a number of groups have been identified who are more likely to be impacted by potential changes.

This includes:



- Actively consult older people around emergency and urgent care services as they are frequent users.
- Through the public consultation gather further information and view from groups who are over or under-represented in relation to the local population in service use so their views can be considered.
- Reach out to those with mental health needs and disability groups who could be significant users of the changes proposed to enable potential negative impacts to be identified and mitigated.
- Carers should be reached in the consultation to identify if any proposed changes would be experienced more acutely by carers.
- Actively consult children and young people during the public consultation.

The consultation process will target protected groups using a network approach to ensure wide reach during the consultation exercise through partnership-working with Healthwatch, councils of voluntary services (Community Action Sutton; Central Surrey Voluntary Action; Merton Voluntary Services Council) and local authorities.

[Appendix 3](#) includes a list of these key groups – this matrix is not exhaustive and indicative only – many others will be consulted plus groups which are still being scoped.

Adjustments and arrangements will also be made to enable protected characteristic groups to participate fully in the consultation process. Advice will also be sought to deliver accessible and easy read copies of the consultation document, translations and British Sign Language (BSL) interpreters for events.

15. Consultation budget and resources

[PLACEHOLDER]

16. Analysis of data and presentation of findings

Consultations can be sensitive and controversial and it is recommended that the analysis of findings is independent to allow for continued transparency. The format for responses may also be varied and analysis may be required on data collected from a number of sources, including but not limited to:

- Hard copy and online consultation survey returns
- Qualitative feedback from consultation engagement activities and events
- Transcripts, recordings and minutes of meetings
- Petitions

Handling petitions

- Petitions will be registered as they represent the expression of the views of the people who sign them. Whilst it will be important for the consultation analysis to capture numerical data (number of surveys/petitions received), the consultation will focus on a thematic analysis of responses (in the same way that any other response will be considered).



- Petitions will not be considered if they are repeated, vexatious or if they concern issues outside of the consultation's remit. Petitions will also not be considered if the information contained is confidential, libellous, false, defamatory or offensive.
- As a consultation we will not only seek to capture peoples' views but also the rationale for their views and evidence to support them, our consultation documentation will welcome petitions and requests that recipients provide supporting/additional information, to encourage people to be clear on the rationale for making a particular statement or why they have answered questions in a specific way.

Once the formal consultation data input has taken place and the data analysed, all the feedback will be captured in one report. A simple summary and easy read version of this report will also be produced. This report will provide a view from staff, public, patients, carers and key stakeholders on the proposals. To give additional assurance The Consultation Institute will provide an independent evaluation of the consultation.

After the consultation has finished due consideration will be given to all the findings in the final consultation report in order to determine next steps. It will then be made public.

17. Next steps

This draft consultation plan is being tested with The Consultation Institute to ensure delivery against key gateway assessments for a robust and effective consultation. This work will include a risk/gap analysis and robust testing of stakeholder mapping.



18. Appendices

18.1 Appendix 1: Ongoing pre-consultation engagement

[PLACEHOLDER – TO BE UPDATED]

CCG	Organisations/ groups engaged
Merton	<ul style="list-style-type: none"> • Merton Voluntary Services Council (VSC) • Merton Voluntary Services Council: Mental Health Forum, on 21st March 2019 • Merton Voluntary Services Council: Health and Social Care Forum, on 9th April 2019 • Inner Strength Network (support for women, girls and their families around gender equality issues), on 24th April 2019 • Merton Voluntary Services Council: Involve Forum, on 7th May 2019
Sutton	<ul style="list-style-type: none"> • Sutton Parents Forum, on 13th March 2019 • Sutton Patient Advisory Group, on 26th March 2019 • Bananas Art (support group for adults with a learning disability), on 15th April 2019 • Sutton Night Watch (support for homeless community), on 15th April 2019 • Wallington and Carshalton Health and Well Being Information Day • Inspire Partnership (drug and alcohol use), on 26th April 2019 • Health and Information Well-Being Day, on 26th April 2019 • Milan Group (BAME community), on 1st May 2019 • Community Action Sutton: Children and Young People Forum, on 8th May 2019 • Learning Disabilities Care Homes Provider Forum, on 9th May 2019 • Beddington and Wallington Senior Citizens Club, on 13th May 2019 • Community Action Sutton: Faith and Belief Sutton, on 15th May 2019 • Sutton South Hello (older people support group), on 15th May 2019 • Older People Registered Home Providers (care homes), on 22nd June 2019 • Community Action Sutton: BAME Forum, on 26th June 2019
Surrey Downs	<ul style="list-style-type: none"> • Long Term Neurological Conditions Group (Surrey Coalition of Disabled People), on 19th February 2019 • Preston Partner Network, on 29th April 2019 • Participation Action Network (multi-partner community and voluntary sector forum convened by Surrey Clinical Commissioning Group), on 6th March 2019 • Mid-Surrey Disability Empowerment Network meeting, on 25th March 2019 • Epsom and St Helier Maternity Voices Partnership, on 29th March 2019



18.2 Appendix 2: Legislation

[PLACEHOLDER]

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18.3 Appendix 3: Stakeholder map

[PLACEHOLDER – this matrix is not exhaustive and indicative only – many other groups will be consulted plus groups which are still being scoped]

A. Draft patient, equality and seldom hear groups stakeholder map

Cohort:	Surrey Downs CCG	Sutton CCG	Merton CCG
People over 65	Age UK Surrey Age Concern - Mole Valley Tuesday Club – Banstead	South Sutton Hello Age UK Sutton Beddington & Wallington Senior Citizens Club	Merton Seniors Forum Age UK Merton Asian Elderly Group
Black and minority ethnic communities	Surrey Minority Ethnic Forum Elmbridge Council - Multi-Faith and Race & Equality Forums	Sangam African and Caribbean Heritage Association Muslim & Cultural Welfare Association of Sutton	BAME Voice Polish Family Association South London Tamil Welfare Group Baitul Futuh Mosque
People with learning impairments	Sunnybank Trust The Grange Ashtead Learning Disability Action Group	Sutton Mencap Speak Up Sutton Clusters	Merton Mencap Merton Centre for Independent Living Act Too
People with physical impairments	Surrey Coalition for Disabled People Mid-Surrey Disability Alliance Network Surrey CC: Valuing People Groups	The Dreaming Tree (visual impairments) Sutton Lodge Day Centre Oaks Way Centre	Merton Vision All Saints Resource Centre MERU
People in poor mental health	The Old Moat – Richmond Fellowship Mary Frances Trust Surrey and Borders Partnership FT	Sutton Mental Health Foundation Cheam Priory Day Centre Alzheimer's Society - Sutton	Imagine Independence Hearts and Minds Wimbledon Guild Counselling Service
Children and Young People	Bfree: North Leatherhead Youth Council Phoenix Youth Centre (Tadworth) YMCA - Banstead	Street Doctors (youth reparation scheme) Sutton Youth Commissioners Young carers	Merton Youth Centre South Thames College Ashdon Jazz Academy
Maternity, Pregnancy and Parents	Family Voice Surrey Riverview Children's Centre Home Start – Elmbridge, Epsom & Ewell	Home Start – Sutton Sutton Parents Forum Jigsaw4u	Gooseberry Bush Centre Merton Council - Childrens Centres NAS Merton Group (autism)
LGBT	Outline Surrey	LGBT Forum	LGBT Forum
Carers	Action for Carers Surrey Young Carers	Sutton Carers Centre The Carers Trust	Merton Carers Support Help for Carers



Gypsy, Roma and Traveller community	Surrey Gypsy Forum Gypsy community in Epsom	Merton and Sutton Traveller and Education Service	Merton and Sutton Traveller Education Service
Deprived communities	Epsom and Ewell Food Bank	Riverside Centre Refugee and Migrant Network	Commonside Development Trust South Mitcham Community Association
Patient groups	PPGs e.g. Ashlea Surgery Stroke Association - Sutton	PPGs – through Community Action Sutton Sutton Family Diabetes Group	PPGs Breathe Easy – Merton & Sutton group
Seldom heard groups	Catalyst (drug and alcohol mis-use) LeatherHEAD Start (the homeless)	Children in Care Council Refugee and Migrant Network	South London HIV Partnership Circle Housing – Merton Priory

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