

Consultation Plans

1.1 Introduction

The Maternity Services reconfiguration programme is committed to continuing to engage with all relevant stakeholders.

The following information outlines the approach to be taken in engaging and consulting with the public and key stakeholders about the proposal for change. A detailed Communications Strategy and Consultation plan can be found in appendix 8.

1.2 Purpose of the formal consultation

Patient and Public Engagement (PPE) activities will be conducted in line with the Government's Consultation Principles for Public Bodies (October 2013), the Equality Act (2010) and Section 242, Subsection (1B)(b) of the Health Act 2006 (as amended). Involving service users and their representatives, clinical teams and other key stakeholders throughout the process will also contribute to assurance against the Secretary of State's five tests for service change.

Early engagement and involvement has aimed to create an understanding of the challenges faced and the need for change, and contributed to the co-creation of the proposal for change.

Formal engagement and consultation will build on this to:

- Demonstrate a 'you said, we did' approach to service reconfiguration, highlight what we have heard during informal engagement and demonstrate how this has shaped the proposals for change.
- Draw further discussion and feedback on the proposal for change working in partnership with stakeholders to secure the best possible solution for service reconfiguration.
- Ensure successful implementation of the proposal.

1.3 Our guiding principles for consultation

- We will clearly set out the results of our informal pre-consultation engagement activities and how the key themes identified helped inform the proposal for change.
- We will clearly set out what we are proposing, why these changes are needed, and why we are consulting with patients and the public. People must be very clear how their views and feedback will be used/have influence, and what the full consultation process involves.
- We will provide sufficient, good quality information in a number of different formats and mediums using a number of different channels, ensuring that

people have as much information as required on which to consider our proposal.

- We will consult with the public with an open mind.
- We will work with service providers, primary care professionals, Healthwatch, charities and community groups to identify and consult with a diverse range of groups who will potentially be impacted by the proposal.
- We will liaise with Health Overview Scrutiny Committees to discuss arrangements to consult with them.
- We will consult with different groups in ways that are meaningful and appropriate for them including face to face meetings and surveys.
- We will use communications and engagement channels which will provide patients, public and other stakeholders out of area information and opportunity to feedback on the proposal.
- We will make sure that information and events are fully accessible, and are shared widely over a sufficient time period, so that all groups can fully engage in the consultation process.
- Resources are limited and we will maximise all communications and engagement channels available to Trust and CCG partners.
- We will take patient and public views and feedback into account before making a final decision.
- We will invite our stakeholders to suggest alternative options to the ones we are proposing and give these options genuine consideration, if they meet the challenges and criteria outlined in our Pre Consultation Business Case.
- We will share stakeholder feedback publicly and explain our final decision(s) with honesty and transparency.
- If the CCGs take a decision that goes against the general views of the public, it must have strong, evidenced reasons for this and will make sure these reasons are recorded.

1.4 Stakeholders

The LMS has many stakeholders; in order to ensure consultation activities are tailored around individual needs, we will analyse various the audiences. We will do this by identifying groups and/or individuals for each stakeholder as appropriate, undertaking analysis of stakeholder's needs so we can understand who we need to communicate with and how.

Stakeholder groups include:

- Public – (service users and their representatives , families, community and minority and seldom heard groups)
- Internal stakeholders – (clinical teams providing the service, wider Trust and CCG staff)
- Commissioners – (e.g. Bath and North East Somerset, Swindon, Wiltshire, Somerset and neighbouring CCGs, NHS England)
- Public sector partners – (e.g. B&NES, Swindon, Wiltshire and Somerset county councils and district councils)
- Voluntary and Community organisations and support groups (e.g. NCT groups and SANDS)

- Professional (e.g. GPs, NHS partner organisations)
- Political partners – e.g. MPs, Councillors from parish, district and county councils)
- Scrutiny – (Healthwatch, B&NES, Swindon, Wiltshire and Somerset Health Overview and Scrutiny Committees, and Health and Wellbeing boards)
- Media as a conduit to the public (e.g. Local news outlets, BBC etc).

1.5 Governance and transparency

In line with our principle to be open and transparent we will:

- Offer the same level of information to people attending our events and/or who ask to be given updates.
- Put as much information as we can onto the consultation website showing the evidence behind the need to change and for the proposal we are consulting on.
- Meeting papers and other key decision documents will be published on the consultation website.
- Provide timely updates to stakeholders on progress and next steps
- Enable our clinical teams and other key programme decision makers to have a wide ranging discussion in suitable forums which enable challenge and debate.

The consultation and communications for the programme will be led by Wiltshire Clinical Commissioning Group on behalf of the Bath & North East Somerset, Swindon & Wiltshire Local Maternity System.

The Wiltshire CCG's communications team, with the support of the Local Health Economy Communications Working Group (LHECWG), is responsible for the planning and implementation of the consultation plan and approach and will:

- Fit within the overall governance arrangements of the programme. Provide regular updates and be accountable to the programme Steering Group, NHE England
- Meet regularly as an LHE communications and engagement group, and provide briefings and updates to communication colleagues from neighbouring CCG and provider organisations
- Work with Healthwatch and CCG PPE leads to ensure service user voice in discussions and decisions.
- Ensure consultation responses are thoroughly considered and are included as part of the decision making process.
- Coordinate and liaison with MPs/elected representatives over the proposal
- Ensure media and social media responses on Redesigning Maternity Services managed by a media protocol.

The LHEWG includes representation from Wiltshire CCG, Bath and North East Somerset CCG, Swindon CCG, Somerset CCG, The Royal United Hospitals Bath NHS Foundation Trust, Great Western Hospitals NHS Foundation Trust, Salisbury NHS Foundation Trust, service user representative and NHS England.

1.6 Materials

The materials to be developed to support the consultation will be agreed and will include, but not be limited to:

- Core consultation document
- Easy read summary of the consultation document
- Frequently asked questions (FAQs) and answers
- Posters and leaflets summarising key information and signposting to feedback channels
- Dedicated website
- Survey for use online and hard copy.

Consultation materials will be developed by the LHEWG and tested for accessibility with CCG PPE leads and Healthwatch.

Copies of the consultation document will be distributed to Health and community settings and stakeholder groups across the LMS area as appropriate. The Consultation document will be made available in alternative versions e.g. large print, audio, on request

Graphics and talking heads video material may also be used as another way to ensure information is accessible.

1.7 Communication channels

A range of communications channels and methods will be used to target key stakeholders and will include:

- **Website: A dedicated website will be created to act as a central hub for information and associated materials will be published on the site along with dates of engagement events. All communications will feature the website address XXX. As a minimum it will contain:**
 - Redesigning Maternity Services Pre- Consultation Business Case (PCBC)
 - Redesigning Maternity Services full consultation document
 - Redesigning Maternity Services online questionnaire
 - Redesigning Maternity Services questionnaire (hard copy to download)
 - Details of all consultation events
 - Press releases
 - Publications and related videos
 - Details of social media channels and associated tags
 - Q&A
 - Contact details including a dedicated email address
- **News Media:** Media will be kept informed via briefings and media releases. Media enquiries will be handled in a timely way. Local newspaper adverts may be

considered as a way of providing information about consultation events should local coverage (and poster information) need to be bolstered.

- **Social Media: Facebook and Twitter will be used to reinforce and signpost to other channels/information as appropriate and will be monitored for relevant feedback. We will use social media to:**
 - **Listen** to what people have to say
 - To ensure we provide open, honest and transparent **feedback** and timely responses to questions posed
 - Enable **two-way dialogue** in real time – for instance whilst events take place and questions arise
 - To provide up-to-date **information** and signpost to other supporting or more detailed information as required
- **Engagement events:** Specific events will be provided along with attending existing events such as:
 - **Street teams** - engaging directly engage directly with members of the public who might not otherwise stop to read a display or attend a formal public event.
 - **Roadshows/market days** – sharing information using display boards and providing/ highlighting opportunities to provide feedback. These will operate as drop in sessions, allowing informal conversation between the public and key well informed individuals, and the opportunity to provide feedback or complete the questionnaire on the spot/take away for later.
 - **Public meetings** - formal meetings at defined locations at set times, hosted by key well informed individuals to include presentations, display boards and a Q&A session to allow for conversation.
- **Newsletters:** Briefings will be provided for publication in partner and other key stakeholder newsletters.

1.8 Key messages

A set of key messages will be developed will be identified to support engagement and consultation activities. Themes for key messages are outlined in appendix 8.

1.9 Response handling

Wiltshire CCG will handle all queries and responses in a timely and coordinated manner so people know their views are being heard and are being handled appropriately. Questions and responses will be logged and a Freepost and dedicated email address for consultation responses and queries will be widely publicised.

In addition, any questions directed through the Freedom of Information route will also be coordinated by Wiltshire CCG and actioned in line with the Freedom of Information Act 2000.

1.10 Feedback

As noted in section 7.9.1 and 7.9.2, responses will be analysed by an independent organisation – The Bath Centre for Healthcare Innovation and Improvement at the University of Bath. To thoroughly and comprehensively analyse all responses to the consultation and provide a consultation report which will be published on the consultation website. We will make clear how consultation feedback has been used to inform decision making.

1.11 Equalities and impact assessment

In line with the “Equality Act 2010: Public Sector Equality Duty” the consultation will take account of equality legislation around protected characteristics as outlined in section 5.6. An Integrated Impact Assessment has been developed with the objective of ensuring the potential impact of any plans on protected groups has been assessed, and identify those impacted by the proposed changes and ensure they are supported to have their voice heard.

The initial Integrated Impact Assessment has informed the development and refinement of the consultation strategy and plan to ensure a targeted approach to communications and engagement activities. This will be kept under review throughout public consultation to ensure all sections of the community have the opportunity to give feedback.

1.12 Staff engagement

Clinical teams have been involved in shaping the proposal for change throughout this programme. We will continue to build on this and undertake further engagement with staff, particularly those working in our maternity services. Staff engagement will be led by the provider organisations and will be overseen by the LHEWG to ensure aligned messaging and awareness amongst staff on how they can provide their feedback.

1.13 Spokespeople

The programme and consultation will depend on dedicated, articulate and well-informed spokespeople who will:

- Be mainly clinicians (GPs, midwives, consultants) drawn from across the LMS and where possible, if there is particular emphasis on one geographical area drawn from that locality.
- Be fully supported by members of the Steering Group and LHEWG
- Lead on media interviews and media activities
- Be supported by the communications team in terms of materials, briefings, media advice and presentation training where appropriate, to ensure their explanations and presentations are clear, easy to follow and understood.

1.14 Engagement and events during the consultation

A number of events will be held to ensure that as many responses as possible are encouraged from communities and populations across the LMS area who are potentially most affected by the proposal for change. Events will comprise large, LMS wide events in key locations chosen to reflect the demographics of our population and maximise the number of people who can participate, and smaller 'drop in' style events in each locality most affected by the proposal.

A full programme of events and activity will be published at the start of consultation along with the consultation document and questionnaire.

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