

**KENT HEALTH
OVERVIEW AND SCRUTINY COMMITTEE**

5 MARCH 2020

**A SUMMARY OF THE CONSULTATION ACTIVITY PLAN
FOR THE NHS EAST KENT TRANSFORMATION PROGRAMME**

Report from: **East Kent Transformation Programme**

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Summary

This document is a summary of the consultation activity plan for when the transformation proposals go to full public consultation. A version of this report has been presented to the Joint HOSC on 6 February and is for information to the Kent County Council HOSC. It provides an overview to the Committee on planning for public consultation.

The full consultation plan and a version of the near final consultation document will be brought back to a JHOSC meeting for a further review and endorsement ahead of launching a formal consultation.

Progress to Date

The consultation activity plan and consultation document structure have been developed with feedback from the Kent and Medway Sustainability and Transformation Partnership Patient and Public Advisory Group and Kent Healthwatch.

1. Introduction

The following is a summary of our draft consultation plan for the East Kent transformation proposals. The full plan will be finalised as part of completing the Pre-Consultation Business Case for submission to NHS England/NHS Improvement.

Consultation with JHOSC

As part of the process of consulting with JHOSC on our proposals and how we intend to run a formal public consultation we presented to the 6 Feb 2020 JHOSC to seek feedback on the consultation activity plan and a draft of the consultation document structure).

The full consultation plan and a version of the near final consultation document will be brought back to JHOSC for a further review and endorsement ahead of launching a formal consultation.

Consultation length and timings

The consultation will be a minimum of 12 weeks and if necessary will be extended if there are overlaps with significant holiday periods. We cannot confirm timings for the consultation until we have further feedback from NHS England/NHS Improvement through their assurance processes.

2. Consultation scope

The consultation will focus on:

- Two options for reconfiguring acute hospital services in east Kent, including:
 - emergency departments (A&E)
 - specialist inpatient services;
 - services that are interdependent with the above
 - elective surgery

- Related plans to improve local care services (e.g. general practice and community based services) to provide more care away from acute hospitals

A full list of services affected will be part of the consultation materials.

We know that people want to hear and comment on how improvements to care provided outside of hospitals such as ambulance services, general practice, NHS community services and social care services would be delivered to support the hospital based changes. Information on this will be provided during the consultation and comments sought.

Geographical scope

In geographical terms, the consultation will cover the four CCG areas in east Kent (Ashford; Canterbury and Coastal; South Kent Coast; and Thanet), although all eight CCGs in Kent and Medway are merging into a single organisation from April 2020.

EKHUFT provides some regional specialist services, with residents from other parts of Kent, Medway, Surrey and Sussex either travelling to the hospitals in east Kent or receiving care at satellite centres run by EKHUFT services affected by the proposals. We are planning direct engagement activities with patients of these services during the consultation period. These regional services include:

- Haemophilia outpatient services
- Renal services
- Primary Percutaneous Coronary Intervention (PPCI)

We have also analysed patient flows from areas outside of east Kent to non-regional services affected by the proposals and discussed these with neighbouring CCGs and trusts. There are no significant flows of patients from outside of east Kent to these non-regional services, however, we will ensure neighbouring areas are informed about the proposals and residents in border areas who may use EKHUFT services will be invited to respond to the consultation.

3. Consultation approach

Statutory duties and legislation

This consultation plan has been designed to ensure we deliver effective patient and public engagement as part of our obligations and legal duties under:

- The five tests for service change laid down by the Secretary of State for Health and Social Care
- The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012)
- The Equality Act 2010

Consultation principles

Our consultation plan has been shaped to meet the following principles:

- Consulting with people who may be impacted by our proposals
- Consulting in an accessible way
- Consulting well through a robust process
- Consulting collaboratively
- Consulting cost-effectively
- Independent evaluation of feedback

Consultation objectives

We will deliver a formal public consultation in line with best practice that complies with our legal requirements and duties. Our specific objectives for the consultation are to:

- Raise awareness of the public consultation across all the geographies affected
- Explain how the proposals have been developed and what they could mean in practice, so people can give informed responses.
- Collect views from the full spectrum of people that may be affected, gathering feedback from individuals and representatives of those affected.
- Ensure we use a range of methods to reach different audiences including activities that target specific groups with protected characteristics and seldom heard communities.
- Meet or exceed our reach target within the timeframe and budget allocated.
- Consider the responses and take them into account in decision-making, with sufficient time allocated to give them thorough consideration.

Accessible and inclusive consultation materials

We will endeavour to prepare all our public facing consultation materials in simple jargon free language. We will continue to use our Patient and Public Advisory Group as part of our drafting and testing process to make sure materials are clear and easy to read.

An exception to note will be the technical content of the detailed pre-consultation business case. This will be publically available but may not be easily digestible for the general public. If people raise questions about the content of the PCBC we will endeavour to explain specific points in simple terms as part of responding to correspondence during the consultation.

Specific accessible format materials will include:

- An 'Easy Read' summary consultation document and response form.
- A plain text, large print version of the consultation document and summary leaflet. Plain text documents will meet the requirements for text readers to support people with more significant visual impairments.
- Braille and audio version of the main consultation materials will be available on request.
- A British Sign Language video to summarise the proposals and explain how deaf people can get full details and respond to the consultation.
- A foreign language translation/interpreting service will be provided on request. This will be noted on the back of key documents in the 10 top languages across the area.

4. Consultation reach

The consultation activities will ensure that we consult with a representative sample of the population potentially affected by the proposals and we will have dedicated activity planned to collect views from representatives of all nine protected characteristics. We will deliver targeted engagement activities to reach individuals and groups which represent people with these characteristics.

We will measure two key elements of the consultation reach; one for informing people about the proposals/consultation and one for actual responses. The activities are being planned to balance informing people and collecting responses with delivering a cost effective consultation.

The quality of feedback and ensuring it comes from a representative group of the population is as important as the overall quantity of responses. Provided we reach a representative group we can be reassured that we will capture a full range of significant issues/concerns.

5. Stakeholder mapping

Through our pre-consultation engagement work we have identified and worked with a wide range of stakeholders. We have grouped our stakeholders into 8 categories with detailed sub-groups within each category:

Patients and public	Staff
<ul style="list-style-type: none"> • East Kent residents • EKHUFT patients/service users and carers • Patient and Public Advisory Group • Patient and carer support groups • Voluntary, community and local business groups • Seldom heard • Protected characteristics groups • Campaigners (groups and individuals) • EKHUFT governors and membership • Other NHS Foundation Trust governors and membership • CCG local health/engagement networks • GP Patient Participation Groups 	<ul style="list-style-type: none"> • EKHUFT (inc. trade unions) • General Practice in East Kent • East Kent focussed CCG teams • Ambulance Trust • Community Trust • Mental Health Trust • Social care
Elected representatives (East Kent and bordering areas)	Regulators
<ul style="list-style-type: none"> • East Kent MPs • JHOSC • County councillors • District/City councillors • Parish/Town councillors 	<ul style="list-style-type: none"> • NHS England/NHS Improvement & NHS Improvement • Healthwatch Kent • Healthwatch Medway
System leaders	Clinical experts and professional bodies
<ul style="list-style-type: none"> • EKHUFT Board • CCG Governing Body • Provider Trust Boards (community, mental health, ambulance) • Kent and Medway ICS leadership • Kent County Council executive team • District council executive teams 	<ul style="list-style-type: none"> • South East Clinical Senate • Kent Local Medical/Dental/Pharmacy Committees • Royal colleges • Academic Health Science Network • Kent Medical School/universities

Media	Out of area stakeholders
<ul style="list-style-type: none"> Local and regional newspapers, radio, TV and online Trade press National press Social media 	<ul style="list-style-type: none"> EKHUFT patients living outside east Kent Residents of neighbouring areas MPs and councillors in neighbouring areas Boards of providers in areas neighbouring east Kent

In addition, to the patient and public stakeholder groupings identified above, an Integrated Impact Assessment carried out as part of the pre-consultation phase will be used to identify groups that may have a disproportionate need for the services affected by the proposals. There will be targeted engagement activity during the consultation to get feedback from these groups.

6. The consultation questions and document

There will be a formal questionnaire as part of the consultation, although letters and other open comments will be welcome. The questions will be developed to capture feedback covering:

- How strongly people agree or disagree with the model of centralising specialist services
- The potential impact (positive or negative) on patients, relatives, carers and staff
- The potential impact (positive or negative) on wider services outside of hospitals
- Whether there is further evidence, insight and ideas that have not been considered.

The specific questions to be asked in the consultation will be developed in partnership with our Patient and Public Advisory Group and an independent research/engagement organisation to ensure we design clear and non-leading questions. There will be a mixture of ranking style questions, asking people how strongly they agree or disagree with specific points plus open questions with a free text response.

It will be clearly stated that we are **not asking people to choose their preferred option**, but we will record if people do so. Public consultation is not a referendum /vote so the total number of responses for or against a specific option captured during the consultation is not the deciding factor when the CCG makes a final decision.

The draft structure of the main consultation document is attached at the end of this paper and we would welcome comments from JHOSC members.

7. Consultation activities and materials

Our consultation activities are being designed to reach, and collect feedback from a broad range of audiences through a mixture of channels. How people want to participate in public consultations varies widely, and we must offer different ways for people to participate.

Our plans take account of people having varying levels of interest and prior involvement in the proposals. Some will have been actively involved in the proposals through work to develop the original east Kent case for change and developing and assessing the options. Others will find out about the plans for the first time through the formal public consultation.

Engagement activities

Engagement activities	Frequency, numbers, format
Public listening events	12 events - up to 100 audience per event, mix of presentation, open questions and table discussion. Open invitation with details published through media and other channels.
Street surveys	300 target - Commissioned from an independent agency with a specific remit to collect feedback from seldom heard and protected characteristic groups. Rural and deprived area focus. Structured discussion to capture responses.
Focus groups	12 events - Dedicated events with up to 10 attendees per event. Structured presentation and discussion with specific remit to collect feedback from seldom heard and protected characteristic. Commission from independent agency.
Telephone surveys	500 target - Structured discussions to capture responses - commission from independent agency and targeting specific groups identified in the integrated impact assessment.
Patient / community group visits	Attending existing meetings of established patient / community groups. Structured presentation and discussion. Delivery split across internal consultation team and independent research agency.
Online webinars / chats	We will explore options for live online discussions with key clinical / executive leaders of the programme.
Hospital site roadshow / display stands	A display to rotate around main sites/services during the consultation period to engage patients and hospital staff.
EKHUFT staff events	Internal communications teams to co-ordinate staff events for affected services/sites.
CCG staff events	CCG communications to co-ordinate internal events.
South East Coast Ambulance staff events	Internal communications to co-ordinate internal events.

Other NHS providers staff events	Internal communications to co-ordinate internal events.
County and district council staff	Internal communications to co-ordinate internal events.
Councillor and MP briefings	Presentations to existing meetings, JHOSC, JHWBB, Offer of briefings to council meetings at county and district/city level (in addition to formal updates to JHOSC). Parish/town council presentations on request. 1-2-1 and/or group briefings for MPs.

Staff engagement

All staff across health and social care will be asked to feedback into the consultation through the main survey and contact points; rather than having a staff specific survey or contact point. Following the launch of the consultation, our staff engagement approach will include the following activities:

- **Events/briefings** - for health and social care staff, including: hospital teams, GPs and their practice staff, ambulance, community, primary care and social care.
- **Line manager support materials** - so they can speak with confidence about the proposals during team and 1-2-1 meetings.
- **Existing internal communications channels** - intranets, newsletters, staff briefings and existing meetings and fora will all be used to engage with staff.

We will contact and distribute materials to GP practices, via practice forums and promote the consultation via existing bulletins to GPs and their practice staff. We will also seek to work through existing networks to reach independent contractors such as dentists, pharmacies and opticians.

Consultation materials

Materials	Frequency, numbers, format
Core documents	
Main consultation document	Content and format is being developed with input from the STP Patient and Public Advisory Group, Healthwatch, and NHS England/NHS Improvement.
Summary leaflet	Short A5 document explaining core points of proposals, providing links to further materials and events, and encouraging responses.
Fliers	For circulation to main sites and use at events. We will cost the option of a direct door to door distribution

	across the whole of east Kent as part of our planning. However, previous experience with the stroke consultation showed door distribution is high cost but has limited impact in raising awareness / response rates.
Questionnaire	Questions to be developed in discussion with Patient and Public Advisory Group and with support from expert external advisors. There will be online, printed and easy read options of the core response questionnaire.
Alternative formats	Easy read version of summary leaflet published online and links cascaded to stakeholders. Large print copy of consultation document and leaflet published online and links cascaded to stakeholders. Translations of specific documents on request Other alternative formats developed on request.
Material for online / public events	
Consultation webpages	Dedicated section of KMCCG website, NHS Trust and partner websites. Providing all relevant documents, details of public meetings, feedback options, news updates, questions and answers etc.
Videos	Selection of videos covering overall proposals and service specific impacts. Interviews with key spokespeople, patients and carers to help engage our target audiences, disseminate key information, share understanding and encourage responses to the consultation.
Animation	Short animation with summary of overall proposals and encouraging people to find out more and respond.
Digital display screens	Slides for display on digital screens in waiting areas at hospital and GP surgeries. Potential use of videos/animation depending on format.
Presentations	Range of presentations for delivery at public events, focus groups, council meetings etc.
Frequently Asked Questions	Initial list for consultation launch. Additions added to website during course of consultation. Service specific FAQs in additional to overall plans.
Service specific factsheets/infographics	Individual factsheets / infographics to explain impact on specific services e.g. maternity, A&E, planned operations.
Printed display material	
Pop-up banners	For display at hospital sites and use at events

Posters	For display at hospital sites, GP surgeries, libraries, town halls, job centres etc. Full list of distribution to be confirmed following further review of opportunities with private organisations such as supermarkets.
Drinks mats	Targeted use of paid advertising in pubs using printed beer mats to highlight the consultation dates and where to find details – seeking to reach younger audiences and seldom heard communities in areas of deprivation.
Pharmacy bag advertising/inserts	Targeted use of paid advertising in pharmacies using printing on prescription bags or fliers to insert. Selective use to reach people from seldom heard communities in areas of deprivation.
Staff pay slips	Flyers to attach/inserted messages in EKHUFT payslips and / or printed message inside payslips.
Social media	
Free	Regular promotion through social media accounts of the STP, CCGs, hospital trust and other partners to promote key messages and encourage responses to the consultation.
Paid for adverts and post boosting	We will develop a costed plan for regular adverts and post boosting through Twitter / Facebook over the course of consultation. Targeting audiences by geography and demographics.
Partner/stakeholder publications	
Articles for editorial in local publications	Series of articles to send to existing publications including: council (county, district, town/parish), CCG health networks, NHS trusts, GP Patient Participation Groups, Healthwatch, voluntary sector etc
Adverts in local publications	If free editorial is not possible in key publications we will consider paid adverts based on cost vs audience reach.
Paid media advertising	
Newspapers	Series of quarter page adverts across East Kent titles through consultation period. Highlight key proposals and ways to find out more and respond.
Radio	Adverts on East Kent stations repeated at times throughout the consultation. Highlight key proposals and ways to find out more and respond.
Pubs and pharmacies	See information in “printed display material” section.

Media releases / interviews

Print, online and broadcast media

Series of proactive releases and broadcast interviews during the consultation to raising awareness and encouraging feedback.
Reactive responses to media queries throughout the consultation.

Media approach

Our media approach will be proactive during the consultation period. In the consultation catchment area the local media continues to be important in influencing public perception and reaction to all aspects of health and care changes and we will work with them and communicate key messages for the consultation through the channels they provide.

We will issue regular media releases throughout the consultation period to local newspapers, local radio and community magazines (including newsletters produced by residents' associations, parish, borough and district councils, community, faith and voluntary groups etc).

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

- All local newspapers
- Professional journals such as Health Service Journal, Pulse, Nursing Times, Nursing Standard and GP magazine

During the consultation period, we expect extensive reactive media work. We will also seek to ensure that messaging on the wider aspects of improving local care are covered alongside responding to issues focused on the hospital service options – so that we are telling the 'whole story' for patients, carers and the public.

8. Distribution channels

We will distribute a range of consultation materials using online and physical channels to meet the varying preferences of our stakeholders; balancing the need to make hard-copy materials available widely with delivering a cost effective consultation.

Virtual distribution

Channels	Materials
Websites	<p>A new website for the Kent and Medway CCG will be our online consultation hub. Current information on the development of the proposals on the STP website (www.kentandmedway.nhs.uk/eastkent) will be transferred to the new site as background to the consultation.</p> <p>The website will host all consultation information in one place including an events diary and document store with the more technical PCBC documents.</p> <p>The hospital trust and other NHS and social care partners will be asked to publish links to the consultation site.</p>
Email bulletins	<p>We will build on our existing e-bulletin for the east Kent transformation programme and issue regular updates through the consultation period.</p> <p>This directly reaches an audience of 850 [at Jan 2020] key stakeholders and individuals including: all district, town and county councillors, parish council central contacts, MPs, and a wide range of patient and public representatives and voluntary/community groups.</p> <p>Contacts in provider trusts and partners including Healthwatch Kent will be asked to cascade the bulletins on to their wider distribution lists.</p>
Social media	<p>Twitter and Facebook will be used to keep online stakeholders informed, and to signpost and facilitate discussion, during and after the consultation period. A central KMCCG account will be the main channel though links will be made with accounts run by the hospital trust and other partners.</p>
Online video	<p>We will produce a series of short videos to support the consultation and these will be available through our YouTube channel and links promoted through our social media account and e-bulletins.</p>

Physical distribution

The physical distribution of our consultation materials will focus on the locations below. With all distributions we will include details of how to request further copies as required.

Location type (sites in EK)	Proposed materials (per site)
Acute hospitals (3)	Main consultation doc. (no. tbc) Summary leaflet (no. tbc) Posters (no. tbc) Pop-up banners (2)
Community hospitals/health centres (12 KCHFT, 6 EKHUFT)	Main consultation doc. (10) Summary leaflet (100) Posters (4) Pop-up banners (1)
General practice (68)	Main consultation doc. (5) Summary leaflet (50) Posters (2)
Pharmacies (tbc)	Summary leaflet (25) Posters (1) Pharmacy bag advertising
Libraries (tbc)	Main consultation doc. (10) Summary leaflet (50) Posters (1)
Town halls (6 = KCC and 5 district/city)	Main consultation doc. (10) Summary leaflet (50) Posters (2) Pop-up banners (1)
Leisure/sports centres (tbc)	Summary leaflet (20) Posters (2)
Job centres (tbc)	Summary leaflet (20) Posters (2)
Children's centres (tbc)	Summary leaflet (20) Posters (1)
Clinical Commissioning Group local offices (4)	Main consultation doc. (10) Summary leaflet (25) Posters (1)
Healthwatch offices (tbc)	Main consultation doc. (10) Summary leaflet (25) Posters (1)
Public consultation events	Main consultation doc. Summary leaflet Pop-up banners

9. Collecting responses

We will provide the following mechanisms for people to respond to the consultation:

- A questionnaire with specific questions about the proposals (print, online and easy read)
- Freepost address
- Email address
- Free phone line/voicemail
- Face to face through the range of meetings identified in the consultation plan

All feedback will be collected, logged and considered. Respondents will be encouraged, but not required, to use the main questionnaire.

10. Analysis of consultation responses

Mid-consultation

Throughout the consultation period we will monitor responses to identify any demographic or other trends which may indicate a need to adapt our approach regarding consultation activity, or refocus efforts to engage a particular group/locality.

Post-consultation

In line with best practice for a consultation of this nature we will commission an independent research/engagement organisation to analysis the responses and produce a non-biased objective report summarising all feedback. The independent report will identify trends and themes from the consultation responses. The commissioners will consider the consultation feedback in full and decide what actions need to be taken in response.

11. Measure of a successful consultation

The success of our consultation will be measured against:

- the aim and objectives set out in this plan
- the depth and breadth of responses/feedback on the proposals
- feedback from respondents on the process of the consultation
- feedback from JHOSC, Healthwatch and NHS England/NHS Improvement post consultation
- whether we meet our statutory and legal duties during the consultation

12. Resourcing

A dedicated consultation team

This team will consist of in-house communications and engagement staff and additional capacity and expertise commissioned from external suppliers. Planning and delivery of the consultation activities/materials will be led by the communications and engagement workstream, however, the consultation team will consist of a wider group, including:

- Clinical leaders from CCG and EKHUFT
- Executive leaders from CCG and EKHUFT
- Project management and administrative support

Non-pay resources

Identifying the costs for non-pay materials and resources, ranging from printing documents, bulk mail distribution, and advertising to venue hire and catering costs is a work in progress. The budget to cover all non-pay costs of communications and engagement activity for the consultation will be finalised following feedback on our planned activity from JHOSC and NHS England/NHS Improvement.

13. Conclusion

The full consultation plan in its final version will set out how we will be assured that the public consultation will gather effective feedback to help inform the final decision making process and meet statutory/legal requirements.

Once consultation is underway we will maintain a flexible approach to assessing the effectiveness of the activities identified in this plan; and will amend our approach as appropriate. Significant changes to the approach would be discussed and approved through the East Kent Transformation Delivery Board and briefings provided to the Joint Health Overview and Scrutiny Committee and NHS England/NHS Improvement.

REPORT ENDS

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