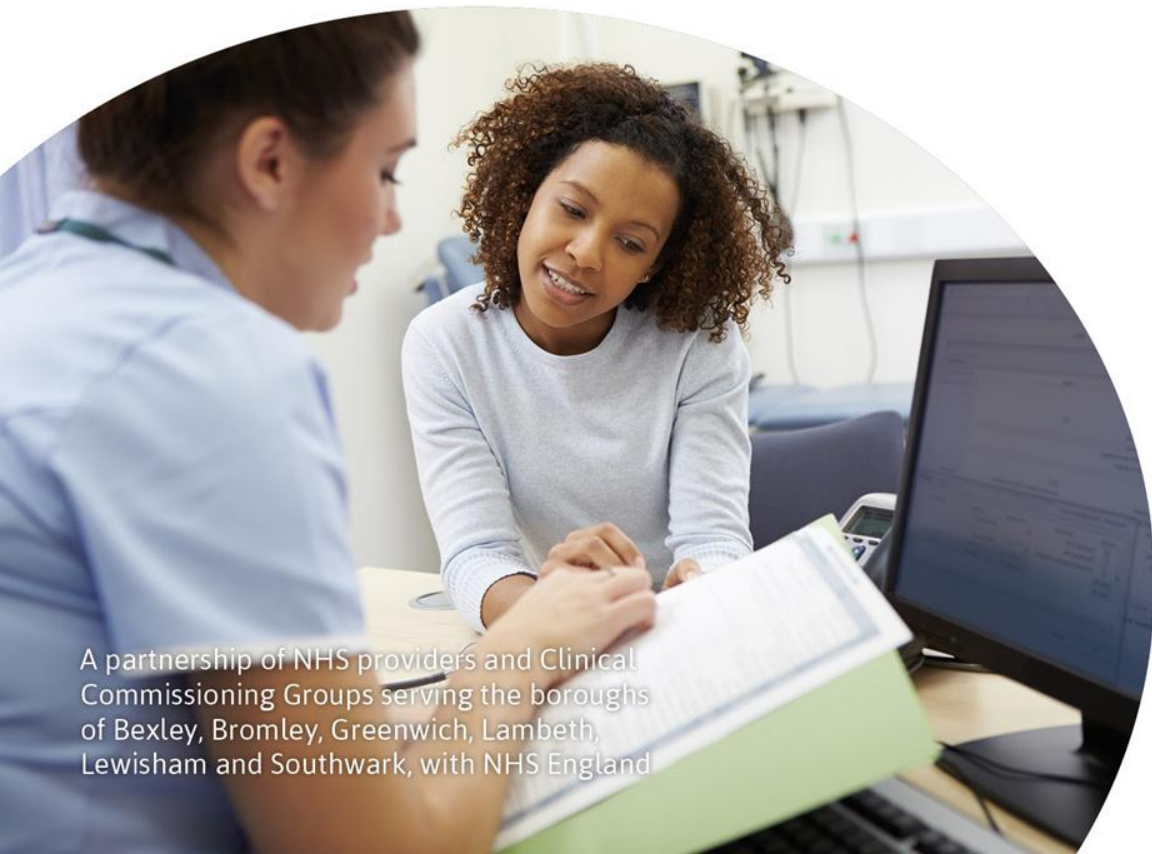


Communications and engagement forward plan



A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England



Communications and engagement to date

- The programme is committed to undertaking best practice communications, engagement and equalities activity in order to exceed our statutory requirements
- We have structured our engagement to ensure early opportunities for influence, working closely with our stakeholders, Healthwatch organisations and patient and public voices
- The programme aims to have an on-going dialogue with stakeholders throughout the strategy's development



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Communications and engagement to date

Engagement is an on-going dialogue with our key stakeholders. The table below aims to represent the most significant engagement activity to date.

<p>October 2013 - to date</p>	<ul style="list-style-type: none"> • Involvement of 500 stakeholders from across London in the development of the strategy, including local authorities, providers, social care, NHS commissioners, Health Education (South London), the voluntary and community sector, Healthwatch organisations and over 30 Patient and Public Voices (PPVs). The role of PPVs is central to ensuring two way engagement and feedback into the development of the strategy.
<p>June – August 2014</p>	<ul style="list-style-type: none"> • Two deliberative events, involving over 100 people, to explore the case for change, the draft strategy, and the areas of focus. • Market research telephone interviews and focus groups, reaching 2987 people. These were used to get a better understanding of the views of local people, particularly those with protected characteristics, on the priority areas being looked at.
<p>November 2014- February 2015</p>	<ul style="list-style-type: none"> • Six in-depth case studies with individuals to explore what the programmes planned models might mean for patients. • In-depth work undertaken via workshops and drop-in sessions at local community venues to talk to people from different backgrounds about their experiences of care. 59 people provided rich insights to support the work that Clinical Leadership Groups are doing to design new models of care. • Four workshops, involving 110 people, held with the aim of listening to people’s experiences and thoughts about current services and to gather feedback to be fed into the further development of the strategy.
<p>March 2015 – December 2015</p>	<ul style="list-style-type: none"> • Local engagement with more than 1700 people, through CCGs, on the Issues Paper, reaching all of the protected characteristic groups. Over 200 events and activities were conducted including stalls, roadshows, meetings with local voluntary and community sector organisations, newsletters, discussions at local meetings and representation at partner events. The Issues Paper was distributed to more than 350 locations across south east London. • 441 people involved in six deliberative events (focussed on the Issues Paper) with a representative sample of people from each borough to explore the challenges the health service is facing locally; why things need to change; and seek feedback on our current thinking. • Option appraisal criteria’ (decision-making process) development engagement event, with 30 key stakeholders. Plans for the option appraisal were shared, and participants explored what principles or values should guide the decision-making (the evaluation criteria); what evidence and information should be used to assess how each option meets these criteria; how decisions will be made; and by whom.
<p>January 2016 – to date</p>	<ul style="list-style-type: none"> • Establishment of a Planned Care Reference Group to support the development of ideas around changes to planned orthopaedic services. Involvement of over 30 key stakeholders from across south east London, including Healthwatch organisations, voluntary sector representatives; people who have recently used planned care services; and specific organisations from the voluntary and community sector who support and work with populations most likely to be affected.





Process in summary



- Logical stages
- All reconfigurations should have regard to them
- However, planning & development of reconfigurations is rarely linear
- Process should be flexible – depending on nature of scheme

	Early engagement	Pre-consultation	Consultation	Post-consultation
What is it?	On-going conversation with local communities and key stakeholders to develop ideas and solutions to local challenges.	The purpose of the pre-consultation phase is to inform and prepare for the full public consultation by discussing the proposals, informally, with key stakeholders.	Consultation is a time limited period of formal discussion with the public and stakeholders, on a specific set of options.	A process of transparent decision-making, about which option will be taken forward. This will lead to implementation.
When should this happen?	As early as possible.	Pre-consultation begins once proposals for consultation have been developed, in draft.	Once formal options have been agreed (informed and shaped by the pre-consultation engagement).	Once feedback has been conscientiously considered.
What are the legal requirements?	Health and Social Care Act 2012 Patients and carers to participate in planning managing and making decisions about their care and treatment through the services they commission as set out in Section. 14Z2 of the NHS Act 2006 - Entitled “Public Involvement & Consultation by Clinical Commissioning Groups”.	Health and Social Care Act 2012 Section 244 requires NHS bodies to consult relevant OSCs on any proposals for substantial variations or substantial developments of health services. This duty is additional to the duty of involvement under section 242 (which applies to patients and the public rather than to OSCs).		

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Equalities Analyses will be conducted throughout, informing every stage of the process (Equality Act 2010 S.149)



Our view of consultation requirements

Formal consultation

- Our current understanding is that the planned care workstream (specifically ideas around elective orthopaedic centre(s)) is the only one in which we are likely to develop proposals which will require public consultation
- We believe the other areas, as described earlier, will not bring about a substantial change to local services
- There may be a need for consultation about service changes, at a local level. These will be discussed with the relevant OSC committees, through the usual processes

On-going communications and engagement

- On-going communications and engagement activity may be required to develop thinking within the other areas of the programme. We are identifying where engagement can influence the remaining interventions, and are developing plans
- We are testing our thinking, and potential approach, with south east London Healthwatch organisations, together with CCG engagement leads, to further develop these plans



Pre-consultation - approach

- In developing our plan we have considered the Consultation Institute's seven principles of best practice together with feedback from the Patient and Public Advisory Group, Stakeholder Reference Group and Communications and Engagement Steering Group
- We are targeting engagement with groups most impacted by any potential changes to planned care orthopaedic services, building on intelligence gathered during early engagement. Our independent Equalities Analysis (Aug 2015), and the south east London Stakeholder Reference Group, identified groups who would be most affected by changes to planned care services, including: older people; carers; people who live in areas of socioeconomic deprivation; people with physical disabilities; people with mental health conditions and people with learning disabilities.



Pre-consultation - objectives

- Informally discuss the proposals with local stakeholders, tailoring our engagement approach to the needs of each audience
- Build on information gathered during the early-engagement phase and from the equalities analysis – reaching those communities most affected by possible changes to planned care
- Show that we have listened and responded to what people have already told us
- Ensure ideas are discussed in the context of the wider health and care system
- Strengthen our relationships with local communities and stakeholders in order to ensure an effective consultation
- Demonstrate how ideas have been developed and that all scenarios, benefits and impacts on service users have been considered
- Pre-consultation allows us to understand “issues likely to raise concerns in local communities and give commissioners time to work on the best solutions to meet those needs”¹

¹ ‘Planning, assuring and delivering service change for patients’ – NHS England (2015)

<https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf>

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Pre-consultation – information we aim to gather

- How people like to be communicated and engaged with during consultation?
Including which materials and methods we should use
- Whether people feel that the proposed changes will have an impact on them or those that they care for
- Whether people need any additional information in order to make an informed response to our ideas
- Whether there are any other questions we should be seeking views on
- Whether there is anything missing from our plans
- If people understand how the proposed changes fit into the wider work of Our Healthier South East London.



Next steps following pre-consultation

- Once feedback from the pre-consultation period has been considered, and options finalised, formal consultation will begin (following discussions with the SEL JHOSC)
- During the consultation period, key stakeholders and the general public will be asked to respond to our options
- Once consultation closes, all feedback received will be independently analysed, before being considered by the programme
- Following this period of consideration, a final decision will be made and communicated publicly



Independent assurance

Our communications and engagement processes are subject to external, independent, assurance by the Consultation Institute (tCI). They will scrutinise the following areas of our work:

- Pre-consultation
- Equalities Analyses
- Consultation planning
- Analysis of consultation feedback and consideration



Equalities

- In order to meet our duties under the Equality Act 2010, we carried out an Equalities Analysis in 2015, based on the content of our Issues Paper, which summarised our early thinking and considered which groups protected under the Equality Act may be positively or negatively impacted by our strategy
- In addition to the 9 characteristics protected under the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation) we asked the independent organisation carrying out the analysis to consider the impact on carers and those who are socially or economically deprived
- The 2015 Equalities Analysis concluded that, subject to taking forward its recommendations, Our Healthier South East London was well-placed to meet its duties under the Equality Act
- Should the programme go to public consultation on proposed changes to planned orthopaedic care (or any other area), we are committed to carrying out 3 further Equalities Analyses – one prior to consultation, one during and one at the close of consultation, to take account of feedback from those impacted
- The programme has been advised on its best practice approach to equalities by an independent expert from The Consultation Institute and this work continues to be led through the programmes Equalities Steering Group

