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Hampshire County Council

NOTICE OF MEETING

Meeting	Joint Health Overview and Scrutiny Committee - Hampshire Together
Date and Time	Friday, 18th December, 2020 at 10.00 am
Place	Virtual Teams Meeting - Microsoft Teams
Enquiries to	members.services@hants.gov.uk

John Coughlan CBE
Chief Executive
The Castle, Winchester SO23 8UJ

FILMING AND BROADCAST NOTIFICATION
This meeting is being held remotely and will be recorded and broadcast live via the County Council's website.

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

3. ELECTION OF CHAIRMAN

To elect the Chairman of the Joint Committee.

4. ELECTION OF VICE CHAIRMAN

To elect a Vice Chairman of the Joint Committee.

5. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

7. TERMS OF REFERENCE OF THE JOINT COMMITTEE (Pages 3 - 6)

To note the terms of reference for the joint committee.

8. MEMBERS NOT ON THE COMMITTEE SPEAKING AT MEETINGS

To consider whether to suspend Standing Order 12 at meetings of the Joint Committee to allow County and District Councillors not on the committee to speak at meetings.

9. HAMPSHIRE TOGETHER PROGRAMME - PROGRESS SO FAR (Pages 7 - 32)

To receive an overview of the 'Hampshire Together – Modernising our Hospitals and Health Services' programme, progress to date and next steps.

10. PLANS FOR CONSULTATION (Pages 33 - 78)

To consider and provide feedback on the plans for public consultation on the proposals.

11. NEXT STEPS

To consider the timing of future meetings of the Joint Committee and any requests for what information the Committee would like to see at future meetings.

ABOUT THIS AGENDA:

On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.

ABOUT THIS MEETING:

The press and public are welcome to observe the public sessions of the meeting via the webcast.

Joint Health Overview and Scrutiny Committee (Hampshire Together Programme) Terms of Reference

Purpose

1. Health Services are required to consult a local authority's Heath Overview and Scrutiny Committee about any proposals they have for a substantial development or variation in the provision of health services in their area. When these substantial developments or variations affect a geographical area that covers more than one local authority, the local authorities are required to appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation. (where those authorities consider the change a 'substantial' change).

2. These terms of reference set out the arrangements for Hampshire County Council and Southampton City Council to operate a JHOSC in line with the provisions set out in legislation and guidance.

Terms of Reference

3. The new JHOSC will operate formally as a statutory joint committee i.e. where the councils have been required under Regulation 30 (5) Local Authority (Public Health, Health and Well-being Boards and Health Scrutiny) Regulations 2013 to appoint a joint committee for the purposes of providing independent scrutiny to the Hampshire Together – Modernising our Hospitals and Health Services Programme.

4. The purpose of the JHOSC is to:

    a. make comments on the proposal consulted on
    b. require the provision of information about the proposal
    c. gather evidence from key stakeholders, including members of the public
    d. require the member or employee of the relevant health service to attend before it to answer questions in connection with the consultation.
    e. Refer to the Secretary of State only on where it is not satisfied that:

    - consultation on any proposal for a substantial change or development has been adequate in relation to content or time allowed (NB. The referral power in these contexts only relates to the consultation with the local authorities, and not consultation with other stakeholders)
    - the proposal would not be in the interests of the health service in the area
    - a decision has been taken without consultation and it is not satisfied that the reasons given for not carrying out consultation are adequate

5. With the exception of those matters referred to in paragraph [4] above responsibility for all other health scrutiny functions and activities remain with the respective local authority Health Scrutiny Committees.

Governance

6. Meetings of the JHOSC will be conducted in accordance with the Standing Orders of the host Local Authority.

Host authority

7. The JHOSC will be hosted by Hampshire County Council as the Local Authority with the largest population affected by the proposals.

Membership

8. Membership of the JHOSC will be appointed by the respective Local Authorities and their appointments notified to the host authority. A Local Authority may amend their appointments to the JHOSC and this will take effect when formal notification has been received by the host authority.

9. Each member of the JHOSC must be a properly elected Councillor to a seat on their respective authority and will cease to be a member of the JHOSC with immediate effect should they no longer meet this requirement.

10. Seats on the JHOSC are allocated in proportion to the relative population of each Local Authority area and the relative health impact on each area.

    Accordingly, the JHOSC will comprise 8 Members, with 7 being appointed by Hampshire County Council and 1 being appointed by Southampton City Council.

11. Appointments by each authority to the JHOSC will reflect the political balance of that authority.

12. The quorum for meetings will be 3 voting members.

Chairman & Vice Chairman

13. The Chairman of the JHOSC for the duration of the Committee shall be elected at its first formal meeting and drawn from those Members in attendance at that meeting. Should the Chairman cease to be a member of the JHOSC, a new Chairman shall be elected at the next formal meeting.

14. The Vice-Chairman of the JHOSC for the duration of the Committee shall be elected at its first formal meeting and drawn from those Members in attendance at that meeting. In the absence of the Chairman, the Vice-Chairman shall assume all Chairmanship responsibilities. Should the Vice-

Chairman cease to be a member of the JHOSC, a new Vice-Chairman shall be elected at the next formal meeting.

15. In the absence of both the Chairman and Vice-Chairman at any Meeting of the JHOSC, Members in attendance shall appoint a Chairman for that Meeting from amongst their number, who shall, while presiding at that Meeting, have any power or duty of the Chairman in relation to the conduct of the Meeting.

Task & Finish Groups

16. The Committee may appoint such Working Groups of their members as they may determine to undertake and report back to the Committee on specified investigations or reviews as set out in the work programme. Appointments to such Working Groups will be made by the Committee, ensuring political balance as far as possible. Such panels will exist for a fixed period, on the expiry of which they shall cease to exist.

Committee support

17. The overall coordination, facilitation of meetings, policy support and other administrative arrangements will be undertaken by the host authority.

18. Meetings of the committee will be arranged and held by the host authority in accordance with Access to Information Regulations and other relevant legislation.

19. Communications with the media will be led by the host authority on behalf of the JHOSC.

20. Legal advice and support to the JHOSC will be provided by the host authority.

Meetings

21. The JHOSC will meet as often as required to fulfil its purpose, which is likely to include:
    - An initial meeting to establish and set the scene of the proposals;
    - a meeting to comment on the planned public consultation process;
    - a meeting to comment on the results of the public consultation and any further relevant analysis of the options; and
    - a meeting to agree whether to support the proposed outcome

22. Dates for meetings will be arranged in advance and notified by the host authority.

23. Meetings of the JHOSC will be avoided during the pre-election period (late March through to early May 2021) if possible.

24. Once the purpose of the JHOSC has been fulfilled the Committee will cease.

Reporting

25. Members of the JHOSC may provide updates to their Local Authority on its proceedings in accordance with the requirements of their respective authority.

26. Any recommendations of the JHOSC will be published and communicated to relevant parties by the host authority.

Hampshire Together
Modernising our Hospitals and Health Services

Agenda Item 9

Update Briefing for:

Joint Health Overview and Scrutiny Committee (Hampshire Together: Modernising our Hospitals and Health Services)

18 December 2020

Report Authors: Ruth Colburn-Jackson (Managing Director, North and Mid Hampshire – Hampshire and Isle of Wight Partnership of CCGs, West Hampshire CCG), Alex Whitfield (Chief Executive – Hampshire Hospitals NHS Foundation Trust)

Summary

This report provides an overview of the *Hampshire Together: Modernising our Hospitals and Health Services* programme and the progress we are making as we prepare a business case and proposals for consultation in early 2021.

In addition to this report, a presentation will be provided for members of the committee as part of the meeting.

Background

Hampshire Together is a programme that involves NHS organisations and local authorities across north and mid Hampshire (Alton, Andover, Basingstoke, Eastleigh, Winchester and the surrounding areas). It is being led by Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups and West Hampshire Clinical Commissioning Group, in partnership with Hampshire Hospitals NHS Foundation Trust. It involves all organisations providing health and social care across the area working together to develop a health, wellbeing and care service so that everyone in north and mid Hampshire can access high-quality, timely and sustainable health care as close to home as possible.

The programme is looking at the best way to organise services to meet the population's changing health needs and to adapt the way some services are delivered so they can continue to meet best practice and clinical quality guidelines, and are sustainable for the long-term. To meet these challenges the local NHS has been exploring the possibility of centralising some of the most specialist hospital services for the sickest people on one site, rather than spread across two main sites (Basingstoke and Winchester) as they currently are. Consolidating the most specialist services in one place would mean a better use of senior clinicians, who are currently spread too thinly across hospital sites. It would also mean clinical teams treat more patients with particular conditions and illnesses, helping to better maintain their specialist expertise.

The programme also includes the potential for the construction of a brand new hospital as part of the Government's Health Infrastructure Plan. Hampshire Hospitals was last year named as one of the trusts chosen to receive capital funding as part of the Department of Health and Social Care's plan, which is designed to support 40 hospital building projects across the country between 2025 and 2030.

NHS Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups
NHS Hampshire Hospitals NHS Foundation Trust
NHS West Hampshire Clinical Commissioning Group

Public Engagement

Initial public engagement activity was held between 1 June and 7 August 2020, based on a listening document (see Appendix 1) that set out the challenges facing our health and care system, the opportunities provided by the Hampshire Together programme and the decisions that will need to be taken in order to maintain safe, high quality, sustainable services for the long-term.

Feedback received during engagement was independently analysed and a summary, including a breakdown of the key themes identified, can be found at Appendix 2.

Options Development

A process of options development began in late August 2020. Doctors, nurses and other clinicians from north and mid Hampshire held a series of conversations and virtual workshops to look at how health and care services could be designed for the future.
More than 100 people, including current patients with experience of using hospital services, clinicians from across the health and care system, and representatives of various groups from the community took part. They initially developed eight options, or clinical models, for the way services could be provided in the future.

During this process, it became clear that centralising key services for the sickest patients on one site, an acute centralised hospital, scored highly when considering the options for redesigning services.

This acute centralised hospital could be supported by a main local hospital containing, as a minimum, a 24/7 urgent treatment centre, step down inpatient care for patients requiring services such as physiotherapy, midwife-led maternity care, and diagnostic tests such as MRI scans and blood tests.

Further work has been undertaken to review and evaluate each option in detail, while also considering additional configurations for future services. Options have been assessed with regards to clinical quality, patient experience and outcomes as well as the impact on staffing levels, the amount each option would cost and affordability, accessibility and deliverability, to inform the development of a shortlist, which will be made public prior to consultation.

Shortlisted locations

After a comprehensive search for sites across Alton, Andover, Basingstoke, Eastleigh, Winchester and the surrounding areas was carried out, two locations have been identified as potential sites for a proposed new acute centralised hospital.

The first potential site is located between Basingstoke and Winchester, near to junction seven of the M3, with the other being based on the current site of Basingstoke and North Hampshire Hospital. If an acute centralised hospital was to be built at either of these locations, significant investment would also be made at Royal Hampshire County Hospital with a view to it becoming a main local hospital.

The locations for an acute centralised hospital were identified following an extensive site selection study, which was carried out across the entire Hampshire Hospitals catchment area to identify suitable parcels of land. Pieces of land that were large enough to house a hospital and health campus were then ranked according to how they performed against a total of 36 weighted criteria before negotiations began to assess their availability, price and the current owners' willingness to sell.

Next steps

An options development group including clinicians and patients has been meeting on a weekly basis to discuss the clinical options. Through a clear process of evaluation against a set of agreed criteria and following a further options development workshop, the options that should be carried through for inclusion in a Pre-Consultation Business Case (PCBC) have been drawn up.

The PCBC is currently going through Stage Two assurance with our regulator, NHS England / Improvement before being finalised and considered in full by North Hampshire Clinical Commissioning Group and West Hampshire Clinical Commissioning Group governing bodies in a 'decision to consult' meeting prior to the launch of public consultation.

Consultation

Public consultation is currently planned for early 2021 and a consultation plan is available at Appendix 3, which we would welcome the committee's comments and feedback on before it is finalised.

Of course, as well as conducting a full public consultation on our proposals for change, we will also be seeking to consult directly with local authorities on our proposals via this Joint Health Overview and Scrutiny Committee. This is as per our Section 244 duty under the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), which requires NHS bodies to consult relevant local authority overview and scrutiny committees on any proposals for substantial variations or substantial developments of health services.

A meeting of this committee is likely to be required in the first week of January. During this meeting, we would like to give members an overview of our proposals, prior to public consultation beginning. We would like to suggest a third meeting midway through the consultation period to hear members' views, answer questions, and update the committee on the progress of the public consultation. We would then seek a further meeting at the end of the consultation period, once we have an independent report of the consultation findings to share with the committee. We would like to agree regular meetings to keep the committee updated through the next stage of our work and preparation of our 'decision-making business case', before the CCGs make a final decision on their proposals for change.

We are keen to hear from members in today's meeting (18 December 2020) about how you would like us to directly consult with you in addition to what we have outlined above. We would be happy to note any specific issues or areas of interest that you would like additional detailed information and discussion on during the course of our consultation with this committee.

Scrutiny process

We contacted the chairs of the health overview and scrutiny committees at Hampshire County Council, Southampton City Council, West Berkshire Council, Portsmouth City Council, Isle of Wight Council, Wiltshire Council and Surrey County Council to offer a briefing and request that they consider being part of a joint committee.

As an indicator of the possible impact on the public and health services in each area, patient flow data was provided detailing the flow of patients from north and mid Hampshire to acute providers over the last three years and the number of patients who have accessed Hampshire Hospitals services over the last three years by local authority area.

Hampshire County Council and Southampton City Council have agreed that the proposed changes would be substantial and will form a joint committee, with Surrey County Council attending as standing observers. All of the other authorities declined the opportunity to be involved.

Recommendations

The committee is asked to:

- (i) Note this progress report.
- (ii) Agree how the committee would like to be consulted with on our proposals for change. Our recommendation would be for there to be a further meeting in the first week of January, in advance of the start of our public consultation; followed by a mid-point review of the consultation; with post-consultation meetings in the weeks following the consultation period and leading up to the CCGs' decision-making meeting on the final chosen solution.
- (iii) Request any information that they would like shared in advance of or as part of the next or future meetings
- (iv) Share comments and feedback on our plans for public consultation, considering whether the committee supports it as a plan for a full and meaningful public consultation.

Appendices

1. Hampshire Together: Modernising our Hospitals and Health Services Listening Document
2. Engagement Report Summary
3. Strategic Consultation Plan

Hampshire Together

Modernising our Hospitals and Health Services

Hampshire Together: Modernising our Hospitals and Health Services

Listening document

Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups

Hampshire Hospitals NHS Foundation Trust

West Hampshire Clinical Commissioning Group

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FOREWORD

The NHS constitution starts with the words:

"The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill, and when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need when care and compassion matter most."

To deliver on this promise we need to provide our staff with the tools and support they need.

We have been given an amazing opportunity to enhance our local NHS services, for decades to come. We are part of the government's new programme to replace hospital buildings across the country. Our ambition is to use this opportunity to support the NHS purpose, to improve the health and wellbeing of the population of north and mid Hampshire, now and in the future.

It is no secret that some of our buildings – while much loved – are now approaching the end of their usable lives. This programme will enable us to build a new hospital – complementing existing services and allowing us to embrace new ideas and innovations; all with our patients at the heart of our thinking.

But our ambition is to go even further.

This project will include our whole local NHS – from GPs to mental health services, community care to acute hospital provision; as well as our colleagues in social care and the wider voluntary sector. As such, we are working together as one, with the aim of delivering fully joined-up care; from hospital to home and everything in between.

Taking advantage of this opportunity will require both significant change and some hard choices - and we want your views on the best way forward. We are also aware that the lessons learned from the COVID-19 outbreak will need to be incorporated into any plans we develop.

In this paper and on our website we aim to present as much information and data as we can so that you can see exactly what is informing our current thought processes and how you can best help us reach better, more informed decisions.

It is important to note that at this stage no decisions have been taken and no options generated. This is a real chance for you to have your say from the very start. Just as critically, this is just the start of our conversation with you; a conversation we expect to last for more than a year and grow as we develop our proposals and consult the public appropriately.

Thank you for taking the time to read this and we really look forward to your feedback.

Kind Regards,

Alex Whitfield, Chief Executive, Hampshire Hospitals NHS Foundation Trust

Maggie MacIsaac, Chief Executive, Hampshire and Isle of Wight Integrated Care System; Southampton City, West Hampshire and Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups

Ruth Colburn-Jackson, Managing Director - North and Mid Hampshire Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups

OUR CLINICAL VISION

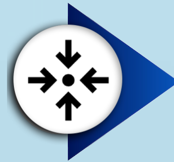
We want to improve the health and wellbeing of all our population, throughout their life journey, from before conception to after death. This project, combined with our experiences of rapid change and service development during the COVID-19 pandemic, have helped us realise that we have a unique opportunity to adapt to ensure that we are able to meet the needs of our population - both now and for future generations.

Our vision is for our health and social care services to provide outstanding care for all our people within north and mid Hampshire:

All health and social care services will work together to deliver the best care for our people

People will be empowered to self-manage wherever they can, with the information and support required to do so; including access to diagnostic tests and specialist advice when needed

People will have easy, timely access to the help and support they need



Where necessary, services will be centralised to ensure the best possible care and outcomes

Services will be designed to meet their requirements

We will be able to live within the money allocated to our area; reducing duplication and inefficiency

Services will be sustainable, efficient and high quality; with a focus on delivering the best clinical outcomes possible

We will ensure our healthcare facilities are accessible, fit for purpose and improve a sense of wellbeing for those using them and working there

Where practical, care will be provided in people's homes or as close to them as possible

Our services will attract the best staff, being renowned for high quality, innovation, research and training support

We will ensure that our people have continuity between their primary care and community teams; supported by quick access to specialists when this is required. Our specialists and primary care teams will work closer together to improve the care we can provide, often with linked specialist and GP networks.

We will use digital advances in communication so that consultations within the primary care setting or with specialist services will only require travel when absolutely necessary. We will maximise the use of innovation and technology to bring care as close to home as possible, reduce repetition and duplication and proactively manage people's care. This will allow many of our services to be available seven days a week.

When people need care in a hospital setting, we will ensure this is delivered in state of the art buildings, designed for modern health care, with facilities to diagnose and treat their condition rapidly. These facilities will have the option to adapt to changing pressures and that protect people from infections. Working together, we will ensure that when our people no longer need acute hospital care, they can leave hospital and receive on-going care at or near to their homes, straight away. Only people who need to be cared for in a hospital will be there.

With your help and guidance, we know we can design these services and buildings to deliver the outstanding care you and your families deserve now and in the future.

Dr Lara Alloway, Chief Medical Officer, Hampshire Hospitals NHS Foundation Trust

Dr Nicola Decker, Clinical Chair - North Hampshire, Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups

THE CHALLENGES

The NHS is ever-changing – and so are the challenges it faces! At present there are four main issues which need to be tackled by this project:

Clinical sustainability

It is critical that our clinical services not only deliver outstanding patient care but that they are sustainable. This means that we need to be sure we can provide them consistently and predictably so that people know they can trust and rely on them. It also means that services are able evolve to take advantage of new technology or adapt to a new challenge.

However, to achieve this some very difficult decisions will need to be made about what services we provide and where.

For instance: Hampshire Hospitals often struggles to fully staff two relatively small Emergency Departments at both Royal Hampshire County Hospital (RHCH) and Basingstoke and North Hampshire Hospital (BNHH). It also has issues delivering maternity and paediatric care across multiple sites and risks losing neo-natal services altogether unless the service is placed on a more long-term sustainable footing.

How can this project ensure that these services are delivered reliably and efficiently?

Our changing population

Our population is growing in two ways. Estimates show that the population served by Hampshire Hospitals NHS Foundation Trust could increase by 9.6% over the next decade and by 23% between 2018 and 2050.

But our population is also aging rapidly. The predicted growth in the over 75s in Hampshire between 2017 and 2024 is 35%. And it is well documented that older people require more healthcare. For example, an 85-year-old man requires, on average, seven times more NHS care than a man in his late 30s. This trend is particularly noticeable in Basingstoke as the town expanded rapidly in the 1960s and 1970s and the young families who moved there, then, are now reaching older age.

Financial resilence

It is obvious from every public survey and the outpouring of appreciation during the COVID-19 crisis that the NHS is one of the most valued, if not the most valued, aspects of British society. However, the way we currently deliver care and treatment costs more every year and will continue to do so as we try to keep up with technological advances, population growth and the fact that medical advances and lifestyle changes mean that more of us will live much longer than our grandparents had expected to. This final point is clearly something to celebrate, but it does mean that there are a larger number of frail, elderly people requiring our help than our health system was designed for.

For instance: The local health system struggled financially in 2019/20, with Hampshire Hospitals in particular ending the year in a

How can the financial position be addressed so we can continue to deliver the care that is rightly expected?

The condition of the buildings operated by Hampshire Hospitals

All of the trust's hospitals require a significant amount of urgent maintenance. The current estimate of the cost to make the improvements needed to bring the buildings up to the standard required to support services as they are delivered at the moment is £73 million; more than three times the national average.

Moreover, it would require more than £700m in maintenance spend to keep the buildings functioning over the course of the next 30 years.

This is simply unaffordable.

The trust is committed to both reducing its carbon footprint and expanding its use of digital technology. Unfortunately the age, condition and design of the current buildings often stops such projects in their tracks or means they deliver less than was intended.

Finally, it is vital that all the different strands of care – community services, mental health, primary care etc – are able to be as joined up as possible. The current estate is a barrier to this becoming a reality due to its design, condition and structure.

For instance: The inherent inflexibility of the estate has been exposed during the COVID-19 crisis. The trust has struggled to increase the number of beds available for patients and the ability to adapt wards and areas to treat different kinds of patients has been limited.

Much of this is driven by the fact that the area has changed significantly in recent years – and is set to do so again in the coming decades; with new housing roughly equivalent to a city the size of Salisbury planned in the Basingstoke area alone!

THE FACTS AND FIGURES

Estimated increase of population served by Hampshire Hospitals NHS Foundation Trust over the next decade

£73 MILLION

X3 THE NATIONAL AVERAGE

The estimate of the cost to make the improvements needed to bring the buildings up to the standard

1,600

People took part in our initial online survey

The initial survey told us that the following results were top priorities for the public who took part:

Capacity to care for more patients

Access to a wide range of health services

Transport

WHAT IS HAMPSHIRE TOGETHER: MODERNISING OUR HOSPITALS AND HEALTH SERVICES?

Hampshire Together is part of the government's plan to modernise NHS hospitals and will deliver a new hospital to serve the people of north and mid Hampshire – and the whole local NHS is determined to make the most of this opportunity. The location and clinical make-up of this future hospital have not yet been decided – and your views on both would be very welcome!

Thankfully, we are not starting from scratch.

Direct services

Primary care
Secondary care
Social care
Public health
Community care
Mental Health
Ambulance services
Inpatient and Outpatient

The health and care system across north and mid Hampshire has – in conjunction with other key partners – been working towards an ambition for the next five years and beyond to support patients, their families and their carers to access **the right care, in the right place, at the right time in order to keep them healthy.** A new hospital supports this ambition, though it is far from the only component.

Currently, Hampshire Hospitals operates (primarily) from three sites: Basingstoke and North Hampshire Hospital, Royal Hampshire County Hospital, in Winchester, and Andover War Memorial Hospital.

In recent years Hampshire Hospitals has undertaken a number of public engagement exercises on potential changes to clinical models and infrastructure for the delivery of acute health services in north and mid-Hampshire. This included the development of a full business case for a Critical Treatment Hospital in 2016 and an associated pre-consultation research exercise conducted in May 2017.

We are building on all of the previous work – but this is a new project.

After viewing the wheel of potential services, are there any health services you think are missing?

THE OPPORTUNITIES

This presents a phenomenal opportunity for the people of north and mid Hampshire. The opportunities can be described in three ways:

An economic opportunity for the population

A building programme like this provides jobs and attracts further investment to our area.

In addition, the new build will attract more high quality healthcare staff to come and work in the area.

Our aspiration is to make the new build a centre of excellence for training the next generation, and for research and innovation. This will attract innovators and entrepreneurs, especially in the medical technology sector, in line with the Local Enterprise Partnership's strategy.

State of the art buildings, technology and equipment

The investment in new buildings is an opportunity to bring the latest in healthcare design and thinking to our people.

Hospital design has progressed significantly in the last 50 years, and new buildings bring in all the benefits of natural light, ergonomic designs and a healing environment.

This combined with digital advances will ensure that our local people receive outstanding care.

An opportunity to join up health and care for our people

This is a fantastic opportunity to join up the health and care system in our area, which we have been striving to do for a number of years.

A project of this magnitude gives us a real opportunity to bring mental and physical healthcare closer together; ensure that we connect GPs and hospital doctors using digital technology; and incorporate the voluntary and social care sectors into our design principles from the beginning.

This is much more than just a hospital – it is an investment in the people of north and mid Hampshire.

MAKING CHOICES:

WHAT NEEDS TO BE DECIDED AND ON WHAT BASIS?

To get the most out of this project, some very hard choices will need to be made, from where to locate a potential new hospital to what services are delivered and from where.

Given the scale of the project, it will benefit the entire community, though the impact it has on individuals will of course vary depending on a number of factors, for instance how frequently a person requires care.

We want you to tell us what you think about the problems being faced by our health system and to consider how we might go about solving them.

When doing this, it's important that you bear the following factors in mind. Please note that there may be other factors that are important to you, but we have put this list together as a guide for your feedback:

CLINICAL NEEDS

The communities served by the NHS in Hampshire are diverse, large and a mix of rural and urban. Any solution proposed must be firmly rooted in the needs of the population.

As such, as well as our clinical vision set out on pages four and five of this document, it is important to take account of the Hampshire Hospitals clinical strategy, the clinical strategies of the Hampshire & Isle of Wight Partnership of CCGs and West Hampshire CCG, the plans of the Hampshire and Isle of Wight Sustainability Transformation Partnership, the priorities of the Hampshire Health and Wellbeing Board and the North and Mid Hampshire Integrated Care Partnership objectives.

PATIENT EXPERIENCE

Patient experience – how a person feels about the way they receive care – is recognised as a significant factor in the outcome of the care itself.

Factors which impact this include timely appointments, ease of travel, the environment (light, design, green spaces etc) and good communication between everyone involved.

LESSONS OF COVID-19

It would be impossible to undertake any project like this without keeping in mind the hard won lessons of the COVID-19 outbreak.

Lessons such as how the centralising of key services meant they were more resilient and could adapt to rapidly changing needs or the critical importance of single person rooms.

Equally, the need for advanced laboratory space at a local level has been firmly underlined and adopting new technology early shown to be essential.

What services are needed and when? And with this in mind, where should they be provided from?

FLEXIBILITY

The NHS is ever changing – as is society – and so future hospitals must be flexible and able to adapt to radically different ways of working and technology.

Equally, they must be able to reflect changing demands; such as a greater emphasis on mental health services.

STAFF EXPERIENCE

Very much linked to patient experience is the equally important issue of staff experience.

Factors such as on-site changing areas, a pleasant working environment and ease of access (transport etc) play a significant role in boosting staff morale and aid in both recruitment and retention.

A rise in positive staff experience will also lead to expanded take up of new roles and opportunities such as becoming a physician or nursing associate.

SUSTAINBILITY

It is important that the programme promotes sustainability in three ways. Firstly, it is to aid the development of healthy, thriving and equal communities; supporting public health initiatives.

Secondly, it should be environmentally sustainable, not just in terms of construction but operationally; including factors like transport.

Finally, it must be financially sustainable – delivering value for money.

ACCESSIBILITY

Ensuring that services are accessible to all who need them is a priority. This means that services must be within reasonable reach of people who rely on them. This includes distance, travel, opening hours, appointment systems and other factors that allow people to make use of the services when they need them.

RESPONSES TO DATE

Earlier in the year we launched an initial survey to determine what your priorities for healthcare where. This information is already being used to help shape our thinking – a report on it can be found online at www.hampshiretogether.nhs.uk

EQUALITY

One of the NHS's founding principles is that it is essential for any change be consistent with the provision of a personal, fair and diverse health and care system; a system in which everyone counts equally and is treated with respect, compassion and dignity.

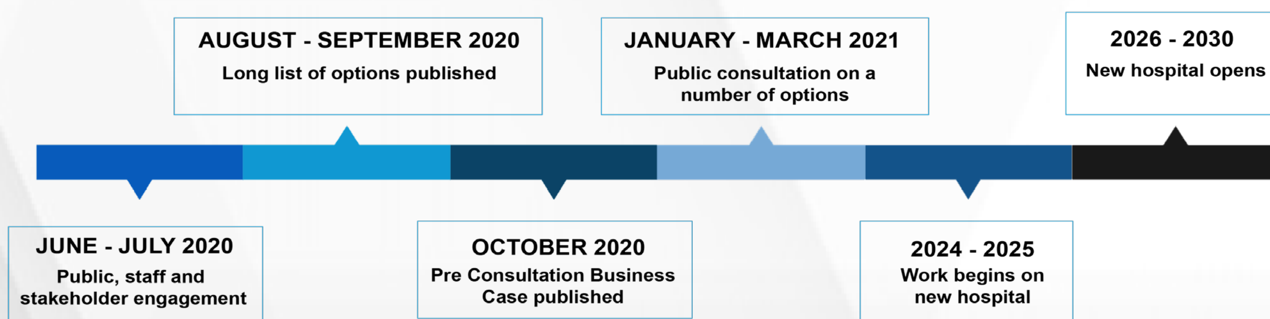
Equally, it is very important that care is adapted as far as possible to meet patients personal needs and circumstances.

DELIVERABLE

Any scheme must be deliverable – to time and to budget – be practical to implement and be both safe and clinically sustainable.

NEXT STEPS - THE JOURNEY FROM HERE

POTENTIAL TIMELINE



Over the course of the summer we will be engaging with the public, our staff and stakeholders to gather views on everything included here and more. This feedback will then be fed into the decision-making process where it will directly affect our thinking.

From that point we aim to be able to release a summary of our findings before Christmas, with formal public consultation on a number of options following in 2021. This will include a preferred way forward which we think is the best of them. After this process has been concluded and fully assessed we will announce our decision as soon as possible.

MAP OF HOSPITALS IN HAMPSHIRE

Do you have any suggestions for sites where a new hospital could be built?

BETTER TOGETHER: WE NEED YOUR HELP

While it is right that we will be seeking views, ideas and evidence from clinicians, staff and management from across the Hampshire and Isle of Wight NHS system, it is also important that we do the same for the public we serve. We will be collaborating – working with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.

Over the coming months we will have lots of ways for you to get involved and opportunities for you to give your views. The easiest way to stay up to date is to follow us on Twitter @HampshireMOHHS and sign up for our regular update bulletins by visiting www.hampshiretogether.nhs.uk.

Our dedicated programme website, www.hampshiretogether.nhs.uk has all of the most up-to-date information documents and further reading. It will also host links to surveys and event registration when they become available.

Alternatively you can write to us at:

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www.hampshiretogether.nhs.uk

/HampshireTogether

@HampshireMOHHS

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Summary of listening exercise independent analysis report

Prepared for MoHHS Options Development Group and Steering Group

Introduction

This paper summarises a draft version of a report prepared by ASV, a research and analysis company, on the recent listening phase activity of the Hampshire Together Modernising our Hospital and Health Services (MoHHS) programme.

The ASV report is still in development, and a final version is expected shortly. The purpose of this paper is to give the MoHHS Options Development Group and the Programme Steering Group an overview of the listening phase activity and the key themes that have emerged. This is so they can start to take on board the public and stakeholder feedback emerging from the listening exercise as they continue to deliberate and work on the design of proposals and options for change.

It is important to note that the draft report currently contains very little analysis on what proportion of participants from the listening phase events expressed a particular view, which makes it difficult to judge the strength of feeling around the key themes identified. That said, the themes that emerge in the report are, in our experience, fairly common when discussing proposed changes to health services with staff, stakeholders, patients, carers, and local communities.

Overview of the listening phase methodology

The listening phase ran from June 2020 through to the first week in August 2020. The MoHHS team engaged with local people, staff, and stakeholders. The exercise was designed as an opportunity for all to provide their opinions on a very broad discussion of the challenges, opportunities and the choices faced by the healthcare system in Hampshire.

Because of the Covid-19 pandemic, the listening phase events had to use a range of no-contact methods of engagement. These included:

- contact forms available on the Hampshire Together website and in hard copy for postal return
- virtual deliberative events and focus groups with the public, staff, and stakeholders
- direct contact with stakeholders (email, letter, phone calls).

In total **1,718** people or organisations participated during the listening period. A summary of the numbers participating is set out in the table below.

Response method	Number of responses/participants
Contact forms (Hampshire Together website and hard copy)	539
Virtual deliberative events and focus groups with the public, staff, and stakeholders.	1,137
Direct contact with stakeholders (email, letter, phone calls).	42
Total responses	**1,718**

The full current draft ASV report provides a detailed breakdown of the responses by demographic characteristics.

Responders to the contact form, and the stakeholders contacted directly, were asked to respond to the following questions:

- What are your views on the challenges faced by the local health system?
- What are your views on the opportunities that Hampshire Together offers for the area?
- What are your views on how we should go about meeting the challenges and making the most of the opportunities?
- Is there anything else you would like to tell us in relation to the programme?

The virtual deliberative events were also structured around these questions.

Key themes emerging from the listening phase

The draft report from ASV presents the key themes from each of the three types of engagement activities separately, however, as all the activities generated very similar themes they are presented together in this paper. It is important to note that the deliberative events, unsurprisingly, generated comments on a wider range of issues than the more structured forms and contact with stakeholders, although these can still be categorised within the broad themes.

A summary of the key themes is set out below.

Population challenges – including an ageing and growing population and health inequalities

Responders from all the activities acknowledged the challenges for health and care of the growing and changing population across north and mid Hampshire, and that these population changes mean health services need to change to provide different types of care. The most commonly raised issues included:

- As well as considering the increase in older people and general growth in the population, the NHS needs to factor in the growing number of young families and students (both of these particularly in Winchester) in the design of new services
- The importance of public health and prevention services in the context of population growth and an ageing population
- The need to do more to reduce health inequalities and to ensure any service changes take inequalities and deprivation into account.

The need for integration across health (including mental health), public health and prevention, social care, third and voluntary sector services

This theme came across very strongly from all the listening phase activities, with a clear acknowledgement of the need for better join up not only between health, social care and voluntary or third sector organisations, but also between different parts of the NHS in Hampshire (and neighbouring systems). Key points included:

- A clear recognition of the value of integration and the benefits it will bring for staff and patients
- Some scepticism that integration is achievable and criticism of current disjointed services

- The need for better integration of mental health services, and a need for more resources and improvements in mental health services
- The need for better, and more joined up social care. Respondents commented on how the social care system is under-resourced (which can have an impact on the NHS) and is confusing to navigate.

Support for more local and community care, including enhanced services in community hospitals
Linked to the integration theme, comments about improving both local (out of hospital) care and community services – including community hospital provision – came across strongly in the feedback. Some of the most common points included:

- An understanding of how increasing and improving services provided by local/primary care and community care could offer better patient experience and reduce the pressure on acute hospitals
- An openness to services traditionally provided in hospital being provided more locally (there was some mention of the role Covid-19 has played in making this more acceptable)
- A clear recognition of the important role that community services play and a desire for more services to be provided in community hospitals, closer to where people live
- Those living in Andover and Alton are concerned for the future of their community hospitals and want these services to be protected and enhanced
- The need for greater inpatient community hospital provision. This was described a few times as providing places for people to 'convalesce'.

A desire to make the most of this opportunity to improve care and services (and some scepticism)
Although there were specific concerns raised, many participants saw the MoHHS programme as a positive opportunity. Key points from the feedback included:

- There are many positive opportunities ranging from 'starting from scratch' with service design, improving patient pathways and designing services that truly meet patients' needs rather than organisational needs, through to specific opportunities such as better access to diagnostics, reduced waiting times and better working environments for staff leading to improved morale etc.
- A new build offers the opportunity to deliver care and services in line with modern standards
- Any new buildings should make the most of opportunities presented by new technology to improve patient care and experience, and the sharing of information, as well as using green technology to reduce the environmental impact of a new hospital
- The Covid-19 pandemic has demonstrated that the NHS can work in new and innovative ways, and that patients can access services in different ways. This positive attitude should be retained by the NHS, along with any changes that have been successful (e.g. video consultations etc)
- There was some scepticism about whether the changes can be delivered, with some participants referencing previous programmes of work that have not come to fruition and

some being unconvinced that the NHS can achieve the right culture of integration and joined up working.

General support for a new hospital in Basingstoke…

Unsurprisingly, participants from Basingstoke were very supportive of a potential new hospital in the area:

- There was acknowledgement that a new hospital would have better facilities, in line with modern standards
- Some people mentioned the centralisation of services, but this does not come across very strongly in the feedback. Where it is mentioned, it is not necessarily seen as positive (see Winchester summary feedback below)
- There were some concerns about accessing a potential new site on public transport, but also there were some responses in support of a central location for a new hospital in the area and some people specifically mentioned J7 of the M3 as a good location.

…But also strong support for retaining services in Winchester

There was very clear concern from Winchester residents about the potential loss of services, in particular A&E and maternity, from Winchester, with many comments asking for services to remain in the city, including:

- Concerns about traveling to Basingstoke, especially in an emergency, but also concerns about the cost and complexity of journeys by car and public transport for patients and visitors
- The growth of the population in Winchester needs to be taken into account, particularly of families with young children. This is seen as a reason to maintain A&E and maternity services at the hospital there
- Access to the hospital by public transport is perceived as better in Winchester (although others commented that it is not as accessible as Basingstoke).

Concerns and suggestions about travel and access

Concerns about travel and access to services, both existing and future, came across strongly in the feedback. Key points included:

- People are concerned about public transport links to a potential new site in Basingstoke and there is a clear call for any new build to be accessible by reliable, affordable public transport
- Car parking issues are mentioned frequently, with people worried about the availability and cost of parking
- As mentioned above, people are worried about traveling to Basingstoke from Winchester should services move
- The need to ensure people from more deprived populations, and those with additional needs or disabilities, are able to access services easily
- The importance of having green and ethical transport to hospital sites.

Concerns and suggestions about staffing

Respondents clearly recognised that there are current challenges with staffing across the two acute hospital sites, with lots of comments about there not being enough staff, and staff being overworked. Specific themes in the feedback included:

- There will still need to be the same number of staff as (it was perceived) services will have to be retained on two sites
- A new hospital will not necessarily attract new staff to the area, and some staff could be put off by moving to a new site
- Improving the working environment and offering better on-site facilities (for example staff gym, childcare, free parking etc) would attract people to work in the area
- Improving the working environment would improve staff morale.

Comments about specific services, including mental health, cancer, maternity and paediatric care

There were some general comments about specific services in the full report. In particular participants commented on:

- The desire to see a dedicated cancer centre in the area – some people mentioned this has previously been considered but not come to fruition
- The need to improve mental health care services in the community in general, in particular finding an alternative to A&E for people in crisis
- In addition to a desire to retain maternity services in Winchester, people spoke of a need to improve maternity provision in communities so pregnant women do not have to travel to hospital for routine care
- Some participants called for a separate paediatric hospital and/or a dedicated paediatric A&E.

An acknowledgement of estate challenges

While most of the feedback focused on issues around the way services are organised and delivered, participants did generally recognise that the current estate in both Winchester and Basingstoke is not able to meet the needs of the local population, nor enable the NHS to deliver care in line with modern standards.

Ask for ongoing engagement and collaborative working

There was a clear ask in the feedback for ongoing engagement and collaborative working with local people, patients, staff, and stakeholders as the plans develop:

- Some participants were positive about the engagement so far and want to ensure lines of communication remain open
- Some others referred to the listening phase as the consultation, and felt the engagement was not sufficient and it was not sensible to be 'consulting' during the pandemic.

Conclusion

As referenced in the introduction to this summary paper, the current draft ASV report does not give a sense of the strength of feeling on the themes identified, beyond the number of comments on a specific topic included in the report. However, the themes that do emerge are, in our experience, commonly heard in change programmes of this nature. Acknowledgement of the challenges faced by the NHS are weighed understandably against concerns about what changes could mean for individuals and their families.

It is evident, however, that there is a clear willingness and desire from local people, staff, and stakeholders to be involved in the MoHHS programme as it develops.

This summary report has been commissioned from and authored by Hood & Woolf to act as an 'executive summary' for MoHHS programme colleagues. It has been drawn from information in the much longer draft ASV report which pulls together feedback from a range of engagement exercises with local people in north and mid Hampshire during the summer of 2020.

25 September 2020

Hampshire Together
Modernising our Hospitals and Health Services

NHS

Hampshire Together: Modernising our Hospitals and Health Services

Our consultation plan

Plan for formal public consultation activity on behalf of North Hampshire Clinical Commissioning Group and West Hampshire Clinical Commissioning Group

WORKING DRAFT DOCUMENT

5 November 2020 v1.0

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1 Introduction

The Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups (which includes North Hampshire CCG) and West Hampshire Clinical Commissioning Group have been working with Hampshire Hospitals NHS Foundation Trust and other health and care system partners as part of the Hampshire Together: Modernising our Hospitals and Health Services programme.

The programme name 'Hampshire Together' encapsulates everything the programme is about. It is through working together, across systems, organisations, and communities that we will improve the health and wellbeing of our population.

Our goal is to develop health and care services which make best use of our combined resources, based on our collective understanding of the needs of our populations. We want to move from providing reactive care to proactive care closer to people's homes as well as providing better access to specialist support for those people that need it.

Our hospital buildings in Basingstoke and Winchester are an essential part of achieving our goal as they are no longer fit for purpose and are not cost-effective to continue repairing. This makes it increasingly difficult for our workforce to work effectively together and continue to provide the best care to our most unwell people.

This programme is part of the government's hospital building programme (health infrastructure plan (HIP)) and includes the potential for the construction of a brand new hospital.

Extensive pre-consultation engagement with patients, the public, NHS staff and other key stakeholders has taken place over the summer of 2020. We have shortlisted x options for potential changes to acute hospital services and are now preparing for formal public consultation. We are aiming to run the consultation from January 2021 for twelve weeks. The pre-consultation business case (PCBC) setting out the proposals in detail will be published at a joint meeting of the Hampshire and Isle of Wight Partnership of CCGs and West Hampshire CCG governing bodies when a decision is made to formally consult on the proposed options, based on that business case. The consultation document and supporting consultation materials will be based on the technical detail within the PCBC.

No final decision will be taken on the future shape of acute hospital services in north and mid Hampshire until after the consultation has closed and an independent analysis is completed and presented to the North Hampshire CCG and West Hampshire CCG governing bodies, along with other related evidence and data, for consideration as part of a 'decision-making business case (DMBC)'.

More background to the proposals is available at https://www.hampshiretogether.nhs.uk/

1.1 Pre-consultation engagement

During a five week period in February and March 2020 an online survey was conducted inviting both staff and members of the public to share their views on the top five priorities for the modernisation of our hospitals. Respondents were asked to rank their top five from a list of 18 priorities.

A total of 937 people took part in the public survey, and a total of 693 members of staff took part in the staff survey. Analysis of the responses generated a number of themes which were used to inform the planning of the listening phase.

A 'listening phase' to help inform the programme then ran from June 2020 through to the first week in August 2020. The MoHHS team engaged with local people, staff, and stakeholders. The exercise was designed as an opportunity for all to provide their opinions on a very broad discussion of the challenges, opportunities and the choices faced by the healthcare system in Hampshire.

Because of the COVID-19 pandemic, the listening phase events had to use a range of no-contact methods of engagement. These included:

- contact forms available on the Hampshire Together website and in hard copy for postal return
- virtual deliberative events and focus groups with the public, staff, and stakeholders
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Responders to the contact form, and the stakeholders contacted directly, were asked to respond to the following questions:

- What are your views on the challenges faced by the local health system?
- What are your views on the opportunities that Hampshire Together offers for the area?

- What are your views on how we should go about meeting the challenges and making the most of the opportunities?
- Is there anything else you would like to tell us in relation to the programme?

The virtual deliberative events were also structured around these questions.

The key themes emerging from the listening phase can be found in the summary engagement report.

1.2 About this plan

This is a working document and will continue to be developed as we progress towards the consultation. This plan sets out how we will approach a formal consultation on reconfiguring hospital services in north and mid Hampshire. It has been informed by best practice principles and guidelines from NHS England and NHS Improvement, the Cabinet Office, and the Consultation Institute. We are also building on the experience and feedback from our pre-consultation engagement work on our challenges and development of options.

Our plan has undergone a thorough review in light of the coronavirus pandemic in 2020 and responds to current uncertainties during a second national lockdown and a potential second peak. We have been positive in our approach, acknowledging these uncertainties but also embracing them as an opportunity to do things differently, finding new and creative ways to engage with audiences and stakeholders through a range of different channels.

Building flexibility – planning for different scenarios

COVID-19 – a new approach to consultation

We will be undertaking this public consultation within a new context; a COVID-19 landscape where many tried and tested engagement methodologies – including face to face meetings – may be restricted or unworkable, depending on the national COVID-19 alert level and the associated restrictions in place at that time.

The pandemic has seen an unprecedented shift to digital and online communication, with a significant rise in remote or home working and people using technologies such as Zoom to keep in contact with their loved ones. However we also know that some of our local communities cannot access the internet, and some are digitally excluded, through lack of skill, access to technology or not having a desire to engage in that way – however these peoples' views are just as vital as those that can engage digitally.

During the summer we saw lockdown restrictions ease with new legal limits on social gatherings and localised lockdowns as infection rates rise. We now have a second national month-long lockdown which demonstrates how the situation is highly complex and subject to change. The NHS has actively planned and is now seeing the beginning of a possible

second peak. This has the potential to divert attention and resources from consultation activity and presents additional challenges in terms of planning and delivering activity.

The working lives of our staff (right across the health and care sector) have been significantly impacted by COVID-19. On the front line, staff across all care settings and specialities have undergone unprecedented levels of stress as they have focussed on dealing with the immediate crisis and in planning for and now responding to a likely resurgence. Many support and back office functions have been forced to adopt a remote working set-up to keep staff safe and comply with government guidelines.

We should not underestimate how changes to working environments and patterns may bring new restrictions where we might previously have engaged with ease. We have also considered how much 'head space' staff have for considering long term questions about the configuration of services while they are grappling with a potential second peak and are focused on delivering care in challenging conditions today. There may be fatigue and cynicism amongst some staff groups as a result of COVID-19 and we will be respectful of attitudes as we position the consultation as a key opportunity for health professionals and staff of all types to influence the future.

The expertise and local knowledge of partner organisations' internal communications teams will be invaluable in steering staff-related engagement during the consultation. We will apply the same principles to staff engagement as to other stakeholder groups; looking to maximise digital channels and interactions where possible but also recognising the need for and possibilities of home-based and non-digital approaches.

Public confidence is an issue with many people feeling hesitant about resuming some activities (when guidelines allow). Research from Ipsos MORI found that significant numbers of Britons remain anxious about many aspects of life returning to normal, particularly where these are in enclosed spaces or with large groups of other people[1]. While attitudes may change over time, we should plan for every eventuality, recognising that for some groups, engagement preferences may have permanently changed. How we best reach people at home is a primary consideration for our consultation planning.

There are lessons that can be learned from the pandemic, with some discussion amongst influencers and opinion leaders about patient and public participation during the crisis. Commentary from The King's Fund and National Voices refocuses our attention on the importance of listening and responding to the views and experiences of patients and the public, whatever the circumstances: *'Too often efforts to understand what goes on for people and to respond to their needs and aspirations can feel like a nice to have rather than a key part of how to deliver health and care services effectively. It is tempting for services to extend this view into crisis periods by saying 'We don't have time to do it', but now, more*

[1] 'How comfortable are Britons with returning to normal, as coronavirus concern rises again?' 2 July 2020 https://www.ipsos.com/ipsos-mori/en-uk/how-comfortable-are-britons-returning-normal-coronavirus-concern-rises-again

than ever, health and care services need to base their decisions on the reality people experience.'[2]

The NHS occupies a prominent place in the public's consciousness and as a result of COVID-19, the profile of our health service has never been higher. The pandemic has seen an unprecedented outpouring of affection and interest in the NHS, with public shows of appreciation and fundraising efforts making headlines and fostering a new sense of interest and loyalty. As a result, people are more likely to engage on the future of their local health services. Research from Healthwatch showed that two-thirds of people in England say they are more likely to act to improve health and social care services since the outbreak of COVID-19[3]. We believe that this may make consultation activity such as telephone polling especially effective as people who previously might not have wanted to talk about the NHS have a new interest in getting involved.

Although public affection and interest is positive, we will also need to be sensitive to those who have been adversely impacted by COVID-19. Voluntary and charity sector groups are key partners during service reconfiguration and during consultation, helping information exchange and fostering discussions with patients and families who might otherwise be difficult to reach. In an article *'Time to unmute the patient voice'* published on 16 July 2020, Health Service Journal correspondent Sharon Brennan concluded that *'patients may be more distrustful, charities have less time to campaign or engage and services already have rapidly changed, but if the NHS is to reduce health inequalities in its Covid reset, patients must be both heard and listened to.'*[4]. Reviewing our relationships and partnerships with the voluntary, community and charity sector will be an important next step in developing our plans.

We recognise these challenges and opportunities require a different mindset for consultation planning and we have reviewed our proposed activities, channels, and materials to ensure they adapt in this new and uncertain context.

Implementation of this plan will be overseen by the communications and engagement workstream of the Hampshire Together programme on behalf of the clinical commissioning groups. The plan will be formally shared with the Patient, Staff and Stakeholder Advisory Group, our patient panel, and our system Communications Task and Finish Group for their comment before being approved by the Hampshire Together Steering Group and the North Hampshire CCG and West Hampshire CCG Governing Bodies prior to launching the consultation.

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[2] Shielded Voices: hearing from those most in need, The King's Fund – 26 May 2020 https://www.kingsfund.org.uk/blog/2020/05/shielded-voices-covid-19

[3] Healthwatch 'Because we all care' – 8 July 2020 https://www.healthwatch.co.uk/news/2020-07-08/help-health-and-social-care-services-recover-covid-19-becauseweallcare

[4] 'Time to unmute the patient voice' https://www.hsj.co.uk/expert-briefings/the-integrator-time-to-unmute-the-patient-voice/7028054.article?mkt_tok=eyJpIjoiTXpGbU5URXlOV0prWlROayIsInQiOiJFNlgwdHdiZkc3cnVPTlJxR2tQb3NscXU1MmkwXC9Ha0J5WDVVeklRU21DdmQ0WUVDXC9nQ1lkYmRQVVY5a1FSeEZRN0FMT1Q0K21FZWRcL2Z6blJHXC9PaCtLTjN0NkNFZ3I1RFwvK0Y1TW4wQWx2U0NqUU1XUmQxbWtxQ0xuODF5Zk1uIn0%3D

Local elections 2021

We are aware that local elections are expected to be held on 6 May 2021 for English local councils, 13 directly elected mayors in England and 20 police and crime commissioners. In March 2020, the government announced that elections scheduled to take place on 7 May 2020 would be delayed for a year in response to the COVID-19 pandemic. This postponement was legislated under the Coronavirus Act. The seats up for election are those contested in 2016/17.

During the run-up to local elections, specific restrictions are placed on the use of public resources and the communication activities of local authorities. Guidance is also normally issued to the NHS during this pre-election period – often called 'purdah' – which is designed to avoid the actions of public bodies distracting from or having influence on election campaigns. We will follow these guidelines along with other NHS organisations across the country.

Should our consultation fall within the 'purdah' period, we have plans to adapt our activity to respect these guidelines. We will be clearer on this nearer the time once more pre-election information and guidance has been issued but are confident that sufficient contingency and flexibility has been built into our plans to allow us to respond appropriately.

2 Consultation scope

The consultation will focus on x shortlisted options for reconfiguring acute hospital services in north and mid Hampshire, including proposals for:

- [To be inserted]

The proposals for change are set within the context of health and care system related plans to improve local care services (e.g. general practice and community-based services) to provide more day-to-day health services and care closer to people's homes and away from acute hospitals.

A full list of services affected will be part of the consultation materials. The hospital services affected by these proposals are run by Hampshire Hospitals NHS Foundation Trust (HHFT) and are provided across two acute sites at Basingstoke and North Hampshire Hospital (Basingstoke), and Royal Hampshire County Hospital (Winchester).

[Insert details on wider scope]

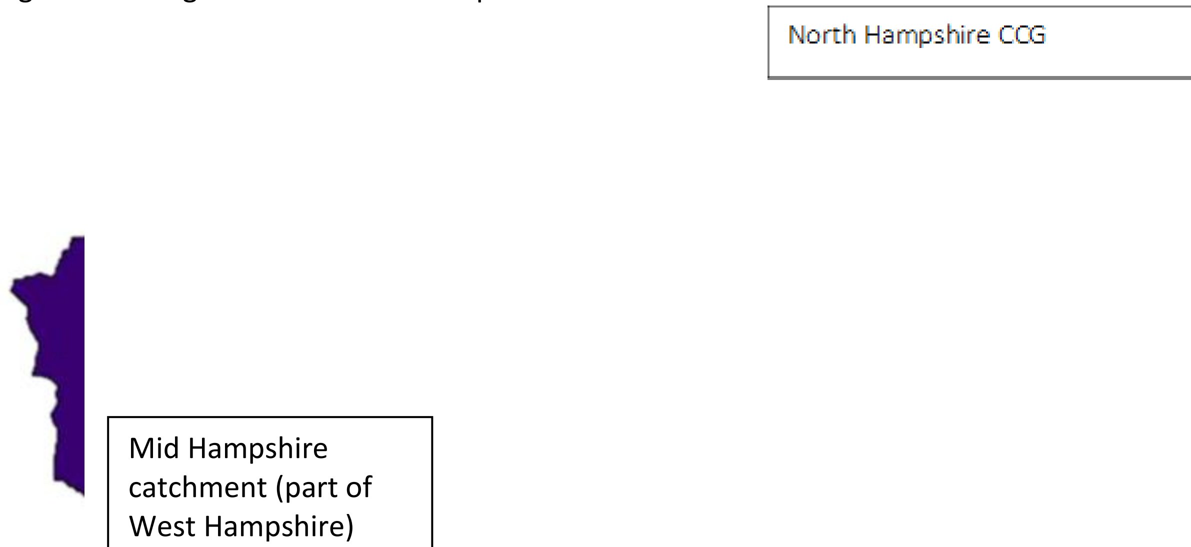
Section six provides more information on how we are developing the specific questions for the consultation questionnaire.

2.1 Geographical scope

In geographical terms, the consultation will cover north and mid Hampshire, the area covered by North Hampshire, and West Hampshire clinical commissioning groups, covering

the Alton, Andover, Basingstoke, Eastleigh and Winchester area. It will also include engagement activity in bordering communities and neighbouring areas, particularly where patient flow data indicates where people living outside the direct catchment of the trust may still be impacted by the proposals. In particular this demonstrates a need to engage with those in Southampton, West Berkshire and parts of Wiltshire.

Figure 1 – Integrated Care Partnership catchment areas



In addition, Hampshire Hospitals NHS Foundation Trust provdes some regional specialist services to people across the UK and internationally. It is one of two centres in the UK treating pseudomyxoma peritonei (a rare form of abdominal cancer) and it provides specialist services for the treatment of liver and colorectal cancer, and runs a regional haemophilia service.

We will target users, and patient groups representing users, of these specialist service as part of our consultation activity to inform them and to make sure they have an opportunity to comment on proposals.

3 Consultation approach

3.1 Statutory duties and legislation

This consultation plan has been designed to ensure we deliver effective patient and public engagement and involvement 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 and NHS England

- the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012)
- the Equality Act 2010.

In addition to meeting statutory duties, our plan has been developed with sufficient flexibility to ensure we can adapt to the uncertainties that COVID-19 brings. Discussions with stakeholders and our own review of activity and emerging thinking about consulting and engaging within the context of COVID-19 means we will particularly:

- exploit and expand digital and online engagement
- focus on how to engage with people who are digitally excluded
- ensure we make significant effort to engage with those who are seldom heard, including any new groups such as those who have previously shielded (under COVID rules) who may find their usual ways of engaging in community discussions restricted. We will use trusted channels and effective networks such as those found within the community and voluntary sector to reach these audiences and well as commissioning specific, focused research during the consultation period.

3.2 Consultation principles

The principles set out below underpin our consultation plan and have shaped the content and activity being developed and our approach to evaluating the results.

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

More detail on each principle is provided in appendix A.

3.3 Consultation aims and SMART objectives

Aims

We will deliver a formal public consultation in line with best practice that complies with our legal requirements and duties. We will also reflect the circumstances and restrictions imposed by the ongoing response to COVID-19. Our aims for the consultation are to:

- raise awareness of the public consultation and how to contribute across all affected geographies
- collect views from the full spectrum of people who may be affected – including a wide range of staff and professional groups, patients, carers, stakeholders, and the public - gathering feedback from individuals and representatives
- ensure we use a wide range of methods to reach different audiences including activities that target specific groups with protected characteristics and seldom heard communities

- ensure those methods reflect the physical and attitudinal changes to consultation and engagement as a result of the COVID-19 pandemic
- explain how the proposals have been developed and what they could mean in practice, so people can give informed responses to the consultation
- ensure that we preserve the integrity and legality of the consultation to the best of our ability should COVID-related circumstances threaten to undermine, or derail planned activity
- meet or exceed our reach and response targets within the timeframe and budget allocated
- ensure the CCG governing bodies consider the responses and take them into account in decision-making, with sufficient time allocated to give them thorough consideration.

SMART objectives

Specific, measurable, achievable, realistic and time-bound (SMART) objectives are key to ensuring that communications and engagement activity can be accurately assessed and measured. This is particularly important within the context of consultation activity where the results of our work will inform the development of the decision-making business case and play an integral part in the assurance process.

Our SMART objectives for the consultation are:

SMART objective	Measure/assessment
Raising awareness through opportunities to see or hear about the consultation - informing a minimum of 79,000 people (approximately 10 per cent of the population identified in the integrated impact assessment study area) about the proposals during the consultation period.	To be achieved through activity set out within this plan (outputs) and evaluation of social media, media, research, face-to-face and virtual events, focus groups, letter box drops etc.
Target for active and direct engagements – 3,950 people (approximately 0.5 per cent of the population identified in the integrated impact assessment study area).	To be achieved through mailings to staff and stakeholder distribution lists, meetings and events, roadshows, social media interactions, focus groups, telephone polling, targeted outreach work.
Target for responses – 2250 separate responses to the consultation (approximately 0.3 per cent of the population identified in the integrated impact assessment study area).	Collecting a minimum of 2250 responses to the consultation (including surveys, focus groups, emails, social media interactions, phone calls, letters, comments at events).
Focus on demographic 'hot spots' - e.g. groups and areas that have a higher reliance on/likelihood of being impacted	Informed by the programme's Integrated Impact Assessment, this will be achieved by working with partner organisations

SMART objective	Measure/assessment
most by the proposed changes to health services will have the opportunity to engage and respond during the consultation period.	involved in the programme as well as Healthwatch, local patient groups, community networks and outreach activity to seek out opportunities to engage, and consultation responses. Assessment will be through demonstrating opportunities to engage and feedback received from identified groups and areas.
Protected characteristics, seldom-heard/hard-to-reach groups – targeted engagement work through focus groups, surveys, links with local networks to demonstrate that all protected characteristics are represented within the consultation feedback, and that seldom heard voices are represented in the consultation responses	Activity will be based on information drawn from the Equalities Impact Assessment as well as existing intelligence and information from Healthwatch and its groups and networks as well as local commissioners and providers. Assessment will be through demonstrating opportunities to engage and feedback received from identified groups.
Staff involvement – all affected staff have the opportunity to complete a survey/access information on the proposals or join an event during the consultation period.	Using a variety of appropriate channels (as set out within this plan) to ensure all staff have the opportunity to provide feedback. Assessment will be based on the opportunities to engage and responses received from NHS staff in Hampshire, and/or their representatives.
Patients, families, and carers involvement - patients in affected services and their families/carers have the opportunity to respond to the consultation.	Using a variety of appropriate channels (as set out within this plan) to ensure affected patients, and their families/carers have the opportunity to respond to the consultation. We will look to achieve direct engagement with affected patients and their families who have been treated/had experience of a service within a year of the consultation's starting date to ensure that this significant undertaking can be achieved. Assessment will be based on the opportunities to engage and responses received.
Stakeholder attitudes – the Hampshire	Positive attitude feedback from at least five

SMART objective	Measure/assessment
Together programme team will deliver proactive, effective, and positive engagement with key groups and influencers during the consultation period.	different stakeholder groups by the end of the consultation period, to include: voluntary and community sector, democratic representatives, patient representatives (e.g. Healthwatch/PPGs/other patient fora), clinical/staff representation or group.
Delivery within an agreed budget	TBC once amount is agreed/identified.

4 Target for reach and responses

This consultation plan and the activities outlined within it will ensure that we consult with a representative sample of the population potentially affected by the proposals and that we undertake dedicated activity to collect views from individuals, groups, networks and communities who are described within all nine protected characteristics under equalities legislation. We will deliver targeted engagement activities to reach individuals and groups which include people with these characteristics, as well as with groups that may be described as 'seldom heard'.

As set out in our SMART objectives above, the targets for reach and responses will be key measures of success in our evaluation of the consultation. We are setting targets based on previous experience of planning and delivering consultations, for informing people about the proposals/consultation (minimum of 79,000 with 3,160 direct engagements) and for actual responses (2,250). The targets have been set to balance informing people and collecting a wide range of responses with delivering a cost-effective consultation within a proportionate budget.

Following desk research across a range of recent consultation plans on similar reconfigurations, it is evident that setting SMART objectives does not appear to be standard practice. However, we believe SMART objectives should sit at the heart of any robust consultation plan to ensure we can measure and evaluate the effectiveness of our activity. The SMART objectives in this plan have been developed based on wide-ranging experience.

The quality of feedback, and ensuring it comes from a wide spectrum of groups, individuals and communities which make up the local 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 views, ideas, issues, and concerns.

We have set three core targets for our consultation activity:

Raising awareness through opportunities to see or hear about the consultation

Our objective is to provide multiple opportunities to see or hear about the consultation through, for example, broadcast, print and social media, paid-for advertising, targeted

leaflet drops etc in addition to more personalised and interactive engagement. We would expect to be able to generate at least 79,000 opportunities to see or hear about the consultation*.

We will seek to ensure a minimum of 10 percent of the population identified in the integrated impact assessment has been informed/had the opportunity to see or hear information about the consultation proposal. The total population identified is circa 790,000, so ten percent is 79,000.

**NB: We recognise that 'opportunities to see or hear' do not necessarily equate to people reading or listening and are a relatively superficial measurement, so will put more focus on and weight into the engagement and response figures below.*

Active and direct engagement

It is important that people also have an opportunity to hear about the proposals through direct engagement (through virtual, face-to-face, and one-to-one activities) which allow them to ask questions before giving their views. As such, within our target for informing people, we are also setting a target to have a minimum of 3,160 direct engagements (approximately 0.4 per cent of the population identified in the integrated impact assessment study area). Section 7 of this plan outlines our planned activity to reach this target, including public and staff meetings/focus groups, street surveys and telephone surveys.

Responses to the consultation

Our objective is to generate at 2,250 separate responses to the consultation (approximately 0.3 per cent of the population identified in the integrated impact assessment study area). These could be emails, survey responses, letters from groups, organisations or individuals, Tweets, telephone polling, comments made at events and phone calls. Where we can show whether the same person or group has replied twice, we will do, but it might not always be possible.

Whilst we want to hear from as many people as possible, what is important is that we seek and get a broad, representative, and diverse range of views to give rich insights to support our decision-making. If we set our targets for reach too high we will need to use a lot more resource to generate higher numbers in the limited timeframe of the consultation, which may not then result in a very different outcome or feedback. The quality of feedback to our consultation is important alongside the quantity.

5 Stakeholder mapping

This consultation plan does not describe the formal consultation that we are required to undertake with relevant local authorities under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 although these groups are mentioned as stakeholders within the table below and are an integral part of our stakeholder engagement activity. This plan sets out the additional, complementary, and public-facing activity that we will undertake to elicit responses and promote engagement and involvement during the consultation period. Through our pre-consultation engagement

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

Our consultation audiences	
Patients, public and community groups	**Staff**
• Residents in north and mid Hampshire • HHFT patients/service users and carers – including those in border areas to the catchment identified in the integrated impact assessment • Patient and carer support groups • Voluntary, community and local business groups • Local Healthwatch (primarily Hampshire and Southampton) • Those who are seldom heard • Protected characteristics groups (under equalities legislation) • Campaigners (groups and individuals) • HHFT governors and membership • CCGs' local health/community engagement networks • GP patient participation groups • Patients and carers, and/or their representative groups, who use county-wide specialist service provided by HHFT and live outside mid and north Hampshire • Chamber of Commerce • Faith groups	• HHFT (including trade unions) • Community, mental health and learning disability Trust – Southern Health NHS Foundation Trust • Ambulance Trust – South Central Ambulance Service (SCAS) • Commissioners – West Hampshire CCG, North Hampshire CCG (which is part of Hampshire and Isle of Wight Partnership of CCGs), NHSE Specialised Commissioning team • Neighbouring trusts – University Hospital Southampton NHS Foundation Trust, Frimley Health NHS Foundation Trust, Royal Berkshire NHS Foundation Trust, Salisbury NHS Foundation Trust, Portsmouth Hospitals University NHS Trust, Solent NHS Trust • CCG Local Area Teams – North and Mid Hampshire, Commissioning Support Unit, North East Hampshire and Farnham CCG, Berkshire West CCG, Bath and North East Somerset, Swindon and Wiltshire CCG • Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP) • Provider Alliance – North and Mid Hampshire • General Practice (including Primary Care Network clinical directors and primary care teams) • Local authority (including social care and public health teams)
Elected representatives (north and mid Hampshire and bordering areas)	**Regulators/scrutiny**
• MPs • Joint HOSC	• Department for Health and Social Care • NHS England and NHS Improvement

• County councillors (Hampshire) • District/City Councillors (Eastleigh BC, Winchester CC, Basingstoke and Deane BC, East Hampshire DC, Hart DC, Havant BC, Test Valley BC) • Parish/Town Councillors (through Hampshire Association of Local Councils)	• Care Quality Commission • Healthwatch Hampshire, Healthwatch Southampton • Joint Health Overview and Scrutiny Committee • Hampshire Health and Wellbeing Boards
System leaders	**Clinical experts and professional bodies**
• West Hampshire CCG Governing Body • Hampshire and Isle of Wight Partnership of CCGs Governing Body • Hampshire Hospitals NHS Foundation Trust board • HIOW STP/emerging ICS • Provider trust boards (community, mental health, ambulance) • Neighbouring trusts • Hampshire County Council executive team • District council executive teams • Foundation Trust Council of Governors	• South East Clinical Senate • HIOW Local Medical/Dental/Pharmacy Committees • Royal colleges • Academic Health Science Network • Medical schools/universities
Media	**Out of area stakeholders**
• Local and regional newspapers, radio, TV and online • Trade media • National media	• HHFT patients living outside north and mid Hampshire • Residents of neighbouring CCGs in Southampton, Surrey, and West Berkshire • Staff of neighbouring CCGs and trusts • MPs and councillors in neighbouring areas • Governing bodies and boards of CCGs and providers in areas neighbouring north and mid Hampshire

In addition, to the patient and public stakeholder groupings identified above, an Integrated Impact Assessment carried out as part of the Hampshire Together Programme's pre-consultation phase has identified there are several protected characteristics and other vulnerable groups which have a disproportionate or differential need for the hospital services under review. These groups are:

- [insert from final IIA]

There will be targeted engagement activity during the consultation to get feedback from these groups.

Our consultation activity plan (appendix C) details our strategy for engaging different audiences. For all audiences, we will encourage them to respond with their own views and to help us promote the consultation by cascading information through their own networks. In light of the COVID-19 pandemic this approach becomes increasingly important; where groups and networks have trusted and effective channels in existence, as well as effective new methods to continue communicating and engaging on issues, we should seek to maximise their help in getting information to target 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. We will be asking people for feedback covering:

- people's views on centralising specialist services
- people's views on separating low risk elective inpatient surgery (planned surgery that is likely to require an overnight hospital stay) from emergency and higher risk surgery
- people's views on an outpatient centre providing a 'one stop shop' for patients needing several tests or appointments
- the specific proposals set out in Option x, x and x
- the potential impact (positive or negative) of the proposals on patients, relatives, carers, and staff
- the potential impact (positive or negative) of the proposals on wider services outside of hospitals
- how far people think the proposed changes help to embrace the opportunities and address the challenges set out in the Case for Change as part of the listening exercise during the summer 2020
- whether there is further evidence, insight and ideas that have not been considered.

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The specific questions to be asked in the consultation were initially developed with the communications workstream and further iteration will be developed with the system Communications Task and Finish Group, the Programme's Patient, Staff and Stakeholder Advisory Group (PSSAG) 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 it if people do so. Naturally, not all of the proposed options will appeal to everyone, and there will be lots of different views about which is best, and what alternatives we might consider.

The results of consultation are an important factor in health service decision-making, and one of a number of factors that need to be taken into account. Information, views and

feedback are vital in helping to shape the future of services and are considered alongside clinical and other evidence, and best practice.

Before the GPs and other clinicians on the governing bodies of Hampshire and Isle of Wight Partnership of CCGs and NHS West Hampshire CCG make the decision about which proposal to implement, they will consider a wide range of factors including the responses to our consultation. Other factors will include what the clinical evidence shows will deliver the greatest improvements to care, how services can be safely staffed for the long term and which proposal offers the best value for money. Their decision will be based on information that demonstrates which changes offer the greatest improvements for the greatest number of people in north and mid Hampshire and those in border communities using these services.

6.1 The main consultation document

In line with best practice criteria for consultation documents, our main consultation document will include:

- the objectives of the consultation
- details of how people can contribute to the consultation and how feedback will be used
- details of how patients and the public have been involved so far
- a balanced view of why service improvement is required, setting out both potential benefits and disadvantages
- details of the proposals with relevant, clear, and transparent information
- details of the specific options for change and the implications of the proposed change and no change, with pros and cons for each option. There will also be an explanation of how options have been developed and how and why some options were eliminated from the process through a thorough and robust evaluation process
- a set of key questions to guide responses
- email, freepost address and telephone contacts for responses
- contact details for a consultation team who will respond to questions, complaints, or comments about the consultation process
- a list of the partners leading the consultation
- the dates of the consultation period (start and finish).

In addition, the consultation document will be:

- written to be as concise and accessible as possible, using jargon-free simple language
- widely available in a printed format free of charge
- available online through the consultation website (and linked to from HHFT's, CCGs' and other partners' websites)
- available online in large print and as an 'easy read' summary
- available in other formats and languages on request.

We will test the draft document and other consultation materials with the programme's Patient, Staff and Stakeholder Advisory Group and our patient panel to ensure content is clear and understandable to people with no prior involvement in the proposals.

7 Consultation activities and materials

Our consultation activities have been 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 case for change or developing and assessing the options. Others will find out about the plans for the first time through the formal public consultation.

All consultation activity has been developed to work with the restrictions and changes brought about by COVID-19. Activity has been adapted to address social distancing and lockdown constraints, however simply shifting to remote or online engagement does not work for every group or audience. The 'digital divide' means any over-reliance on technology risks some groups becoming even more 'seldom heard'. We know that areas with higher levels of deprivation will be less likely to engage digitally and may be restricted because of low bandwidth or lack of data. Similarly, some older people do not want to engage through digital methods (whilst others do). We recognise that one of the ramifications of the COVID-19 pandemic is that the importance of printed materials has increased as has the use of postal services to reach people. We have developed a plan that exploits and expands digital and online engagement whilst focussing on how to effectively engage with the digitally excluded.

7.1 Engagement activities

Engagement activities	Frequency, numbers, format
Affected hospital services	We will work directly with specific services affected by the proposals to promote the consultation to their patients. The impact of COVID-19 means that we are unlikely to be able to do this directly (within waiting areas for example). We will use a variety of methods to reach these patients and will focus on achieving direct engagement with affected patients who have been treated/had experience of a service within a year of the consultation's starting date. Activity will include proactively writing to patients encouraging them to get involved in the consultation, the use of patient groups and networks to disseminate information and making flyers and posters available for hospital waiting areas, highlighting where printed and virtual consultation documents and resources can be found.

Engagement activities	Frequency, numbers, format
Public events	We have taken into account government guidelines on social distancing as well as public confidence in attending events in considering the scope and number of events in our consultation plan. At the time of writing, we think it is unlikely that we will be able to undertake public face-to-face sessions whilst adhering to government guidelines although we will keep a watching brief on this over the coming months as we move closer to consultation and flex our plans accordingly. We think it is unlikely that we will be able to safely run 'town hall' style sessions with a large number of attendees at present and are instead planning for a mix of virtual events as well as considering some, smaller, face-to-face sessions on specific areas covered by the consultation – looking at specific services or examining areas of concern such as travel and access – should the circumstances allow. If we are able to hold physical meetings, we will work to deliver these in a 'dual aspect' format, i.e. we will try to facilitate for them to be streamed, viewed or joined in the virtual sphere by those who are unable to attend in person. The flexibility offered by online and digital channels means that it will be easier to respond to additional demand for meetings (provided representatives are available) than it would be to host additional physical meetings. We anticipate our public events will include: • physical public meetings should circumstances allow – where possible and adhering to social distancing guidelines and after a full risk assessment on the suitability of the venue. We will aim to offer ten public events - two each in Basingstoke, Winchester, Andover, Alton and Eastleigh, one in the daytime and one in the evening – in venues where social distancing could be maintained. Numbers would be limited with attendees required to register in advance. Individuals would not be able to attend more than one event to ensure that as many different people as possible have the opportunity to attend • online public meetings – 'bite-sized' Zoom forums on service/subject-specific issues to maximise engagement • virtual 'drop in' exhibition with ability to gather information on the proposals and give comment on them. • Details of all events will be available on the Hampshire

Engagement activities	Frequency, numbers, format
	Together consultation webpages and publicised through media, social media, and other channels.
Street surveys	**350 target –** Surveys will be undertaken to collect feedback from seldom heard and protected characteristic groups, including those in rural areas and areas where deprivation is high. Structured discussions will capture responses. Should there be insufficient inhouse capacity to undertake this work we will commission a specialist independent agency to take forward the surveys. In light of COVID-19, surveys will focus on areas with higher levels of footfall, even during lockdown e.g. supermarkets, pharmacies, and post offices.
Focus groups	**10-12 events** - Dedicated events with up to 10 recruited attendees per event. These will include structured presentation and discussion with a specific remit to collect feedback from patients, carers and relatives of services affected and seldom heard/protected characteristic groups. We recommend this work is commissioned from an independent specialist agency. They could either be run online or as face-to-face sessions depending on restrictions at the time.
Telephone surveys	**850 – 1000 target** - Structured discussions to capture responses from a representative sample of the target population. To be commissioned from an independent specialist research agency and targeting specific groups identified in the Integrated Impact Assessment. Telephone surveys will be particularly useful in the event of localised or general lockdowns, with heightened interest in local and national NHS services meaning that more people may be inclined to respond to a researcher. We will flex this work to respond to the wider circumstances during the consultation period and use this method to get responses from as wide a range of respondents as possible.
Patient/community group visits and online events	Attending, by invitation, existing meetings of established patient/community groups. These will involve a structured presentation and discussion. We will work within the relevant COVID-19 restrictions and adhere to the respective groups' approaches to engagement within the confines of the pandemic. We will also work with all councils (via the communications task and finish group) to ensure we are utilising all the community groups and networks they engage with locally. Potentially working with each council to organise and host a presentation and Q&A session for their local groups – and providing follow-up materials to share with members.

Engagement activities	Frequency, numbers, format
Local community and resilience groups and networks	Recognising the growth and importance of community and volunteer groups in response to COVID-19, we will look to work with these groups and networks to share information and promote the consultation with some traditionally harder to reach audiences and vulnerable and other groups.
Hospital site roadshow/display stands	A display to rotate around main sites/services during the consultation period to engage patients and hospital staff.
HHFT staff events	HHFT's communications team will co-ordinate staff events, information provision, and discussions for affected services/sites.
CCG staff events	The CCGs' communications team will co-ordinate internal events, information provision, and discussions.
South Central Ambulance Service (SCAS) staff events	SCAS' communications team will co-ordinate internal events, information provision and discussions.
Other NHS providers staff events	Communications teams will co-ordinate internal events, information provision and discussions.
County and district council staff	Communications teams will co-ordinate internal events, information provision and discussions.
Councillor and MP briefings	Presentations to existing meetings, JHOSC, health and wellbeing boards. As we cannot be confident that we will be able to hold many, if any, physical public meetings, we will approach each district council to see if they would be willing to debate options as an additional, democratic option. We anticipate that these would involve four or five bodies made up of democratically elected members to reflect local views. We will approach chief executives and district council leaders well in advance of the consultation launch to see if there is interest in this as a pan-Hampshire approach. Offer of briefings to council meetings at county and district/city level (in addition to formal updates to JHOSC). Parish/town council presentations/briefings on request. 1-2-1 and/or group briefings for MPs. All of these can be offered virtually and if, possible, we will in addition look at ways of doing some of these on a face-to-face basis.
Online webinar/chats	We will explore options for a series of targeted live online discussions providing opportunities for staff, members of the public, and partner organisations to discuss the proposals with

Engagement activities	Frequency, numbers, format
	key clinical/executive leaders of the programme.

7.2 Staff engagement

The proposals we will be consulting on affect a wide range of staff and professional groups and we will ensure that all voices from 'board to ward' are heard. 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. We will ensure that a variety of methods are available, recognising both the restrictions and opportunities of COVID-19 to do things differently.

We are committed to ensure staff, particularly those staff who may be affected by the proposals, hear about them through us first. This is vital if we are to show consideration and respect to our staff. This builds on our approach for Hampshire Together prior to consultation, involving staff in the design and development of the proposals and keeping staff updated throughout.

Staff are also often local residents, patients, and carers, with the same concerns as other members of the public about health and care services. It is essential that they are aware of and engaged about the consultation and have the opportunity and means to tell us what they think.

In advance of the consultation launch, staff who may be affected by the proposed changes will be briefed on the proposals and options for consultation and made aware of the opportunities to attend briefings (face-to-face and virtual) to discuss the proposals and give their views. It should be noted that at this stage the individual impact for staff and 'what this means for me' will not be known in detail (not least as no decisions on the future shape of services have yet been made).

This public consultation is not a substitute for any employer/employee consultation on job roles and should not be seen as such. However, the potential for uncertainty and concern amongst staff is noted and every effort will be made to provide as much information as possible to staff so they can feedback their views on the proposals, as well as to listen to and answer questions to the best of our ability that staff may raise.

Following the launch of the consultation, our staff engagement approach will include the following activities:

Staff events

Events/briefings (virtual and face-to-face where possible) for health and social care staff, including hospital teams, GPs and their practice staff and primary care teams, ambulance, community, public health and social care teams.

The aims of the events will be to:

- provide detailed information and to answer questions which enable people to make a considered response to the consultation
- gather rich feedback on benefits, concerns, issues, and potential mitigations
- explain the proposals and enable leaders and clinicians to be questioned and to understand the balance of opinion by exploring views on the options.

Line manager support materials

We will provide line managers/team leaders with a range of briefing and support material about the consultation so they can speak with confidence about the proposals during team and one-to-one meetings and signpost people to further information if needed.

Existing internal communications channels

Intranets, newsletters and bulletins, staff briefings and existing meetings and fora will all be used to engage with staff. For example, Ask Mike and Sarah (drop-in sessions), Off the Wall (staff newsletter) for West Hampshire CCG, and HHFT's executive team staff sessions and members newsletter.

The communications and leadership teams in provider organisations will be responsible for this activity, using materials and content developed by the programme team. The communications and leadership teams in CCGs will contact and distribute materials to GP practices and primary care networks and promote the consultation via existing bulletins to GPs and their practice staff. They will also seek to work through existing networks to reach wider primary care teams and independent contractors such as dentists, pharmacies, and opticians.

Hampshire Together ambassadors

Hampshire Together ambassadors are named individuals providing the link between staff in their departments/wards/areas and the Hampshire Together Programme. The aim is for each department, both clinical and non-clinical at each Hampshire Hospital site, to have a named ambassador. These roles are also being established in the clinical commissioning groups and in partner organisations including primary care networks, Southern Health NHS Foundation Trust and South Central Ambulance Service.

The key role of the ambassadors is to be a point of contact for those that they work alongside, answering and escalating questions, as well as passing on suggestions and concerns.

7.3 Consultation materials

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 work with patient and public representatives (including our Patient, Staff and Stakeholder Advisory Group, Healthwatch Hampshire, and others) 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, its appendices, and supporting information. Whilst this will be a publicly available document, it is a technical document for an informed audience and parts of it 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.

Produce an 'easy read' summary consultation document and response form
This nationally recognised scheme uses words and pictures to effectively communicate with people with learning disabilities. It can also be helpful for those people who do not have English as their first language. We will produce a summary consultation document in this format, commissioned from an accredited provider of 'easy read' materials who will test the material with an appropriate user group to ensure it is understandable. This document will be cascaded through our voluntary community sector contacts, sent, or taken to relevant focus groups and meetings, and will be available online.

Visual and hearing impairments
A plain text large print version of the consultation document will be published online. Printed copies will be provided on request. The plain text document will meet the requirements for text readers to support people with more significant visual impairments. Braille and audio versions of the main consultation materials will be made available on request.

We will commission a British Sign Language video to summarise the proposals and explain how deaf people can get full details and respond to the consultation.

Foreign language translation and interpreting
We are aware that not everyone speaks English and will offer a translation/interpreting service on request. This will be noted on the back of key documents in the 10 top languages across north and mid-Hampshire.

Summary of materials

Materials	Detail
Core documents	
Consultation activity overview	One-page overview of key activity over the 12-week period for use with key stakeholders – MPs, councillors etc – to ensure a 'no surprises' approach
Main consultation document	Content and format to be developed with patient and public representation (via the Programme's Patient, Staff and Stakeholder Advisory Group) and in discussion with members of the JHOSC, Healthwatch Hampshire and NHS England and NHS Improvement
Summary leaflet	Short A5 document explaining core points of the proposals and consultation, providing links to further information and events, and encouraging responses

Flyers	Flyers for easy and effective distribution will be an important element of our consultation collateral, used across a wide range of audiences and locations. They will publicise the consultation and signpost to more information and how to respond
Questionnaire	Questions to be developed in discussion with the Programme's Patient Staff and Stakeholder Advisory Forum 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 **British Sign Language** video summary of the proposals **Translations** of specific documents on request **Other alternative formats** developed on request
Material for online/public events and dissemination via groups and networks	
Consultation webpages	Dedicated section of Hampshire Together website linked from CCGs', NHS trust and partner websites. Providing all relevant documents, details of public meetings, feedback options, news updates, questions and answers, patient scenarios etc
Virtual exhibition	Development of an online virtual exhibition room for the consultation, including written, video and audio content, architects impressions of the new build etc
Videos and podcasts	Selection of videos and podcasts covering overall proposals and service specific impacts. Interviews with key clinical and other 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 to the consultation
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, stakeholder briefings etc
Frequently Asked Questions	Initial list for consultation launch. Additions added to website during course of consultation. Service specific FAQs in addition to overall plan
Printed information/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
Decals	For application across hospital sites – walls/floors
Pharmacy bag advertising/inserts	Targeted use of paid advertising in pharmacies using printing on prescription bags or flyers to insert. Selective use to reach people from seldom heard communities in areas of deprivation. In a lockdown scenario this could be extended to encompass bigger swathes of the population
Staff pay slips	Flyers to attach/insert messages in HHFT, CCGs' and other local providers payslips and/or printed message inside payslips where applicable
Patient letter/flier	Letter/flier sent/emailed to all patients who have been treated/had experience of a service within a year of the consultation's starting date. This would include patients from across the region and country who have used the trust's specialist services
Social media	
Free	Regular promotion through social media accounts of Hampshire Together, HHFT, CCGs 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	We will develop a series of articles to send to existing publications including council (county, district, town/parish) newsletters and magazines, 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	We will place a series of adverts across north and mid Hampshire titles through the consultation period. They will highlight key proposals and ways to find out more and respond to the consultation
Radio	We will buy radio advertising on Hampshire's stations ensuring the advert is repeated at times throughout the consultation. It would highlight key proposals and ways to find out more and respond to the consultation
Poster advertising	We will buy advertising at key high footfall locations – for example transport hubs such as the bus stop outside RHCH

Pubs, community centres, high traffic community areas (including commercial and retail environments if possible and appropriate) and pharmacies	See information in 'printed display material' section. We will monitor the areas of highest footfall and activity and explore opportunities to make information available, recognising that the impact of COVID-19 has led to a reduction in the use of traditional 'contact and touch points' where we might have previously made information available. This might include local commercial and retail areas and establishments
Media releases/interviews	
Print, online and broadcast media	We will develop a series of proactive releases and undertake broadcast interviews during the consultation to raise awareness and encourage feedback. We will also provide reactive responses to media queries raised throughout the consultation

7.4 Media approach

We will work proactively with the media during the consultation. North and mid Hampshire and surrounding areas have a diverse range of media outlets, from very local publications to wider Hampshire and the Isle of Wight focussed news outlets. All are important in shaping and reflecting public perception and reaction to health and care changes. We will work with them to communicate key messages for the consultation and to signpost more detailed information to the population of north and mid Hampshire, and wider in surrounding areas. We will identify appropriate editorial and advertorial opportunities.

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).

During the consultation we will adhere to the following key principles for working with the media:

- establish a media programme of promoting agreed consultation messaging backed up and brought to life through case studies, inviting journalists to events, and facilitating interviews with key clinicians involved in the development of the proposals
- provide clinical spokespeople wherever possible to explain the reasons for change and our proposals, (supporting them appropriately in this role) – exploring the idea of radio 'phone-ins' with local people to facilitate 'real time' engagement with the programme's clinical leaders
- work closely with local journalists and ensure they are fully briefed on the reasons for the consultation and why local clinicians believe the proposals for change will improve services and meet the challenges and opportunities described in the Case for Change

- invite members of the media to all relevant engagement events and meetings, to maintain transparency throughout the process
- work with communications teams at all partner organisations to make sure messages are consistent
- respond to all media enquiries in a timely and helpful manner
- regularly monitor the media and ensure that inaccurate information about the consultation and proposals is rebutted
- evaluate all media coverage to assess its effectiveness, and the inclusion of our key messages, adapting our approach as appropriate.

We will use a mixture of submitting editorial content/media releases to get free coverage and some paid for advertising where this is felt to be cost effective.

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

- all local newspapers
- professional journals such as Health Service Journal, Pulse, Hospital Doctor, 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.

7.5 Activities and materials for audiences outside north and mid Hampshire

HHFT provides some national and regional specialist services, with residents from other parts of the region and UK travelling to the hospitals and receiving care from services affected by the proposals. These include:

- pseudomyxoma peritonei (a rare form of abdominal cancer)
- liver and colorectal cancer
- haemophilia service.

We will write to patients who have used these services within the last year, as well as key stakeholders including MPs, council representatives, primary care leaders and Healthwatch in areas outside of north and mid Hampshire from which patients use HHFT's regional services. We will provide information about the consultation and invite them both to respond and to cascade information to their local networks. Face-to-face and virtual meetings and briefing sessions will be offered on request.

8 Distribution channels

We will distribute a range of consultation materials using online and physical channels to meet the varying preferences of our target audiences and stakeholders; balancing the need to make hard-copy materials available with our usual 'digital by default' approach and delivering a cost-effective consultation.

We have reflected on the constraints of the pandemic in distributing materials to people. We can no longer rely on a broad range of touchpoints (libraries, GP surgeries, schools etc) seeing high levels of footfall or even being available as an outlet for consultation information, although we will make sure information is available in these places wherever possible. Instead we have considered where contact points exist for people even when the most rigorous social distancing measures are in place. Essential services such as supermarkets, food shops, pharmacies, and post offices are all areas with high footfall and offer opportunities to engage and offer information to people. This can be achieved with stalls, posters, information tables and boards.

With supermarket home deliveries on the rise, we will explore the opportunity to include flyers with shopping deliveries and see if there are other retail and commercial premises where we can make information available. We are also looking for more domestic or residential communal areas such as mail tables and post areas within tower blocks and apartment buildings as well as leaflet drops and mailshots to targeted postcodes and groups.

We will use direct distribution by the central consultation team as well as requests to a wide range of partners and interested groups to cascade information through their own networks. Given the above, our approach will be balanced using the full range of different channels of communication: face-to-face activities, digital and news media. We hope this will ensure that all people are able to get involved in a way that best suits them.

8.1 Digital distribution

Channels	Materials
Websites	We will use a section of the Hampshire Together website as our online consultation hub. www.hampshiretogether.nhs.uk/ The online consultation hub will host all consultation information in one place, with quick links on every page to clearly highlight key documents and online feedback channels. It will also include an events diary and document store including the more technical pre-consultation business case document and appendices. The CCGs' and HHFT's websites will include a page with details of the consultation and links to direct people to the relevant section on the Hampshire Together website. Other NHS and social care partners will also be asked to publish a consultation page linking to the consultation hub.
Email bulletins	We will issue regular updates through the consultation period to our stakeholder list. This will directly reach an audience of around XXX 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.

Channels	Materials
	Hospital providers and partners including Healthwatch Hampshire will be asked to cascade the bulletins on to their wider distribution lists. We will also provide content about the consultation for our partners to include in their own e-bulletins/newsletters during the consultation.
Social media	Twitter and Facebook will be used to keep online stakeholders informed, and to signpost and facilitate discussion, during and after the consultation period. The existing Hampshire Together accounts will be the main channel; with links made with accounts run by the CCGs, HHFT and other partners to support this effort. We will use paid advertising on social media to promote the consultation to people within the consultation catchment area.
Mobile technology	We will explore the possibility of using text messaging to alert groups and cohorts of people where appropriate and within the confines of relevant data and other regulations. We anticipate that this might be best brought to life within primary care, where local practices might be able to communicate with patients via this method, but this needs further exploration.

8.2 Physical distribution

Copies of printed materials (main document, summary, posters, display stands etc.) will be made available at physical locations where footfall and contact can be guaranteed.

With all distributions we will include details of how to request further copies as required.

Location (sites in north and mid Hampshire)	Materials (per site)
Leaflet drop to targeted groups and postcodes	Flyers – (number tbc)
Flyer inclusion with supermarket deliveries, distributed to shops, facilities and premises in areas with high footfall (retail and commercial) – tbc, ideas being explored, subject to agreement	Flyers – (number tbc)
Communal areas of tower blocks and housing estates	Summary leaflet/flyers (numbers tbc) Posters (1)
Supermarkets (tbc)	Summary leaflet/flyers (numbers tbc) Posters (1)
Post offices (tbc)	Summary leaflet/flyers (numbers tbc) Posters (1)
Schools/colleges (tbc)	Summary leaflet/flyers (20)

Location (sites in north and mid Hampshire)	Materials (per site)
	Posters (7)
Universities	Summary leaflet/flyers (50) Posters (10)
Hospitals (3) – Basingstoke, Winchester and Andover	Main consultation doc. (no. tbc) Summary leaflet/flyers (no. tbc) Posters (no. tbc) Decals (no. tbc) Pop-up banners (4)
Community hospitals/health centres (tbc)	Main consultation doc. (10) Summary leaflet/flyers (100) Posters (4) Pop-up banners (1)
General practice (tbc)	Main consultation doc. (5) Summary leaflet/flyers (50) Posters (2)
Pharmacies (tbc)	Summary leaflet/flyers (25) Posters (1)
Libraries (tbc)	Main consultation doc. (10) Summary leaflet/flyers (50) Posters (1)
Town halls (tbc)	Main consultation doc. (10) Summary leaflet/flyers (50) Posters (2) Pop-up banners (1)
Leisure/sports centres (tbc)	Summary leaflet/flyers (20) Posters (2)
Job centres (tbc)	Summary leaflet/flyers (20) Posters (2)
Children's centres (tbc)	Summary leaflet/flyers (20) Posters (2)
Foodbanks and community stores (tbc)	Summary leaflet/flyers (20) Posters (1)
Citizens Advice (tbc)	Summary leaflet/flyers (20) Posters (1)
Local COVID volunteer/ resilience/community groups (tbc)	Summary leaflet/flyers (20) Posters (1)
Clinical Commissioning Group offices (2)	Main consultation doc. (10) Summary leaflet/flyers (25) Posters (4)
Healthwatch offices (tbc)	Main consultation doc. (10) Summary leaflet/flyers (25) Posters (1)
Public consultation events (public meetings, community stands)	Main consultation doc (10) Summary leaflet (50) Pop-up banners (2 used for all events)

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
- phone line/voicemail
- telephone polling
- targeted focus groups
- online and digital meetings and events - including virtual exhibitions; Zoom meetings with key spokespeople on specific areas such as maternity and paediatrics, urgent and emergency care, frailty, planned surgery, travel and access; social media sessions; and webinars
- physical, face-to-face meetings and events whenever it is safe, appropriate, and possible to do so - adhering to social distancing guidelines, hygiene protocols/risk assessments and in locations and venues where people will feel confident about attending
- targeted outreach work through voluntary and community groups and organisations to reach seldom heard audiences and those with protected characteristics.

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

10 Analysis of consultation responses

10.1 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 specific group/locality.

10.2 Post-consultation

In line with best practice for a consultation of this nature we will commission an independent research/engagement organisation to analyse 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 North Hampshire CCG (part of Hampshire and the Isle of Wight Partnership of Clinical Commissioning Groups) and West Hampshire CCG will consider the consultation feedback in full and decide what actions need to be taken in response.

The independent research organisation will be sent all feedback gathered across all channels, including for example, formal questionnaires, notes from public meetings, individual response letters, social media posts, and petitions submitted by campaign groups.

Comments provided to the independent organisation will be anonymised with the exception of social media posts where people have already accepted they are publishing comments attributable to their social media account. Organisation responses will also be published as part of the post consultation reports.

11 Impact of consultation on outcomes and decision-making

A public consultation is not a referendum and we will not be asking people to vote for one option or another. What we will be seeking from the consultation responses is to fully understand the impacts (positive and negative) that people believe the proposals will have, to understand issues and concerns and how they might be mitigated, and to provide an opportunity for any additional evidence, data or alternative proposals and solutions to be put forward that would meet the opportunities and challenges described in our Case for Change. Feedback will be used to shape the final proposals and allow us to consider mitigating actions for any concerns that are raised.

Consultation responses will be used alongside a range of other evidence gathered as part of the decision-making process (including clinical, financial, workforce, estate, travel time evidence etc) and any other relevant information which may become available before a final decision. Consultation responses will be used to:

- help decide which option is taken forward
- identify if changes are needed to the option taken forward
- identify actions to progress opportunities to improve / mitigate concerns raised.

This decision-making process will comply with the NHS England guidance '*Planning and Delivering Service Changes for Patients*'.

After the consultation has closed, and the independent report has been considered by North Hampshire CCG and West Hampshire CCG, the consultation team will publish a formal response and activity report for the public consultation. Based on best practice guidance, this report would include the following information:

- the number and range of activity delivered during the consultation period
- consultation reach and responses measured against SMART objectives
- link to website where responses can be viewed
- recap of final decision-making process and next steps.

This report will draw on the independent evaluation of consultation responses report. It will be available online, with printed copies available on request.

12 Measure of a successful consultation

The success of our consultation will be measured against the aims and SMART objectives set out in section 3.3 of this plan, including:

- the depth and breadth of responses/feedback on the proposals
- the targets for reach set out in this plan
- feedback from respondents on the process of the consultation, including their views on how the consultation has been conducted within the context of the pandemic
- feedback from JHOSC, Healthwatch, and NHS England and NHS Improvement post consultation
- whether we meet our statutory and legal duties during the consultation.

13 Resourcing plan

To deliver an effective best practice consultation we will commit sufficient resources, including internal staff, specific expertise from external agencies, and a non-pay budget for a range of essential expenditure. The impact of the pandemic must be reflected in the resources that are allocated to this work. Some of the activity we are recommending to 'COVID-proof' our consultation approach may be more expensive. Additional capacity, resources and attendant costs should work need to pause and re-start at short notice may also incur additional costs. An increase in print budget is an example of where costs might rise, or to increase telephone polling numbers if a national or local lockdown is experienced during the consultation period for example.

It is recommended that investment is secured so that the process may be run properly, effectively, and robustly. An effective consultation will produce rich feedback and insights to improve the overall quality of decision-making and service design, and in turn, the quality of patient outcomes and experience in the future. This approach will not only make sure we meet our statutory duties around involvement and consultation, it will also help mitigate the risk of successful legal or other challenge to the consultation process at a later stage, which then incurs further cost and time delays. It is important to note that consultations tend to be challenged on process which can lead to long delays, potential re-consultation and increased costs. Most importantly, successful challenge to a programme such as this also has opportunity costs for patients in delays to making improvements to services.

13.1 A dedicated consultation team

Running a public consultation exercise is challenging and requires a core team that has sufficient capacity, is resilient, professional, and ideally consistent to take the programme through from start to finish. This team will consist of health and care leaders, clinical leaders, in-house communications and engagement staff and additional capacity and expertise commissioned from external suppliers. We will build flexibility into the team to reflect the potential for staff to be diverted elsewhere because of the pandemic.

Planning and delivery of the consultation activities/materials will be led by the communications and engagement workstream of the Hampshire Together programme; however, the consultation team will consist of a wider group, additionally including:

- clinical leaders from North Hampshire CCG, West Hampshire CCG and HHFT

- executive and programme leaders from North Hampshire CCG, West Hampshire CCG and HHFT
- project management office and administrative support.

13.2 Non-pay resources

Identifying the costs for non-pay materials and resources, ranging from design of, typesetting and printing documents, bulk mail distribution, and advertising, to venue hire and independent analysis of consultation responses is a work in progress. We will use experience our team has working on other similar consultations as a realistic benchmark and, factoring in increased costs as a result of changing activity to meet the challenges of COVID-19, and arrive at a realistic budget for communications and engagement activity for the consultation.

14 Conclusion

Our consultation plan takes into account the current COVID-19 context to allow us to deliver a best practice consultation and fulfil our statutory consultation duties. We will make the most of appropriate new technologies, methodologies and mechanisms to respond to the constraints of consulting within the 'new normal' as they emerge but we still have effective ways to communicate, engage and consult with a wide spectrum of groups and individuals.

Once consultation is underway, we will maintain a flexible approach to assessing the effectiveness of the activities identified in this plan, especially in light of COVID-19, and will amend our approach as appropriate. Significant changes to the approach, including the need to protect the integrity of the consultation because of COVID-related requirements would be discussed and approved through the programme governance. This would include through the Hampshire Together Steering Group, recommendations to North Hampshire CCG and West Hampshire CCG governing bodies, and briefings provided to the Joint Health Overview and Scrutiny Committee, and NHS England and NHS Improvement.

Appendix A – Consultation principles and statutory duties
Appendix B – Developing our consultation plan
Appendix C – Activity plan for the consultation period

15 Appendix A – Consultation principles and statutory duties

15.1 Our consultation principles

Consulting with people who may be impacted by our proposals

- We will engage people across the demography and diversity of the populations in north and mid Hampshire (and relevant areas beyond the area) to gather a fair representation of views and feedback from groups including the working population, seldom heard groups, those with protected characteristics, people who have used the services affected (as patients, relatives or carers) and those who may do so in the future.
- We will monitor and evaluate our consultation process consistently and in a systematic way, including capturing feedback and comments from events, meetings, surveys, discussions, and individual responses.
- We will monitor responses being received during the consultation period to assess progress on where, how and from whom we are receiving feedback, so we can target/amend our activity to address gaps in feedback geographically or demographically.
- We will make sure that there are 'no surprises' for staff whose jobs may be affected by the review. We will ensure they are aware of the process, understand how their roles may be impacted and understand how they can give their views during the consultation.

Consulting in an accessible way

- We will provide a range of physical and digital opportunities for people to hear about the proposals and provide their views, including group and one-to-one options for discussions.
- We will produce a range of public facing information to explain the proposals in a clear and consistent way, avoiding jargon and explaining technical issues in 'plain English'.
- We will consider all requests for translations and accessible formats and discuss with individuals the most effective way to provide the information they need.
- We will publish the detailed technical/clinical information supporting the proposals, and key decision-making minutes of public meetings relevant to this programme online to ensure transparency.
- We will reach out to people where they are, in local neighbourhoods and through local networks.

Consulting well through a robust process

- We will make sure local people and staff working in organisations affected by the proposals have confidence in our consultation process, ensuring it is open, transparent, and accessible.
- We will be clear and up front about how views can influence decision-making, explaining it will not be possible to accommodate all views and why difficult decisions have to be made.

- We will make sure a wide range of people are aware of our consultation even if they choose not to participate.
- The consultation will run for a sufficient length of time to allow people to give their views and we will provide regular reminders about progress and the closing date.
- We will use a mix of qualitative and quantitative methodologies to allow for both volume and richness of response.
- We will strive to ensure we are acknowledged locally and nationally to have undertaken a meaningful and effective consultation process.
- The results of our consultation and the feedback received will be thoroughly and conscientiously considered and used to inform decision-making.

Consulting collaboratively

- We will work collaboratively with individuals, stakeholders, and partner organisations to make the most of the opportunities of partnership working to reach out to as many people as we can in a meaningful way.
- Our information will be relevant to local groups, being clear about what the proposals mean for each geographical area and for core groups of people – such as people using maternity services, or those requiring a planned operation - recognising a range of interests, diverse needs, and preferences.

Consulting cost-effectively

- We will assign an appropriate budget to enable an effective consultation and will strive to ensure our consultation budget is spent wisely and used effectively in terms of reach and response, delivering good value for money throughout. Some costs will be increased as a result of COVID-19, for example, higher print costs because of the need to ensure greater availability of hard copy materials and the ability to flex activity such as telephone surveys to respond to local circumstance.

Independent evaluation of feedback

- We will work with independent providers to deliver key consultation work and to analyse the results to ensure an objective outcome.
- The analysis of feedback will be done independently, and the independent report(s) will be shared publicly, including on the Hampshire Together website.

15.2 Statutory duties and legislation

This consultation plan has been designed to ensure we deliver effective patient and public engagement, involvement, and consultation 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 and NHS England – test one is to evidence strong patient and public involvement.

The National Health Service Act 2006 (as amended by the Health & Social Care Act 2012)

- **Section 242**, requires the NHS to make arrangements to involve patients and the public in planning services, developing, and considering proposals for changes in the way services are provided and decisions to be made that affect how those services operate.

- **Section 244** requires NHS bodies to consult relevant local authority Overview and Scrutiny Committees 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 Overview and Scrutiny Committees).

- **Section 14Z2** requires CCGs to make arrangements to ensure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):
    - in the planning of the commissioning arrangements by the CCG
    - in the development and consideration or proposals by the CCG for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them
    - in decisions of the CCG affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

- **Section 14T** requires CCGs to have regard to the need to reduce health inequalities between patients in access to health services and the outcomes achieved – while this duty does not impact on consultation activity per se, it will on the decisions taken in light of this consultation and is therefore a consideration in our work.

- **The Equality Act 2010** - requires us to demonstrate how we are meeting our Public Sector Equality Duty, and how we take account of the nine protected characteristics of: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

16 Appendix B – Developing our consultation plan

16.1 Internal development and sign-off

Within the governance structures of the Hampshire Together programme this consultation plan has been developed, reviewed, and approved by the following groups:

- **Communications and engagement workstream**
  The communications and engagement workstream for the programme prepared the initial plan and discussed options for the different activities and channels; using the experience of those involved in other large and complex consultations to consider what worked well and what could be improved upon. We reviewed the stakeholder groupings and the cascade channels available through all the partners involved in the programme.

- **Hampshire Together Steering Group**
  The group reviewed the consultation plan in November 2020 as part of reviewing the overall PCBC prior to submission of the draft to NHS England and NHS Improvement. The Group will do a further final review of the consultation plans as part of the governance ahead of Hampshire and Isle of Wight Partnership of CCGs and West Hampshire CCG's decision to launch consultation.

- **Hampshire and Isle of Wight Partnership of CCGs and West Hampshire CCG governing bodies**
  The Hampshire and Isle of Wight Partnership of CCGs and West Hampshire CCG governing bodies are the decision-making bodies for the Hampshire Together programme. The governing bodies receive assurance and recommendation about the programme from the Managing Director for North and Mid Hampshire. The governing bodies reviewed the PCBC, including the consultation plan in November 2020. They will do a further final review of the PCBC and supporting plans, when they make a decision to consult on the proposed options and to formally launch the consultation.

16.2 Patient and Public advice

In November 2020, the Programme's Patient, Staff and Stakeholder Advisory Group reviewed and commented on an initial draft of this plan. A final draft of this plan will be reviewed and endorsed by the Advisory Group before consultation.

16.3 Healthwatch

Representatives from Healthwatch Hampshire are involved in the Patient, Staff and Stakeholder Advisory Group and system communications task and finish group. As a specific piece of work we asked Healthwatch to review a draft of this plan and received their feedback in X 2020. [Add detail about the feedback]. As part of this work they reviewed the plan in light of COVID-19 restrictions, recognising that they will have a view on effective and

appropriate methods of engagement as a result of the pandemic. [Add detail about the comments/feedback]

16.4 Joint Health Overview and Scrutiny Committee (JHOSC)

Hampshire County Council and Southampton City Council have expressed a wish to be involved in the consultation through a joint HOSC. We discussed a summary of the consultation plan with the joint HOSC in x 2020. A final version of the full plan will be taken to the JHOSC prior to consultation launch. As part of the formal consultation we will also consult directly with the JHOSC on the proposals themselves.

16.5 NHS England and NHS Improvement

The communications and engagement team for south east England have reviewed and commented on our consultation plan as we have developed it and will continue to have further input and review as part of the overall PCBC submission at key points in the process during November and December 2020. A comprehensive and robust plan for consultation is one of the requirements for a successful 'Stage two Gateway' assurance conducted by NHS England and NHS Improvement.

16.6 Department of Health and Social Care

As part of the HIP2 process the Department of Health and Social Care have reviewed and commented on our consultation plan as we have developed it. It will continue to have further input and review as part of the overall submission for investment during November and December 2020.

17 Appendix C – Activity plan for the consultation period

The table below provides a provisional timetable for core consultation activity. We are scoping the idea of delivering 'themed' weeks during the consultation period to allow focus on specific areas such as A&E, maternity, county-wide specialised services, and so on, through developed content for media, social media and meeting channels. The benefits of this approach are that activity can be targeted more effectively at groups and audiences and messages about how the proposals relate to specific services or groups can be given greater clarity and profile. Flexibility will be built into this approach to enable us to respond to national or high-profile policy developments or public interest.

Our current timescales anticipate a launch of formal public consultation in mid-January 2021, running for an anticipated 12 week period. We are planning to hold the majority of our public-facing activities during the earlier weeks of the consultation, with mid-point reviews of responses factored in so that the second half of the consultation period focusses on eliciting responses from any sectors, communities and groups where response rates have been low.

Once consultation is underway, we will maintain a flexible approach to assessing the effectiveness of the activities identified in this plan, especially as a result of COVID-19; and will amend our approach as appropriate. Significant changes to the approach, including the need to protect the integrity of the consultation because of COVID-related requirements, would be discussed and approved through the programme's governance. This would include the Hampshire Together Steering Group, recommendations to the North Hampshire CCG and West Hampshire CCG governing bodies, and briefings provided to the Joint Health Overview and Scrutiny Committee, NHS England and NHS Improvement, and the Department of Health and Social Care.

Consultation phase	Activity Summary
Preparation for formal consultation	• Development and final sign off for all consultation materials and preparation ready for printing, production and distribution • Planning and booking advertising for consultation publicity • Planning and booking of consultation events – both physical and virtual • Preparation of consultation online on Hampshire Together website • Final development of distribution list for print and electronic delivery of consultation materials • Establish process for providing consultation materials in alternative formats/languages
Pre-launch of formal consultation	• Ongoing stakeholder engagement to ensure there are no surprises with key audiences such as MPs, councillors, staff, and patient representative groups to ensure widespread understanding of the consultation when it happens (share

Consultation phase	Activity Summary
	consultation activity overview) • Informal meetings with staff who may be directly affected by the proposals (including trade unions) • Publication of virtual and face-to-face venues/timings of key public meetings running during consultation period • Print and distribution of hard copy materials to start once final content approved
Launch day	• Online publication of core consultation materials and response questionnaire • Media and stakeholder launch event – this may be physical or virtual depending on a range of factors including COVID-19 • Media release issued to local and regional media • E-bulletin to full stakeholder list announcing consultation launch and linking to online materials including details of public events
Weeks 1-12	• Telephone polling and street surveys undertaken to ensure representative sample from across the consultation catchment area including seldom heard and protected characteristic groups (Weeks 1 to 4); further targeted street / telephone surveys if required following analysis of initial activity (weeks 7 to 10) • Print, radio and social media advertising to promote consultation (weeks 1, 4, 8, 11) • Display stands in place at hospital sites (Basingstoke, Winchester and Andover) (weeks 1 to 12) • Poster and decal advertising (weeks 1 to 12) • Focus groups with patients, carers, relatives from services affected by proposals – online and face-to-face (weeks 2 to 6) • Attendance at existing meetings of stakeholder groups (virtual and face-to-face) (weeks 1 to 12) • Hospital and primary care staff events (virtual and face-to-face) (weeks 1 to 12) • Initial review of engagement activity reach and feedback to identify demographic or other trends requiring adaptation of plans (week 4) • E-bulletin to full stakeholder list with reminder of public events (both virtual and face-to-face) and encouraging responses to formal questionnaire (week 5) • JHOSC update and mid-point review (week 6) • Majority of public events held (weeks 1-9) • Mid-point media releases to encourage further editorial coverage of the consultation (in addition to paid advertising)

Consultation phase	Activity Summary
	(week 6) • Consultation mid-point review report to Hampshire Together Working Group (week 6-7). • Review of engagement and feedback from seldom heard/protected characteristic groups to confirm if further targeted activity is needed (week 8) • Email and telephone reminders to key partner/stakeholder organisations encouraging submission of formal responses to the consultation (week 9) • Review of feedback and engagement activity to consider if extension to consultation period is needed (week 10) • E-bulletin to full stakeholder list and social media activity to encourage responses before consultation closes (week 10)
Consultation close	• Media release on close of consultation (end of week 12) • Removal of consultation displays from hospital sites (end of week 12) • Update Hampshire Together website to confirm consultation closure (end of week 12) • Closure of online questionnaire (end of week 12) • Email to partners where hard copies of consultation materials were delivered requesting displays to be removed (end of week 12) • E-bulletin to full stakeholder list with high level summary of consultation activities and details of next steps to analyse and publish results (week 13)
Post consultation	Independent analysis of consultation feedback and drafting of reports

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