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

24 February 2021 v2.0

Content

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 *new hospital programme* and includes the potential for the construction of a brand new hospital in north and mid Hampshire.

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 three options for potential changes to acute hospital services and are now preparing for formal public consultation. We are aiming to run the consultation from 17 May 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
- 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 engagement 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.

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 2021 and responds to the current plans to end restrictions as we come out of our third national lockdown by 21 June 2021. We have been positive in our approach, acknowledging continued 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 – are likely to be restricted (for at least part of the consultation period) or unworkable, depending on the national 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 last twelve months we have seen three national lockdowns and subsequent easing of restrictions with new legal limits on social gatherings and localised lockdowns as infection rates rise. In February 2021, a new four-step plan was unveiled to ease the country out of lockdown if the conditions for lockdown easing are met at each stage. The NHS is past the peak of the current wave of the pandemic, but we are mindful that the situation is highly complex and subject to change. 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 crisis and in planning for a winter 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 we have just past the latest 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]. In a more recent MORI study less than a quarter of Britons think that it is likely life will return to normal this year, and more than a half of people expect to see people wearing face masks in public places in a year's time[2].

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 still remains 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*

[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

[2] 'Despite a chaotic 2020, Britons are feeling good about 2021' 28 December 2020 https://www.ipsos.com/ipsos-mori/en-uk/ipsos-mori-britons-predictions-for-2021

extend this view into crisis periods by saying 'We don't have time to do it', but now, more than ever, health and care services need to base their decisions on the reality people experience.'[3]

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[4]. 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.'*[5]. 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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[3] 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

[4] 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

[5] '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.

2 Consultation scope

The consultation will focus on three shortlisted options for reconfiguring acute hospital services in north and mid Hampshire and two sites for a potential new hospital – J7 M3 site and the BNHH site.

Services affected by these proposals include:

- urgent and emergency care – including accident and emergency services
- emergency and complex/high risk surgery
- critical care (sometimes referred to as ITU or intensive therapy units)
- specialist medicine, for example cardiology, respiratory and gastroenterology
- other specialist services, for example those for heart attacks, stroke, and trauma (serious injuries)
- cancer services
- planned care and surgery - treatments and surgery you have a date for in advance
- complex outpatients' services – where several diagnostic tests, appointments and sometimes some treatment can happen on the same day in one place
- consultant led maternity services and midwife led maternity services
- inpatient children's services, including neonatal intensive care.

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).

We know that part of making any changes to acute hospital services is dependent on improvements to care and services outside hospitals such as ambulance services, general practice, NHS community services and social care services and how they would be delivered to support the hospital based changes. Whilst these services are not the subject of this consultation, information on this work, which is developing in parallel in the Hampshire and Isle of Wight health and care system, will be provided.

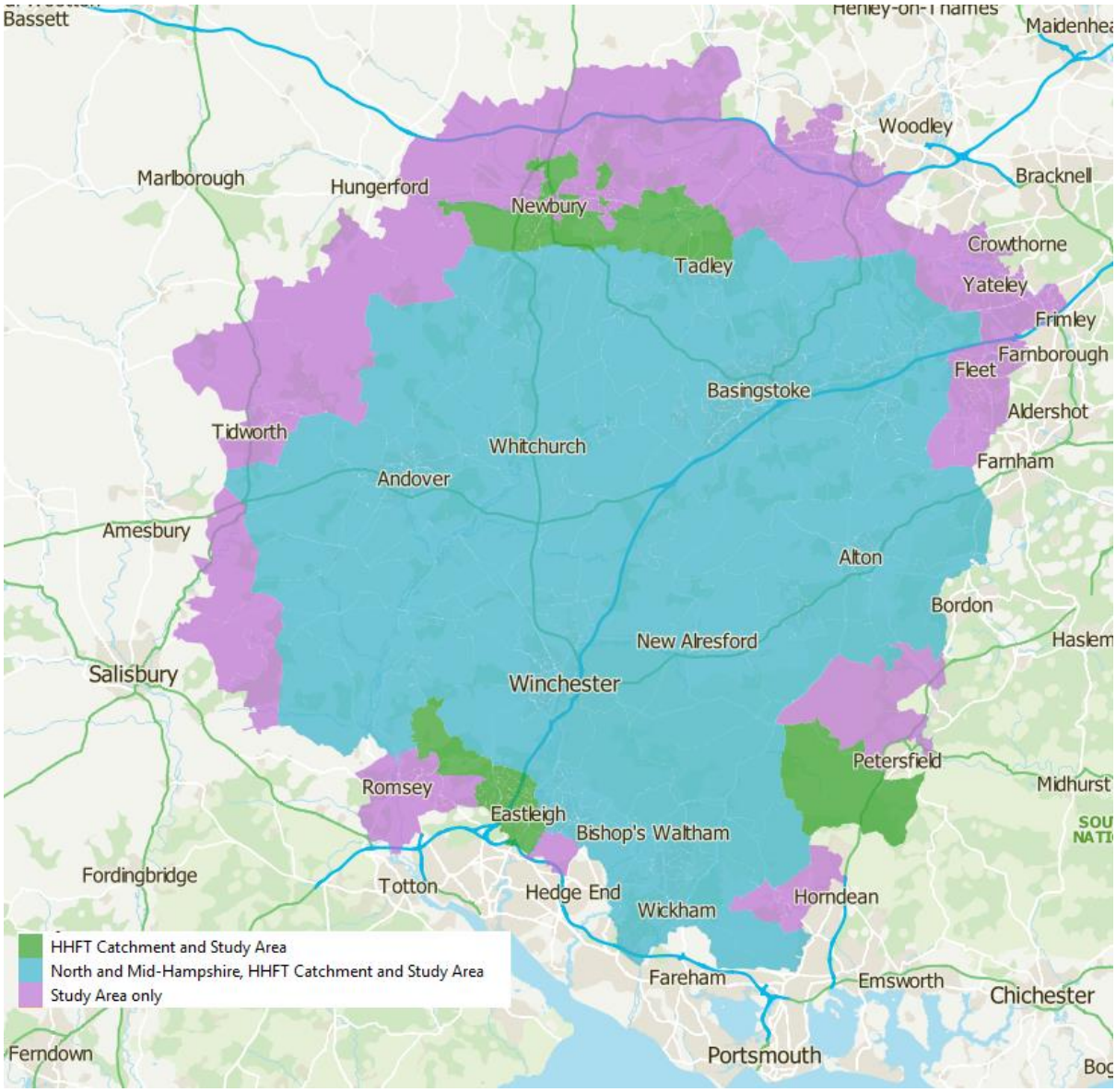
Section six provides more information on how we are developing the specific questions for the consultation questionnaire.

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. The overall population in the Integrated Impact Study area is 790,000/871,000 residents. The population within the area which would travel to either Basingstoke or Winchester hospitals, based on closest hospital site by travel times is approximately 475,532 people[6].

[6] Integrated Impact Assessment interim report v1.5, page 76

Figure 1 – Integrated Impact Assessment study area



The impact of changes in patient flow is being properly assessed to ensure that appropriate capacity is established across all providers to ensure that patient care is not negatively impacted. The integrated impact assessment shows that centralising acute hospital services at:

- the BNHH site (options 2 and 3) would reduce the trust's natural catchment to around 400,000, a reduction of 23%. Under this option, Southampton General Hospital would receive the majority of former Hampshire Hospitals' patients.
- the new J7, M3 site would reduce the trust's natural catchment to around 411,000, a reduction of 21%. Under this option, Southampton General Hospital, Royal Berkshire Hospital, and the Great Western Hospital would receive the majority of these former Hampshire Hospitals' patients[7].

[7] Integrated Impact Assessment interim report v1.5 page 77

The programme has been and will continue to liaise with neighbouring trusts to discuss and agree the impact of changes in patient flow under the proposed options.

In addition, Hampshire Hospitals NHS Foundation Trust provides 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 services 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 (also known as hard-to-reach groups), 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 87,100 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 – 4,355 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 – 2,613 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 2,613 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 most by the proposed changes to health services will have the opportunity to engage and respond during the consultation period.	Informed by the programme's Integrated Impact Assessment, this will be achieved by working with partner organisations 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	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.

SMART objective	Measure/assessment
heard voices are represented in the consultation responses	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 and are currently exploring adding information to appointment letters during the consultation period. Assessment will be based on the opportunities to engage and responses received.
Stakeholder attitudes – the Hampshire Together programme team will deliver proactive, effective, and positive engagement with key groups and influencers during the consultation period.	Positive attitude feedback from at least five 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 87,100 with 4,355 direct engagements) and for actual responses (2,613). 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 87,100 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 871,000, so ten percent is 87,100.

**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. As such, within our target for informing people, we are also setting a target to have a minimum of 4,355 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 mailings to staff and stakeholder distribution lists, meetings and events, roadshows, social media interactions, focus groups, telephone polling, targeted outreach work.

Responses to the consultation

Our objective is to generate at least 2,613 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 describes 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 (see sections 15.3) these groups are mentioned as stakeholders within the table below and are an integral part of our stakeholder engagement activity (see section 16.4). 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 • Resident, voluntary, community and local business groups • Local Healthwatch (primarily Hampshire and Southampton) • Those who are seldom heard • Protected characteristic groups (under equalities legislation) including age,	• 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

disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity • 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 services provided by HHFT and live outside north and mid Hampshire • Chamber of Commerce • Faith groups	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 Integrated Care System (ICS) • 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 • 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)	• Department for Health and Social Care • NHS England and NHS Improvement • 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 ICS • Provider trust boards (community, mental health, ambulance) • Neighbouring trusts • Hampshire County Council executive team • District council executive teams	• South East Clinical Senate • HIOW Local Medical/Dental/Pharmacy Committees • Royal colleges • Academic Health Science Network • Medical schools/universities

• Foundation Trust Council of Governors	
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, Portsmouth, Surrey, Salisbury and West Berkshire • Neighbouring Healthwatch • 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[8]:

- Children aged 16 and under
- Younger people aged 16-24
- People with a disability
- Gender re-assignment
- Pregnancy and maternity
- Race and ethnicity
- Sex
- Sexual orientation
- Deprivation

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.

[8] Integrated Impact Assessment interim report v1.5 page 41

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 their views on:

- the proposed model of care
- the proposal to create two centres of excellence by separating planned, and specialist and emergency care
- the ambition to have a level two local neonatal unit at one of our hospitals
- the proposal to build a new hospital building for the possible Acute Centralised Hospital somewhere in north and mid Hampshire
- the location of the proposed new build hospital
- people's preferences in relation to the options outlined
- any alternative options, variants of the options, or solutions that should be considered.

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.

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, including any variants on the options put forward.

In addition, a series of focus groups and telephone polling across a representative sample of the population will ensure we hear from those communities and individuals we might not normally expect to hear from.

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 and the impact if nothing is done
- 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
- summarised into a shorter more accessible version of the document
- widely accessible and available in a printed format free of charge (availability tbc based on Covid restrictions at the time)
- 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 (British Sign Language, small print and audio) and languages on request.

We will test the draft document and other consultation materials with the programme's reader panel of patient and public representatives 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). Activity will include adding information to outpatient appointment letters encouraging patients 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.
Public events – in person and online	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 may 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 will review whether we can safely run 'town hall' style sessions with a large number of attendees closer to consultation, at present we are 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

Engagement activities	Frequency, numbers, format
	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 potentially 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 – on the consultation and service/subject-specific issues to maximise engagement providing opportunities for staff, members of the public, and partner organisations to discuss the proposals with key clinical/executive leaders of the programme • 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 Together consultation webpages and publicised through media, social media, and other channels.
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. They could either be run online or as face-to-face sessions depending on restrictions at the time.

Engagement activities	Frequency, numbers, format
Telephone surveys	**500 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, particularly those groups that represent people identified as having protected characteristics. For example age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity. These will involve a structured presentation and discussion. We will work within the relevant COVID-19 restrictions at the time 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.
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.

Engagement activities	Frequency, numbers, format
South Central Ambulance Service (SCAS) staff events	SCAS' communications team will promote information about the consultation and associated activities and encourage their staff to engage.
Other NHS providers staff events	Communications teams will promote information about the consultation and associated activities and encourage their staff to engage.
County and district council staff	Communications teams will promote information about the consultation and associated activities and encourage their staff to engage.
Councillor and MP briefings	Presentations to existing meetings, JHOSC, health and wellbeing boards. 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.

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 Panel; 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, British Sign Language video, small text and audio versions of the main consultation materials will be made available on request.

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 Panel) 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
A5 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 Patient Panel 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 summary document published online, and links cascaded to stakeholders **British Sign Language, translations, audio, small print or other alternative formats** will be 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, including neighbouring partners. 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, architect's impressions of the new build (if available) etc

Videos	Selection of videos 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, community centres, job centres etc. Full list of distribution to be confirmed following further review of opportunities with private organisations such as supermarkets, and taking account of latest Covid restrictions
Decals	For application across hospital sites – walls/floors
Pharmacy bag advertising/inserts	We are exploring the 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
Patient information	We are exploring whether information about the consultation can be added to appointment letters during the consultation to raise awareness of the consultation with patients. This would include patients from across the region and country who have appointments for 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 are exploring advertising at key high footfall locations – for example transport hubs such as the bus stop outside RHCH, dependent on cost/budget
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 include information about the consultation on outpatient appointment letters during the consultation period. We will also target users, and patient groups representing users, of these specialist services as part of our consultation activity to inform them and to make sure they have an opportunity to comment on proposals. 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 will also undertake 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 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. We will also invite other stakeholders and interested parties to sign-up to receive regular communication through these updates, the Hampshire Together website and other communications activities. 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.

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)
Supermarkets (tbc)	Summary document/flyers (numbers tbc) Posters (1)
Post offices (tbc)	Summary document/flyers (numbers tbc) Posters (1)
Schools/colleges (tbc)	Summary document/flyers (20) Posters (7)
Universities	Summary document/flyers (50) Posters (10)
Hospitals (3) – Basingstoke, Winchester and Andover	Main consultation doc. (no. tbc) Summary document/flyers (no. tbc) Posters (no. tbc) Decals (no. tbc) Pop-up banners (4)
Community hospitals/health centres (tbc)	Main consultation doc. (10) Summary document/flyers (100) Posters (4) Pop-up banners (1)
General practice (tbc)	Summary document/flyers (50) Posters (2)
Pharmacies (tbc)	Summary document/flyers (25) Posters (1)
Libraries (tbc)	Main consultation doc. (10) Summary document/flyers (50) Posters (1)
Town halls (tbc)	Summary document/flyers (50) Posters (2)
Leisure/sports centres (tbc)	Summary document /flyers (20) Posters (2)
Job centres (tbc)	Summary document /flyers (20) Posters (2)

Location (sites in north and mid Hampshire)	Materials (per site)
Children's centres (tbc)	Summary document /flyers (20) Posters (2)
Foodbanks and community stores (tbc)	Summary document /flyers (20) Posters (1)
Citizens Advice (tbc)	Summary document /flyers (20) Posters (1)
Local COVID volunteer/ resilience/community groups (tbc)	Summary document /flyers (20) Posters (1)
Clinical Commissioning Group offices (2)	Main consultation doc. (10) Summary document /flyers (25) Posters (4)
Healthwatch offices (tbc)	Main consultation doc. (10) Summary document /flyers (25) Posters (1)
Public consultation events (public meetings, community stands)	Main consultation doc (10) Summary document (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, planned surgery, travel and access; social media sessions
- 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 or variants on the proposed options, 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 the potential easing of COVID-19 restrictions, 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. The main areas for consideration are:

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. The CCG will need to show that it has had due regard to this in its decision-making on any service change proposals.

- **The Equality Act 2010** - requires the NHS to demonstrate how it is meeting the Public Sector Equality Duty, and how it takes 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.

The 'Gunning Principles'

Whether or not there is in law an obligation to consult, where consultation is embarked upon it must be carried out fairly. What is 'fair' will obviously depend on the circumstances of the case and the nature of the proposals under consideration. Sensible guidance for decision-makers is to approach consultation with more care and seriousness when the subject-matter is likely to prove particularly controversial. When designing and delivering a public consultation, and making decisions following it, there are four important legal principles to adhere to in terms of demonstrating a 'fair' consultation.

These - known as the 'Gunning Principles' - are a set of rules for public consultation that were proposed in 1985 by Stephen Sedley QC, and accepted by the Judge in the Gunning v London Borough of Brent case.

The Gunning principles are that:

(i) consultation must take place when the proposals are still at a formative stage

(ii) sufficient information must be put forward for the proposal to allow for intelligent consideration and response
(iii) adequate time must be given to consultees for consideration and response; and
(iv) the product of consultation must be conscientiously considered by decision-makers.

In addition to legal duties, there are **'five tests' for service reconfiguration** that the NHS must meet when proposing change. Four of these were laid down by the Secretary of State for Health and Social Care and the fifth by the Chief Executive of NHS England.

To meet these tests in any service change proposals the NHS must show:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- A clear, clinical evidence base
- Support for proposals from clinical commissioners
- In any proposal including plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions:
  i. Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
  ii. Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
  iii. Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

The pre-consultation business case will be expected to have a section that demonstrates how the five tests have been met.

15.3 Defining service change

Broadly speaking, service change is any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered. There is no legal definition of 'substantial development or variation' and for any particular proposed service change, commissioners and providers should work with the local authority or local authorities' Overview and Scrutiny Committee (OSC) to determine whether the change proposed is substantial. If the change is substantial it will trigger the duty to consult with the local authority under the s.244 regulations. It is this that can trigger a referral to the Secretary of State and the Independent Reconfiguration Panel.

Public consultation, by commissioners and providers, is usually required when the requirement to consult a local authority is triggered under the s.244 regulations because the proposal under consideration would involve a substantial change to NHS services. Change of site from which services are delivered, with its consequent impact on patient, relative and visitor travel times, even with no changes to the services provided, would normally be a

substantial change and would therefore trigger the duty to consult the local authority and would be likely to require public consultation. Decommissioning a service could also be a substantial change. Tendering a service by itself is unlikely to be a significant change unless the new service specification will provide a substantial change in service.

15.4 Learnings from the Independent Reconfiguration Panel

The Independent Reconfiguration Panel is the independent expert on NHS service change. IRP is an advisory non-departmental public body, sponsored by the Department of Health and Social Care. The IRP is usually asked to review a service change programme by the Secretary of State for Health and Social Care when the Secretary of State receives a 'referral' from a local authority. Referrals can occur when a local authority (or group of local authorities) decides to contest the proposals for change. They can do this under one or more of three conditions, when they:

1. Are not satisfied with the adequacy of content or time allowed for consultation with itself (not wider consultation with patients, the public and stakeholders)

2. Have *not* been consulted, and are not satisfied that the reasons given for not carrying out consultation are adequate

3. Consider that the proposals would not be in the interests of the health service in its area.

The Independent Reconfiguration Panel publishes its learnings from reviews. Proposals to change health services have the potential to be highly controversial and sensitive – particularly when considering changes to urgent and emergency care services; maternity services; and paediatric services.

In its learning from reviews, the IRP's verdict on why reconfiguration proposals have been referred include:

- inadequate community and stakeholder engagement in the early stages of planning change
- the clinical case has not been convincingly described or promoted
- important content missing from reconfiguration plans - local communities want to know what services will be provided, where and how they will access them
- mixed messages about clinical issues – if doctors in an area publicly disagree, their patients are entitled to be sceptical about proposed changes
- clinical integration across sites and a broader vision of integration into the whole health community has been weak
- proposals that emphasise what cannot be done and underplay the benefits of change and plans for additional services
- important content missing from reconfiguration plans and limited methods of conveying information
- health agencies caught on the back foot about the three issues most likely to excite local opinion – money, transport, and emergency care
- inadequate attention given to the responses during and after the consultation

Further details about the work of the IRP can be seen at
https://www.gov.uk/government/collections/irp-learning-from-reviews

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 2021. 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.

16.4 Joint Health Overview and Scrutiny Committee (JHOSC)

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 to the chairs 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.

We discussed the draft consultation plan with the joint HOSC in December 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 and March 2021. 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 and March 2021.

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

Consultation phase	Activity Summary
	understanding of the consultation when it happens (share 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 undertaken to ensure representative sample from across the consultation catchment area including seldom heard and protected characteristic groups (Weeks 1 to 4); further targeted telephone surveys if required following analysis of initial activity (weeks 7 to 10) • Print advert (in four local papers), and radio campaign • Print, radio and social media advertising to promote consultation (throughout) • 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)

Consultation phase	Activity Summary
	• Mid-point media releases to encourage further editorial coverage of the consultation (in addition to paid advertising) (week 6) • Consultation mid-point review report to Hampshire Together Working Group and JHOSC (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