

Title of paper:	Community Hospital Service Review – Update on consultation plans		
Author:	Suzi Shettle, Head of Communications and Engagement		
Exec Lead:	James Blythe, Director of Commissioning and Strategy		
Date:	27 November 2015		
Meeting:	Governing Body		
Agenda item:	13	Attachment:	9
For:	Information and discussion		
Executive summary:			
<p>The attached paper provides an update on the CCG’s plans to lead a public consultation on proposed changes to inpatient and outpatient services provided at community hospitals in the Surrey Downs area.</p> <p>The draft Consultation Plan is attached for information and comments.</p>			
Compliance section			
Please identify any significant issues relating to the following			
Risk Register and Assurance Framework	No issues identified		
Patient and Public Engagement	The planned consultation will build on the extensive engagement undertaken during the review period. Surrey’s Wellbeing and Health Scrutiny Board has been engaged throughout the planning process and the consultation plans have also been developed with input from our Patient Advisory Group and the Lay Member for Patient Engagement aligned to the review programme.		
Patient Safety & Quality	No issues identified – considered as part of EQIA.		
Financial implications	Consultation spend will be kept to a minimum. The majority of materials will be developed in-house and engagement will focus on attending well established, existing community groups and meetings, as		

	opposed to hosting separate events, which can be costly. The main area of expenditures will relate to printing consultation materials and commissioning an independent research organisation to analyse consultation feedback, in line with best practice. Total consultation spend will be managed closely and is expected to be in the region of £8,000.
Conflicts of interest	No issues identified as yet.
Information Governance	No issues identified as yet.
Equality and Diversity	The Consultation Plan describes how the CCG will meet its responsibilities under the Equality Act, including how we will engage with those in the Protected Characteristic groups.
Any other legal or compliance issues	The Consultation Plan describes how the CCG will engage the local community in the consultation, in line with best practice engagement, to ensure our legal responsibilities are fully met.
Accompanying papers (please list): Draft Consultation Plan	
Summary: What is the Governing Body being asked to do and why? To note the draft Consultation Plan. The Governing Body are also asked to note outstanding issues and the information required from NHS Property Services prior to the consultation being launched.	

1. Background

During the summer Surrey Downs Clinical Commissioning Group undertook a review of the inpatient (bedded) and outpatient services provided at the five community hospitals in the CCG area. Extensive engagement with local people and local communities was undertaken as part of the review process, including four launch events, 20 public workshops and 24 staff drop-in sessions.

Following the review, the CCG published an Outcome Report that summarised the key findings. It made a series of recommendations that identified opportunities to further improve care and also considered possible options relating to how services could be configured in future. The Outcome Report, which provides further background, was shared publicly as part of a further period of engagement and is available on the CCG website (www.surreydownsccg.nhs.uk).

On 25 September the CCG Governing Body discussed the findings of the review and approved plans to move to public consultation on the options contained in the Outcome Report.

This paper provides background on the CCG's responsibilities relating to public consultation, a brief summary of the CCG's consultation plans and likely timescales for consultation.

The full draft Consultation Plan is enclosed for information and comments.

2. CCG responsibilities to engage and consult

As an NHS organisation we are required to show how the proposals we are putting forward meet the four tests laid down by the Secretary of State for Health.

The tests we must demonstrate are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear clinical evidence base to support the proposals
- Support for the proposals from clinical commissioners

There is also regulatory framework that we must follow. This includes:

- The NHS Act 2006 (as amended)
- The Equality Act 2010, which requires us to demonstrate how we are meeting our Public Sector Equality Duty and how we take account of the nine protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

We also need to take into account other relevant legislation and show:

- how we have taken into account the views and requirements of those who may use our services and their carers, families and advocates
- how the proposals will bring significant clinical benefits and improve outcomes and accessibility
- how the proposals take into account people's diverse and individual needs and preferences including people with protected characteristics

These areas have all been considered, and addressed, as part of the Consultation Plan and draft consultation materials.

3. Consultation Plan

The Consultation Plan summarises the approach we intend to take to deliver this consultation, including key groups we will be engaging with, the channels we will use, how we will meet our responsibilities under the Equality Act and how feedback will be used as part of the decision-making process.

The plan has been designed using the Cabinet Office principles for public consultation (updated November 2013) to comply with the NHS England guidance 'Planning and Delivering Service Changes for Patients' (published in December 2013).

This paper provides a high level summary of the CCG's approach to consultation, based on the Consultation Plan.

4. Aims and objectives of the consultation

The aim of the public consultation is:

- To make people aware of the public consultation and how they can get involved
- To inform people about how the proposals have been developed
- To describe and explain the proposals we have developed and what the four options would mean for how local services are provided
- To seek people's views on the proposals, including the range and location of services as set out in the proposals
- To ensure that a diverse range of voices are heard and that the engagement activities target specific community groups to ensure the local population is represented
- To consider the responses made as part of the consultation and take them onto account in decision-making
- To ensure that the consultation process maximises opportunities for engagement with the local community and key partners

- To deliver a public consultation in line with best practice that complies with our legal requirements and duties

5. Consultation principles

Our consultation plan is underpinned by a number of fundamental principles. These are:

- Our information will be consistent and clear
- Our consultation materials will be written in 'plain English' and will avoid jargon and technical information
- Materials will be accessible to everyone and will be available on request in a range of languages and formats
- We will reach out to people where they are, in their local neighbourhoods and in local networks
- We will make the information relevant to local groups – we will be clear about what the proposals mean for each geographical area and for each group of people taking account of their interests, diverse needs and preferences
- We will monitor and evaluate the process consistently and in a systematic way, including capturing feedback and comments from events, meetings, discussions and individual responses to the consultation

6. Targeted engagement

To ensure the consultation effectively captures views and feedback from our local populations and key stakeholders we have mapped key groups and stakeholders who are involved in, or may be affected by or interested in the outcome of the consultation.

The groups and organisations we have identified will be engaged as part of the consultation period, where they will be encouraged to share their views on the proposals. In addition, to help us reach as many people as possible, we have asked all organisations and groups to act as conduits and to actively help us promote the consultation (via their communication channels and distribution networks) to any relevant stakeholders.

The list below is an example of the type of groups we will be engaging:

- People who use community hospital services, their carers and advocates
- Local NHS and independent healthcare organisations
- Surrey Downs GPs and practice staff
- Surrey Well-being and Health Scrutiny Board
- Healthwatch Surrey
- Local community organisations and community representatives
- Residents Associations (41)
- Members of Parliament whose constituencies are within the CCG area (4)
- CSH Surrey staff

- CCG staff and staff at other NHS provider organisations
- GP practice Patient Participation Groups (32)
- Statutory and voluntary sector partner organisations
- Borough and district councils (Mole Valley, Epsom and Ewell, Elmbridge and Reigate and Banstead)
- Surrey County Council (including public health and social care)
- Media (including local press, radio, trade journals and regional media)
- Large employers within the Surrey Downs area

7. Consultation channels

As part of the consultation we will be using a range of different channels to raise awareness of the consultation and encourage participation.

Our channels will include:

- **Wide distribution of hard copies the formal public consultation document**
- **The public consultation document will be available electronically on the CCG's website and promoted through social media** (including Facebook, Twitter and Streetlife)
- **The full review outcome report**, containing the background to the review process and more detailed information and data, will be available on the CCG website, with hard copies available on request
- **An online response questionnaire** where people can comment on the proposals
- **An email address where people can send comments and feedback** on the proposals
- **A series of public events**, one in each community hospital area, where people can hear about the proposals, discuss how the proposals will affect them and give feedback.
- **A series of public evaluation workshops**, where local people can participate in evaluating the four options, based on criteria that has been developed as part of the pre-consultation engagement phase
- **An offer to all local groups of a speaker from the consultation team to come out to one of their meetings to explain the proposals**
- **Meetings with targeted voluntary groups**
- **Engagement with targeted groups from 2012 Equality Act Protected Characteristics Groups**

- **The views of CSH Surrey and NHS staff will be sought through internal communications channels within these organisations** and through the techniques available to all members of the local community

8. Meeting our responsibilities under the Equality Act

The Consultation Plan describes how the CCG will meet its responsibilities under the Equality Act, including how we will engage with those in the Protected Characteristic groups.

The consultation process will be subject to an equalities impact analysis to confirm that the process for consultation and decision-making is fully compliant with our legal duties under the 2010 Equality Act and the NHS Act 2006 (as amended) and that we are taking account of people's protected characteristics.

The impact assessment will be carried out in two stages: the first stage has considered Protected Characteristic groups within the CCG area and this has informed the consultation planning process, ensuring these groups are targeted for engagement. The second stage will inform the decision-making process at the end of the consultation period.

We will work closely with voluntary and community sector organisations to:

- raise awareness of the consultation process and how people can take part
- offer to meet with specific groups or representatives to seek feedback on the proposals
- discuss how people with protected characteristics can best be enabled to give feedback
- hold discussions with those groups most involved with or affected by the proposals put forward for consultation.

9. Independent evaluation of consultation feedback

NHS guidance on public consultations recommends that an independent third party is appointed to receive and analyse responses to public consultations. This additional independence gives reassurance that any responses are being impartially gathered and reported on.

The CCG has undertaken a procurement process to identify a suitable organisation to support this work. A specification was issued to three companies and of these the most suitable will be selected to carry out this work. This decision will take into account the organisation's ability to meet the service specification and value for money.

10. Taking feedback into account in decision-making

The Surrey Downs CCG Governing Body will consider all feedback received as part of the consultation process in its final decision-making.

A final evaluation report, containing a summary of responses, will be shared with key partners and published by the CCG on its website.

11. Resource considerations

As a CCG we want to make sure we spend our money on patient care so we plan to keep expenditure on this consultation to a minimum. We will do this by developing and designing the consultation document in-house and using our own internal expertise to facilitate the majority of meetings and events.

We will, however, incur some costs. These mainly relate to:

- Printing costs
- Staffing resource
- Independent analysis of responses
- Postage and Freepost costs
- Venue hire for meetings and events

Further information relating to consultation expenditure is included in the Consultation Plan.

12. Timescales and next steps

Following on from the last Governing body meeting, the CCG had planned to launch consultation in November. However, due to a number of outstanding issues this has not been possible. These mainly relate to outstanding estates and financial information, which we are currently awaiting from NHS Property Services. In order for members of the local population to be able to make an informed decision about the proposed options, we have taken the decision that this information needs to be available from the start of the consultation.

We have been advised that the outstanding information will be available shortly so currently still plan to begin the consultation in November or early December. If the timescales are further delayed, the CCG may decide to defer the launch until January 2016 so as to avoid a launch in mid to late December, ahead of the holiday period.



**Surrey Downs
Clinical Commissioning Group**

Community hospital services review

Draft Consultation Plan

Version 1.3



Version history

Version	Date	Author/ Reviewer	Ratification process	Notes
Version 1	27 October 2015	Suzi Shettle, Head of Communications and Engagement (author)	First draft for internal review	
Version 1.1	3 November 2015	Suzi Shettle, Head of Communications and Engagement	First draft reviewed by nominated members of Surrey Well- being and Health Scrutiny Board	Met with Board members 28 October 2015
Version 1.2	5 November 2015	Suzi Shettle, Head of Communications and Engagement	Reviewed by Community Hospital Services Review Patient Advisory Group	To meet with PAG 4 November 2015
Version 1.3	9 November 2015	Suzi Shettle, Head of Communications and Engagement	Comments from Patient Advisory Group incorporated	Draft plan to be noted at Governing Body meeting on 27 November 2015

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This consultation plan should be read in conjunction with the public consultation document.

1. Context for this consultation plan

This consultation plan builds on the extensive engagement undertaken to date as part of the community hospital services review and outlines the steps we will take to ensure that we run an appropriate and transparent public consultation on proposals relating to how community hospital services in the Surrey Downs Clinical Commissioning Group (CCG) area will be delivered in future.

This plan does not address the proposals themselves, as these are outlined in the consultation document.

Background information relating to the community hospital services review process and detailed findings can be found in our Review Outcome Report, which is available on our website (www.surreydownsccg.nhs.uk).

Surrey Downs CCG commissions healthcare for the 300,000 people living in the local area and as such the CCG are the accountable body for the provision of community services. We are also the accountable organisation for delivering this public consultation.

The services being considered as part of this consultation are mainly provided by CSH Surrey. They include both inpatient rehabilitation (bedded care) and outpatient services (including physiotherapy, x-ray and community clinics) located at the five community hospitals in the Surrey Downs area (Cobham, Dorking, Leatherhead, Molesey and the New Epsom and Ewell Community Hospitals). As such we will work closely with CSH Surrey and other local partners to ensure these organisations, and their staff, are fully involved in this consultation.

This plan summaries the approach we intend to take to deliver this consultation, including key groups we will be engaging with, the channels we will use, how we will meet our responsibilities under the Equality Act and how feedback will be used as part of the decision-making process.

After the consultation closes all feedback we have received will be independently analysed. The Surrey Downs CCG Governing Body will consider this feedback in its final decision-making. The final evaluation report and analysis will be shared with key partners and published by the CCG on its website.

2. Scope of project

This consultation plan has been designed using the Cabinet Office principles for public consultation (updated November 2013) to comply with the NHS England guidance 'Planning and Delivering Service Changes for Patients' (published in December 2013).

As an NHS organisation we are required to show how the proposals we are putting forward meet the four tests laid down by the Secretary of State for Health. The tests

we must demonstrate are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear clinical evidence base to support the proposals
- Support for the proposals from clinical commissioners

There is also regulatory framework that we must follow. This includes:

- The NHS Act 2006 (as amended)
- The Equality Act 2010, which requires us to demonstrate how we are meeting our Public Sector Equality Duty and how we take account of the nine protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

Secondary legislation

We also need to take into account other relevant legislation and show:

- how we have taken into account the views and requirements of those who may use our services and their carers, families and advocates
- how the proposals will bring significant clinical benefits and improve outcomes and accessibility
- how the proposals take into account people's diverse and individual needs and preferences including people with protected characteristics

3. Aims and objectives of this public consultation

The aim of the public consultation is:

- To make people aware of the public consultation and how they can get involved
- To inform people about how the proposals have been developed
- To describe and explain the proposals we have developed and what the four options would mean for how local services are provided
- To seek people's views on the proposals, including the range and location of services as set out in the proposals

- To ensure that a diverse range of voices are heard and that the engagement activities target specific community groups to ensure the local population is represented
- To consider the responses made as part of the consultation and take them onto account in decision-making
- To ensure that the consultation process maximises opportunities for engagement with the local community and key partners
- To deliver a public consultation in line with best practice that complies with our legal requirements and duties

In line with best practice, our overarching objective is to engage with a minimum of 1% of the Surrey Downs CCG population (total population is 300,000 so this equates to 3,000 people) to seek their feedback on the proposals that have been developed. It should be noted that this equates to the number of people we plan to reach, and not the number of responses we expect to receive.

4. The role of consultation in the review process

This kind of public consultation is essential in the development of NHS services. It provides people with an opportunity to help shape proposals for change and improvement and to comment on those proposals before any final decisions are made. This includes those who use services, their carers and advocates; community organisations, local government; community leaders and stakeholders, NHS partners and NHS staff.

Public consultation is one of a number of methods used by the NHS to develop better care and better services. It sits alongside the development of NHS commissioning intentions to improve the health of the population, continuous monitoring of the quality and range of services provided, reviews undertaken by providers and external agencies including the Care Quality Commission, and underpinning all of these, the day to day contact we have with patients to generate feedback and suggestions about how the services we commission might be improved.

Before the formal public consultation process takes place, suggestions for consultation are developed through a process of involvement (frequently referred to as pre-consultation engagement) with all those likely to be involved with, affected by or interested in the services being considered. The public consultation document describes this engagement and explains how it contributed to the review process and the development of the proposals being put forward for public consultation.

5. Pre-consultation engagement phase

The community hospital services review took place between April 2015 and July 2015 and involved extensive engagement with local people, staff and key stakeholders as part of this process.

A Communications and Engagement Plan was developed for the pre-consultation engagement phase and agreed through the CCG's Governing Body.

As a result, prior to reaching the proposals we have put forward, we have taken considerable steps to ensure that service users, carers, stakeholders and people in each part of the local catchment area, have had genuine opportunities to have their voice heard.

Pre-consultation engagement took place with:

- Service users and carers
- Members of the local community
- Surrey Downs GPs and local healthcare professionals
- CSH Surrey and CCG staff
- Local authority and voluntary sector organisations
- Well-being and Health Scrutiny Board
- Healthwatch Surrey
- MPs
- Community organisations including residents associations and League of Friends organisations
- Local NHS and independent organisations that provide care from the community hospital sites

Specific (but not exhaustive) examples of pre-consultation engagement that took place include:

- A programme of public events to launch the review in Dorking, Leatherhead, East Elmbridge and Epsom
- A series of 20 public workshops, attended by 111 individuals in total
- 24 CSH staff drop-in sessions to help shape the review and proposals
- Met with 271 members of local Residents Associations, League of Friends groups and local councillors by attending community events and meetings and talking about the review
- Discussions with the Well-being and Health Scrutiny Board on the review plans and plans for consultation
- The early sharing of the draft Outcome Report with internal and external colleagues for comments and feedback prior to wider publication

- Publication of the draft Outcome Report for public feedback prior to the document and proposals being finalised

An engagement log that details the full activity that took place as part of the pre-consultation engagement phase can be found on the CCG website at www.surreydownsccg.nhs.uk.

Co-designing the review process and consultation plans

Public workshops were used to co-design key elements of the review. As well as shaping the review process, including the options that were considered, attendees also fed in their views and experiences of local healthcare, helping to identify areas for improvement and consideration. Through these sessions members of the public created the evaluation criteria that will be used to assess options. They also contributed ideas for future engagement, including engagement channels that have been incorporated into this plan and our planned public consultation activity.

Healthwatch Surrey and the Wellbeing and Health Scrutiny Board have been engaged throughout the review process and two representatives from the Wellbeing and Health Scrutiny Board have been members of the Programme Board. The review team presented formally to the Board on 16 September 2015, who approved the review process. At the meeting it was agreed that a sub group comprising four committee members would continue to be involved in the process and would contribute to the CCG's consultation planning. The CCG consultation team has met and engaged with these committee members and their feedback has helped shape the consultation process.

6. Stakeholder analysis

In order to ensure that our consultation captures the views and feedback of a range of people, we have mapped stakeholders who have an interest in being the outcomes of the project:

Stakeholders who need to be made aware of the consultation and invited to participate

- Surrey Downs residents
- Local businesses in the Surrey Downs area
- Campaign groups
- Residents Associations
- Community groups
- Voluntary sector
- Faith groups

- Carers
- Pharmacists
- NHS providers in Surrey Downs
- Social care teams
- NHS England

Stakeholders that need to be actively engaged in the consultation

- Current and recent patients
- Other patients who may be affected by the proposals
- Patient and user-groups
- CSH Surrey staff
- Other NHS staff
- Practice Participation Groups
- NHS providers that deliver services from community hospital sites
- Voluntary and community sector organisations (health related)
- Local GPs and practice staff
- Local Medical Committee (LMC)
- Local Councillors including councillors that cover all Surrey Downs wards
- Local MPs
- Campaign groups
- Surrey Well-being and Health Scrutiny Committee
- Surrey Health and Well-being Board
- NHS Property Services

Stakeholders that can help by communicating messages and engaging local people

- GPs and practice staff
- Practice Participation Groups
- Local Councillors
- Healthwatch Surrey
- Local media
- Voluntary and community sector groups
- Faith groups

Staff groups currently providing services in the area

- CSH Surrey staff (who provide the majority of community hospital services)
- Surrey Downs CCG staff
- Other NHS staff

User / patients of current health services in the CCG area

The analysis shows that a large number of people may have an interest in our proposals. In order to rationalise and focus our consultation, we will prioritise reaching those who could potentially experience the highest impact or benefit from

any proposed changes or developments. In addition, in order to further focus effort and resources, our approach will take into account data from previous attendance at the community hospitals (for both in-patient and outpatient services where available) in the past year to ensure that we have a clear focus on those who may have a more specific interest in our proposals.

7. Consultation with individuals and groups

To make sure that the consultation effectively captures views and feedback from our local populations and key stakeholders we have mapped key groups and developed a list of stakeholders who are involved in, affected by or interested in the outcome of this consultation. Detailed stakeholder mapping can be found in Appendix 1 (p31).

The groups and organisations we have identified will be engaged as part of the consultation period, where they will be encouraged to share their views on the proposals. In addition, to help us reach as many people as possible, we have asked all organisations and groups to act as conduits and to actively help us promote the consultation (via their communication channels and distribution networks) to any relevant stakeholders.

The list below is an example of the type of groups we will be engaging. The full list of groups and organisations runs to well over 200 so cannot be included here in full for practical reasons, however further details can be found in Appendix 2 on page 32:

- People who use community hospital services, their carers and advocates
- Local NHS and independent healthcare organisations
- Surrey Downs GPs and practice staff
- Well-being and Health Scrutiny Board
- Healthwatch Surrey
- Local community organisations and community representatives
- Residents associations (41)
- Members of Parliament whose constituencies are within the Surrey Downs area (4)
- CSH Surrey staff
- CCG staff and staff at other NHS provider organisations
- Patient Participation Groups (33)
- Statutory and voluntary sector partner organisations
- Borough councils (Mole Valley, Elmbridge, Epsom and Ewell, Reigate and Banstead)
- Surrey County Council (including social care)
- Media (including local press, radio, trade journals and regional media)
- Large employers within the Surrey Downs area

8. Consultation catchment area and focus of distribution

Information about the consultation will be widely distributed throughout the Surrey Downs CCG area. This will include distribution through the following channels:

- All five community hospital sites for patients, their carers and advocates
- All community clinics in the Surrey Downs area
- All CSH Surrey sites for staff
- All Surrey Downs GP practices
- All community pharmacies in the Surrey Downs area
- CCG office
- Council of Voluntary Services organisations for onward distribution to community organisations
- Faith groups
- Residents associations
- Community and voluntary organisations
- Leagues of Friends
- Other NHS acute and independent services provided by other providers for use internally and for placing in patient and public areas
- Public libraries and public information points
- Local media, for publication about the proposals and consultation events
- Social media (including Twitter, Facebook and Streetlife)
- Local MPs, councillors and council offices

NB. This distribution list has been discussed with members of the Surrey Well-being and Health Scrutiny Board and our Patient Advisory Group and has been updated following their input.

9. Equalities considerations

We want to make sure this consultation reaches every part of the local community. It is also a legal requirement that we consider the needs of the local population in our planning to ensure the consultation is accessible to all and that everyone has the opportunity to participate.

The consultation process will be subject to an equalities impact analysis to confirm that the process for consultation and decision-making is fully compliant with our legal duties under the 2010 Equality Act and the NHS Act 2006 (as amended) and that we are taking account of people's protected characteristics.

The impact assessment will be carried out in two stages: the first stage will inform the consultation process, and the second stage will inform the decision-making process at the end of the consultation period.

We will work closely with voluntary and community sector organisations, to raise awareness of the consultation process and how people can take part; offer to meet with specific groups or representatives to seek feedback on the proposals and discuss how people with protected characteristics can best be enabled to give feedback, and to hold discussions with those groups most involved with or affected by the proposals put forward for consultation.

The impact assessment identifies a number of areas that we have taken into account as part of our planning. As a result of the equalities impact assessment:

- **Plans will be put in place to provide materials in languages other than English and in alternative formats such as braille and large print on request**

Consultation plans and consultation materials will need to reflect the Surrey Downs population. Specific points to note from the CCG's health profile are:

- Surrey has one of the highest number of resident Travellers in England. There are five official traveller sites in the Surrey Downs area. An estimated 389 Gypsy, Roma and Travellers live in the Surrey Downs area.
- Almost 3% of the Surrey Downs population describe themselves as Asian
- 1.6% of Surrey Downs population is Indian, including an Indian community in the Dorking area
- 0.95% of the Surrey Downs population are Black African Caribbean
- 0.43% of the Surrey Downs population are Pakistani

The CCG will seek advice from Sight for Surrey on this issue to identify the most appropriate way of ensuring the needs of this population are met.

- **Consultation materials will be available in a range of different languages and formats on request.** A large print version of the Consultation Document will be developed in-house. All other requests for language translations and alternative formats (including Braille) will be outsourced.
- **Steps will be taken to ensure that Black Asian and Minority Ethnic groups are well represented in the cross section of stakeholders who are consulted** and at a minimum reflect the population profile of Surrey Downs
- **Consultation with faith groups will include representation from the main religions as captured in the 2011 census** – Around two-thirds of the Surrey Downs population said that their religion was Christian in the 2011 census. A substantial proportion of respondents did not state their religion or stated that they had no religion. Muslim and Hindu were the next most common religions stated.
- **Public events will be offered at a range of times and locations** to provide appropriate access to people of working age

- **Venues will meet accessibility requirements** – An estimated 17,693 people over the age of 18 living in the Surrey Downs area have a serious or moderate physical disability - and this needs to be taken into account in our planning. As well as being disability compliant, venues also need to offer a hearing loop facility.
- **Organisations representing older people will be specifically included** in the consultation
- **Attention will be given to the needs of people who wish to access the material in braille, or in British Sign Language, and to ensure that meeting venues are accessible** and that arrangements are in place for signing and for hearing loops

Engaging with protected characteristic groups

Individuals who fall within the definitions of the 2010 Equality Act’s ‘Protected Characteristics’ groups use a wide range of health services so it is important we identify appropriate ways to engage with these groups as part of our public consultation.

We will be directly approaching over 200 local groups and organisations as part of the consultation to ensure that we engage with members of all nine protected groups. We intend to engage specifically with the following groups:

Equalities protected characteristic	Voluntary and community organisation being engaged	Rationale
Age	<ul style="list-style-type: none"> - Nursing and care homes - Age Concern - Age UK - Day Centres in the CCG area - Large employers in the CCG area 	<p>To target older people, in line with the CCG’s ageing population</p> <p>To target people of a working age</p>
Disability Learning disability Mental health	<ul style="list-style-type: none"> - Surrey Coalition for Disabled People - Surrey Independent Living Council - Surrey and Borders Partnership NHS Foundation Trust 	To reflect the high number of people with disabilities in the CCG area

	<ul style="list-style-type: none"> - Scope - DICE - Focus - Sight for Surrey - Surrey Disabled People's Partnership - Social Information on Disability - Love me, Love my Mind - Ashtead Learning Disabilities Action Group - Seeability 	
Gender reassignment	<ul style="list-style-type: none"> - GIRES - Surrey Swans - Outline - Out Crowd 	
Marriage and civil partnership	<ul style="list-style-type: none"> - We have considered this group and believe the changes proposed do not require specific engagement with this group, however indirect engagement will take place as part of our wider consultation plans. 	
Race	<ul style="list-style-type: none"> - Surrey BME Forum - Surrey Minority Ethnic Forum - Gypsy and Traveller Forum - Friends of Gypsies and travellers 	<ul style="list-style-type: none"> - Almost 3% of the CCG population are Asian - 1.6% of the CCG population is Indian - 0.95% of the Surrey Downs population are Black African Caribbean - 0.43% of the Surrey Downs

		population are Pakistani
Maternity	<ul style="list-style-type: none"> - NCT and mums groups (social media) - Sure start children centres - Mother and baby groups 	There were 3,094 births in Surrey Downs in 2013
Religion or belief	<ul style="list-style-type: none"> - Faith groups and places of worship 	<ul style="list-style-type: none"> - Churches, mosques and synagogue (Thames Ditton) <p>Places of worship in CCG area (best available information):</p> <p>Elmbridge – 10 (inc. Kingston Liberal Synagogue, Thames Ditton) Epsom and Ewell – 6 Mole Valley – 20 Banstead – 3</p> <p>Total - 39</p>
Gender/ sex	<ul style="list-style-type: none"> - Women’s Institute - Probus – Epsom and Ewell and Mole Valley groups (for retired professional and business men) 	The Surrey Downs population is approximately 49% male and 51% female so no special considerations are being given to this characteristic. However, we will be engaging with the groups listed as part of our planned engagement.
Sexual orientation	<ul style="list-style-type: none"> - Stonewall - Outline, - Outcrowd 	An estimated 11-16,000 members of the Lesbian, Gay, Bisexual, Transgender community (LGBT) in the CCG area
Other Travellers	<ul style="list-style-type: none"> - Targeted work with gypsy, roma 	There are an estimated 389 Gypsy, Roma and

Carers	<p>and traveller community link workers</p> <ul style="list-style-type: none"> - Carers of Epsom - Mole Valley Carers - Carers UK - Council for Voluntary Services 	<p>Travellers live in the Surrey Downs area.</p> <p>Around 27,000 people in the CCG area provide unpaid care</p>
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To ensure we engage appropriately with these groups we will contact each group and ask for their guidance and input on the most appropriate methods of consultation for these groups.

10. Consultation methods

A good consultation exercise should employ a range of techniques to ensure that members of the public and stakeholders have the ability to fully participate.

This range of techniques should recognise the different ways in which various stakeholder groups might choose to participate, allowing for differing levels of engagement or interest as reflected in the stakeholder analysis. By using a range of different methods, we will be able to facilitate a range of depth in feedback.

We will use a range of techniques to enable people from all local communities to take part in the consultation and to give feedback.

Our basic principles are that:

- Our information will be consistent and clear
- Our consultation materials will be written in ‘plain English’ and will avoid jargon and technical information
- Materials will be accessible to everyone and will be available on request in a range of languages and formats
- We will reach out to people where they are, in their local neighbourhoods and in local networks
- We will make the information relevant to local groups – we will be clear about what the proposals mean for each geographical area and for each group of people taking account of their interests, diverse needs and preferences
- We will monitor and evaluate the process consistently and in a systematic way, including capturing feedback and comments from events, meetings, discussions and individual responses to the consultation

Consultation methodology generally falls into two main categories - giving information and getting information.

The following methodologies have been selected for our consultation:

Giving information

All groups

Consultation document

At the core of our consultation will be a consultation document which clearly lays out the basis on which we are consulting, the background to the consultation, the data upon which options have been developed and what the proposals / options are. This document will also seek feedback and promote the various other methods by which people can engage in the consultation.

In line with best practice the consultation document will meet the following criteria:

- The consultation document will be concise and widely available
- The language of the consultation document will be accessible, clear, concise and written in plain English. It will be available in other languages and formats on request
- The objectives of the consultation document will be clearly stated
- The consultation documents will provide details of all options for change with well balanced pros and cons for each option, including the implications of no change.
- Proposals will be set out clearly and transparently
- Consultation documents will contain specific, relevant, clear information
- Consultation documents will explain why service improvement is required, setting out what the results of change will look like in terms of benefits to patients (whether in terms of clinical outcomes, experience or safety) as well as any financial benefits, presenting a balanced view
- A set of key questions will be included
- The consultation document will inform the public of how they can contribute to the consultation and state clearly how feedback will be used
- An email as well as a freepost address will be given for responses
- The consultation document will include a list of stakeholders
- The document will include details of how patients and the public have been involved so far
- The consultation document will include contact details of someone who will respond to questions and who will pursue complaints or comments about the consultation process
- The document will be available in paper format, free of charge and on the CCG website from the start of the consultation.
- The document will give the dates of the consultation period (start and finish)

We intend to test our document on selected people within our target group to ensure that it is clear and well-understood. In addition, we will expect our independent evaluation company to undertake cognitive testing on the consultation questionnaire to ensure that our target audiences find it easy to understand and respond to.

Consultation briefings

In addition to the consultation document, a number of updates, briefings and frequently asked questions will be produced during the consultation period. These will be used to provide answers to common issues and questions, share emerging information and respond to issues that have arisen.

Displaying and distributing information

The objective is to convey information in 'plain English' in an easy to understand format and encourage participation. For physical distribution, audiences will be specifically targeted based on their area or level of interest as described in the stakeholder mapping.

Physical distribution

- Distribution of promotional material (community centres, leisure centres, health settings, libraries, other public places etc)
- Display boards/exhibitions

Virtual distribution

- Website
- Email bulletins
- Online video
- Social media (Facebook / Twitter etc)

Media

Information will be conveyed either as editorial that is free but not within our control or as an advert that we pay for and control. Editorial will be our preferred option, however we will consider paid adverts to promote the consultation if we feel this is required due to limited media coverage. We will issue media releases to local newspapers, local radio and community magazines (including newsletters produced by residents associations, borough and district councils, community and voluntary groups etc)

Display

Displays in key locations will promote the opportunity to respond to the consultation. This will include: Displays at the community hospitals and in other public areas where these can be accommodated.

Workshops, roadshows and public meetings

As part of the consultation there will be further workshops, which local people can be attend. Due to limited venue capacity, and to avoid disappointment, attendees will be asked to book places in advance. There will also be wider meetings and events. These will focus on explaining the options for consideration and inviting feedback.

Getting information

Discussion groups Discussion groups are guided conversations with smaller groups of people. We intend to use these groups primarily to seek feedback on proposals with small targeted groups and specific user groups – especially those who may find it difficult to engage in other consultation methods such as people with learning difficulties or communications impairments. (We may use interpreters or advocates at these sessions).

Questionnaire

Our questionnaire will be used to ask people their opinion on options. We will send out our consultation document by email to a wide range of stakeholders and will also make hard copies widely available in the community. People can also download the document from our website and respond online or via freepost.

Drop – in sessions

Drop-in sessions are informal methods which invite people to take part in discussions on a one to one or very small group basis. This will allow for more detailed conversations about specific topics of interest. We plan to hold these sessions at community hospitals and libraries and with CSH Surrey staff.

Patient and carer groups

We will engage with specific groups that currently use services in the CCG area to ensure that their views and feedback is captured on the proposals.

11. Consultation channels

We will use a range of different channels to raise awareness of the consultation. Our channels will include:

- **Wide distribution of hard copies the formal public consultation document** in the form of a 16 page summary document. It will be sent to the lists as set out on p11 and will be circulated to organisations and individuals, inviting comments using a feedback form and freepost envelope included within the document
- **The public consultation document will be available electronically on the CCG's website and promoted through social media** (including Facebook, Twitter and Streetlife)
- **The full review outcome report**, containing the background to the review process and more detailed information and data, will be available on the CCG website, with hard copies available on request
- **An online response questionnaire** where people can comment on the proposals

- **A short film on the CCG website** that explains about the consultation and how people can have their say
- **email address where people can send comments and feedback** on the proposals
- **A series of public events**, one in each community hospital area, where people can hear about the proposals, discuss how the proposals will affect them and give feedback. These events will be facilitated and recorded as part of the formal consultation process. We propose that these public opportunities use facilitated, participative techniques. These have been evaluated in other similar exercises as providing effective feedback.
- **A series of public evaluation workshops**, where local people can participate in evaluating the four options, based on criteria that has been developed as part of the pre-consultation engagement phase
- **An offer to all local groups of a speaker from the consultation team to come out to one of their meetings**, explain the proposals, and seek feedback. A record of the discussion will be included as feedback to the consultation process. Requests will be accommodated where possible, however due to limited capacity within the consultation team, the CCG will need to take into account the timing of meetings, the number of expected attendees and other factors when identifying if it will be possible to provide a speaker.
- **The consultation team will meet as many groups and organisations as possible**, including accepting meeting requests from organisations who may not be contacted at the start of the process, consistent with the principle of reaching all the local communities and patient groups who may be affected. Priority will be given, if necessary, to meeting new requests from people or groups who have not previously had reasonable opportunities to be involved with the consultation. Due to limited resources within the CCG, we will not be able to provide a speaker for every meeting request. In view of this, where appropriate, priority will be given to community groups with larger membership.
- **Meetings with targeted voluntary groups**
- **Engagement with targeted groups from 2012 Equality Act Protected Characteristics Groups** (see p13 for details)
- **The views of CSH Surrey and NHS staff will be sought through the techniques available to all members of the local community and also by:**
 - Hosting CSH Surrey staff drop-in sessions
 - Including a discussion of the proposals at clinical and professional forums
 - Discussing the proposals at the CCG's Council of Membership meeting and at other GP commissioning meetings
 - Updates and discussion at the CCG's bi-weekly Team Brief session

- Inclusion of information about the consultation in provider staff newsletters

The formal consultation document (hard copy and online) will include details of how people can request a visit from a member of the consultation team, how people can submit feedback, and how to get further information.

All events and meetings will be scheduled and diarised as part of a 14 week consultation diary, once agreed. In line with best practice engagement, and the approach of going out into the local community to engage, most meetings and briefings will form part of pre-existing meetings rather than being stand-alone events.

All events will be systematically recorded to capture the feedback received, note key points of any discussions and record the attendance in terms of equality and diversity requirements. These records will form part of the evidence to inform the final decision-making process.

12. Key messages

As part of the consultation, we will be communicating a number of high level key messages, encouraging people to get involved. These are broadly as follows:

- Over the summer we carried out a review of community services provided at the five community hospitals in the CCG area
- This included inpatient (bedded) and outpatient community services at the hospitals
- Community services includes services such as physiotherapy, podiatry, occupational therapy, x-ray, sexual health, continence care and some specialist clinics (for example for skin problems, heart conditions, diabetes and neurology)
- Local people and partners have been involved throughout and have helped shape the review process and the options
- Now we want to hear what local people and partners think of the four options as part of a public consultation
- Under all options, there would still be the same level of NHS services provided, and the same number of inpatient beds – the focus of the consultation is where services are best located in future
- We genuinely want to hear what local people patients and our stakeholders think – and their views will be taken into account in any final decisions that are made
- We will be leading a wide range of consultation activities to raise awareness of the consultation and how people can get involved. These will include a consultation document that is widely available, information on our website and an online survey, attending community meetings and events, public

workshops to evaluate the options, targeted engagement with community groups and members of the Protected Characteristic Groups.

- We want to hear from as many people as possible so will be running the consultation for a period of 14 weeks. We expect it to launch mid November 2015 and run until the end of February 2016, although final dates are still to be confirmed.

Area specific messages

Taking into account the four options, we also need to consider more tailored messages for specific geographic areas and communities that explain what individual options could mean for them. These tailored messages will be reviewed and amended during the consultation to reflect local issues and any concerns. These messages are currently as follows:

For the Leatherhead community

(under all four options the CCG is proposing Leatherhead Hospital becomes a planned care centre, with the ward remaining closed)

- We understand some local people will be disappointed that re-opening the Leatherhead ward is not one of the options. It was included in our long list because local people told us they wanted us to consider it – and we did, very seriously.
- When we looked at how many people use the community beds, where they live, and looked at the changing health needs of the local population, we found that we did not need four community hospital wards, which is what we had previously.
- Once we knew we needed three wards across all five hospitals, we knew we needed one ward that covered each of our three localities (East Elmbridge, Epsom and Leatherhead and Dorking). We then looked at which locations would be most suitable, taking into account the condition of the buildings, access, where those most likely to be admitted to a community hospital lived and other factors.
- For the Epsom and Leatherhead population it came down to a choice between Leatherhead Hospital (which would require major investment and development if physiotherapy services from NEECH were to transfer there) and the New Epsom and Ewell Community Hospital, which was refurbished in 2014).
- Given this, and taking into account that people in Leatherhead have been receiving care in the other community hospital wards since December 2014 when the ward closed, and that care had not been compromised as a result, the Programme Board felt that the ward for this locality would be better located at the New Epsom and Ewell Hospital, which is already co-located with the Poplars physiotherapy unit.
- People living in Leatherhead would have access to beds at Dorking and the other two hospitals with wards (ie. either NEECH or Epsom General or

Molesey or Cobham following public consultation), which are also only a short distance away

- We still very much want to hear from people who live in and around Leatherhead to hear what they think. We also want to know what type of services they would like to see at the hospital if we do locate more services there as part of a planned care centre.
- We are also working closely with the League of Friends to support a new x-ray service at Leatherhead Hospital

For the Epsom and Ewell community

- When the New Epsom and Ewell Hospital was being refurbished over a year ago we temporarily relocated the ward area to what is known as ‘croft’ ward at Epsom General Hospital.
- We found that the service worked well there, with patients returning home more quickly, partly because they had access to more tests and better x-ray and scanning on site
- We think moving the ward permanently to Epsom Hospital could be a good option longer term. We could also move outpatient services to other locations in the Epsom area, which means we would no longer need the hospital site
- The hospital was refurbished last year so this is something we need to take into account
- We want to know if people living in and around Epsom think this idea is a good one
- We also want to reassure local people that none of the options we are seeking views on would lead to a reduction in the services currently provided at Epsom Hospital. In fact, under one of the options, the community ward from the New Epsom and Ewell Community Hospital would be re-located onto the Epsom Hospital site, increasing the range of services provided.

For the Molesey/ East Elmbridge community

- Given the condition of the hospital building, and the investment it needs, one of the options is to relocate inpatient and outpatient services at Molesey Hospital to other nearby locations
- Cobham Hospital is not far away and is not being fully used so we think the ward could be transferred there, with outpatient services re-located to other community locations (this could include Emberbrook, Giggs Hill Surgery and other nearby locations)
- We are already working closely with GPs in Elmbridge to look at how more services can be provided closer to home and this work will continue regardless of the outcome of this consultation, meaning that local people will

still benefit from more services locally. For example, we are working with GPs to launch a new specialist heart service in the community.

- We want to know what the local community thinks of the options, including the option relating to Molesey and Cobham Hospitals.

For the Dorking community

- Our review found that, of the community hospitals, Dorking does very well.
- It has lower length of stays (people return home with the right support more quickly), operates more efficiently and because it has a larger ward and nursing teams have more freedom to innovate and develop new initiatives to improve care.
- This, together with the range of clinics and outpatient services provided on the site, and the problems we would have trying to find alternative locations if we tried to move them, led us to the conclusion that services at Dorking Hospital should stay as they are - but we still want to hear from the local community and whether they agree

13. Consultation timescales

Following on from the CCG's extensive pre-consultation engagement period, formal public consultation is expected to begin mid November 2015 (dates to be confirmed).

To ensure maximum engagement levels, it is recommended that public consultations run for a minimum of 12 weeks. In line with best practice, this consultation will run for 14 weeks, which takes into account the December holiday period and the February 2016 half term.

The start of consultation will be marked by:

- the distribution of the consultation documents and summaries to the agreed stakeholders and locations
- the publication of the key documents online
- a news release to the local media
- by the distribution of materials advertising the consultation and local events

During the early phase of consultation (mid to late November) the CCG will use the contacts established during pre-consultation to raise awareness of the consultation, invite feedback and promote the offer of speakers to larger forums.

Subject to confirmation of the consultation launch date, it is anticipated that the majority of meetings and public events will be held during late November, early December and January and February 2016. This will avoid holding major events during the holiday period and give people a chance to read and understand the background to the proposals before they come to an event.

The consultation team will continue to offer meetings with local groups throughout the consultation period.

In the final three weeks of consultation (late January/ early February 2016) further publicity will be issued to the local news media reminding people of the closing date for feedback. Consideration will be given to contacting groups or stakeholders who have not so far given feedback and encouraging them to do so before the closing date.

14. Capturing consultation responses

Formal public consultation differs from engagement in that we are asking for responses to a specific set of proposals, rather than a general exploration of issues and ideas. This influences the way we set out the consultation document and the way we seek feedback.

In view of this, the consultation document and questionnaire will be promoted as the primary means for responding to the consultation. Those presenting at meetings should make people aware that this is the case – and the reason for it.

The consultation document will set out each proposal in a balanced way with supporting information. A feedback form will be included in the document asking for people's views on each option. This will include a space where people can suggest other options or make other comments.

Discussions and questions from meetings and forums also provide valuable information and should also be recorded. It is suggested that this is done in a number of ways:

- Large forums and public meetings will be captured by the organisation appointed to undertake the independent evaluation of responses
- Smaller meetings should be captured by a note taker (ideally, not the person presenting) and if it is a meeting that is minuted by the organisation receiving the presentation, then meeting minutes can also be used. An audio recording could also be used in some cases as an additional aid to checking back after a meeting. (Best practice suggests that people should be made aware of the use of recording equipment and the reason why it is being used, ensuring some element of consent is sought).

The feedback form will also be available as a separate document for use in group discussions, forums or other events. The feedback form will also be available online for people to make responses electronically if they prefer.

A consultation response unit will be established to respond to simple requests for information (e.g. requests for the consultation document or basic information about the process). This will not be a mechanism of capturing feedback but providing information or signposting.

Members of the public and stakeholders will be able to request information and/ or provide feedback through a range of different mechanisms. These include:

- Consultation questionnaire (contained in the consultation document, in separate hard copies and in our online survey)
- Contacting us via email through our 'contact us' CCG email address
- Contacting us by telephone (via the communications team)
- Contacting us via textphone
- Giving feedback at one of our events/ workshops or at a meeting (feedback will be recorded)

Responses from the consultation will be independently analysed and collated by a research company. Responses will be summarised in a feedback report, which will be publicly available when the consultation has finished.

15. Independent evaluation of consultation feedback

NHS guidance on public consultations recommends that an independent third party is appointed to receive and analyse responses to public consultations. This additional independence gives reassurance that any responses are being impartially gathered and reported on. The CCG has undertaken a procurement process to identify a suitable organisation to support this work. A specification was issued to three companies and of these the most suitable will be selected to carry out this work. This decision will take into account the organisation's ability to meet the service specification and value for money.

16. Assurance and evaluation

The consultation plan and consultation materials will be developed by Surrey Downs Clinical Commissioning Group.

The draft plan and draft document will be shared for comments and feedback with a range of groups including a sub committee of Surrey's Well-being and Health Scrutiny Committee and our Patient Advisory Group, as well as being shared internally with the Community Hospital Review Programme Board and CCG Governing Body.

The process and the document will be subject to an equality impact analysis to ensure that they are fully compliant with equality and diversity legal requirements, reflect the composition of the catchment areas, and take into account the needs of people with protected characteristics in the Surrey Downs area.

Statutory scrutiny will be provided by the Surrey Well-being and Health Scrutiny Board.

The CCG has also sought input and assurance from NHS England which, as part of its role, oversees the process for reconfiguration programmes from an assurance

perspective.

There will be a procurement process to select and agree an independent company to carry out the evaluation of the consultation responses. The successful organisation will be responsible for reviewing the public consultation document and questionnaire to ensure they meet with best practice. They will also be responsible for receiving all consultation responses, which will provide absolute assurance that there can be no question regarding the independent nature of the consultation evaluation. They will also act as the independent facilitators of our public consultation events.

17. Impact of consultation on outcomes and decision-making

The outcome from the consultation will be used to help the CCG decide on the best option to take forward on behalf of all those who use the inpatient and outpatient services provided at the community hospital sites.

This decision making process will comply with the NHS England guidance 'Planning and Delivering Service Changes for Patients'. It will use the outcome of consultation as part of the evidence to be considered, alongside clinical benefits of the options put forward, sustainability and the development of health and social care services across Surrey Downs CCG.

It is important following the consultation that the project team develops timely feedback mechanisms to ensure that those who participated in the consultation exercise are informed about the feedback received, its likely impact and the decisions that may be made as a result. It is also important that any ongoing process and further decision-making is understood by stakeholders.

After the consultation has closed the CCG will publish a report setting out the major themes emerging from the consultation, a summary of the responses to each option, an overview of the process, an explanation of how the final decisions will be taken (including dates of meetings in public) and the timeline for implementing the chosen option.

A framework for the response to public consultation document is shown below, based on best practice guidance. The report will include the following information:

- Introduction and background
- Review of case for change
- Review of proposed changes
- Summary of responses to consultation
- Number of responses and how many were deemed suitable/usable
- Respondent background, e.g. voluntary organisations, clinical, public
- Responses to specific consultation questions
- Summary of responses for individual questions
- Summary of themes in responses
- Information on themes that came out of consultation not covered by the questions
- How the CCG will address concerns

- 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 report. It will be available in hard copy and online. The full evaluation report will also be available to the public on the CCG's website, with hard copies available on request.

Surrey's Well-being and Health Scrutiny Board will be invited to review the consultation process and comment on the outcome.

The final decision will be taken by the CCG Governing Body. Dates for consultation are still being confirmed but it is expected that a final decision will be taken in the spring.

Following the Governing Body's decision, a detailed communications and media plan will set out how the CCG will communicate this decision to service users, carers, staff, local people, partner organisations, stakeholders and the media.

18. Resource considerations

As a CCG we want to make sure we spend our money on patient care so we plan to keep our spend on this consultation to a minimum. We will do this by developing and designing the consultation document in-house and using our own internal expertise to facilitate the majority of meetings and events.

We will, however, incur some costs. These mainly relate to the areas below. Detailed costs will be added once confirmed and agreed.

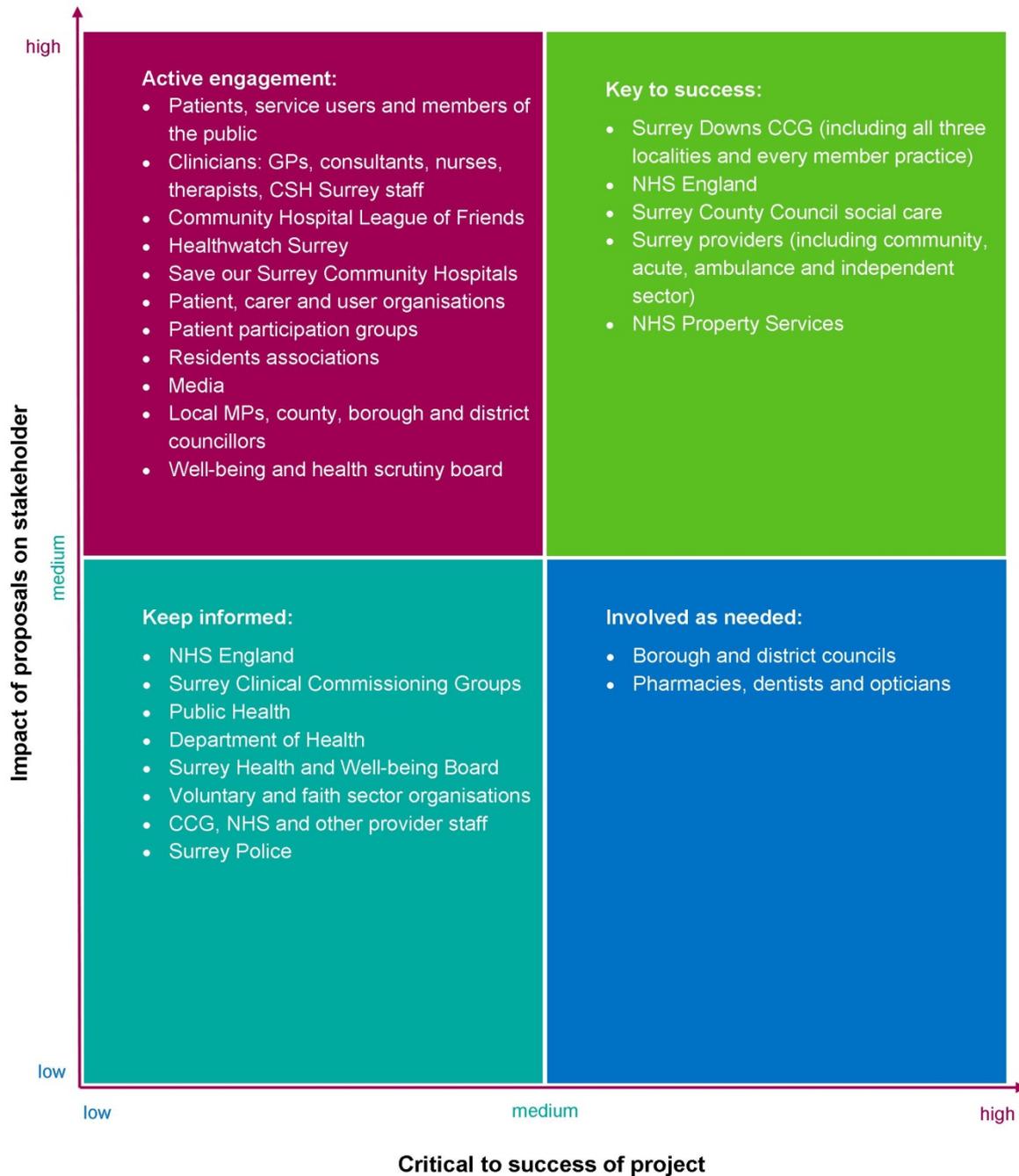
Area of spend	Amount	Rationale	Status
Printing costs	Dependent on quantities and format of consultation document/ posters/ freepost envelopes which are TBC but expected to be in the region of £3k	Unable to print large quantities in house so external support required. Will select most cost effective provider	Document format to be finalised and quantities confirmed. Print costs will then be sought.
Staff resource – additional fixed term part time role to support consultation team (all other staff resources within existing CCG resources)	Cost TBC	Unable to resource consultation purely within existing CCG resources so short term resource required to support	Resource request form completed, to liaise with HR to identify suitable candidate

<p>Independent research company to oversee analysis of responses and production of independent consultation report</p>	<p>Cost TBC</p>	<p>Recommended best practice to commission an independent research company to oversee responses to ensure full independence. Likely to be main area of spend but recommended to ensure a robust and credible process. Also complies with NHS England consultation guidance.</p>	<p>Identifying appropriate companies and contacting to establish costs.</p>
<p>Postage and freepost costs</p>	<p>To be absorbed as part of CCG corporate costs</p>	<p>Document will be posted to key locations and posted on request but will promote online resources as main channel. Freepost address already in use at the CCG so covered under this licence. Unable to code/ break down individual projects so not possible to identify freepost costs relating to consultation.</p>	<p>No action required</p>
<p>Venue hire for meetings and events</p>	<p>TBC but likely to be in the region of £1k. Cost will be a key consideration when identifying appropriate venues.</p>	<p>Whilst priority will be given to attending existing events, it is recommended we host some events as part of consultation activities so costs unavoidable</p>	<p>Venues to be identified and confirmed once consultation timescales are confirmed</p>

Appendix 1

Stakeholder mapping

Stakeholder prioritisation



Appendix 2

Engagement opportunities by audience and organisation.

Summary of engagement channels and locations that will receive documents/ information.

Audience	Method	Organisation/ group
Surrey Downs residents	Consultation document and questionnaire in public places	Surrey Downs CCG
	Consultation information, short film and questionnaire on website	
	Town centre roadshows	
	Library drop-ins	
	Transform Leatherhead roadshow TBC	
	Community hospital drop-ins	
	Public meetings	
	Attendance at community meetings	
	Surrey Downs News (e-newsletter)	
	Patient Participation Groups – January meeting with CCG, individual PPG newsletters and some have email networks –	
GP practice and hospital outpatient TV screens	32 GP practices, 3 acutes but not all will have a screen we can use	
Surrey Downs schools	Method to be explored – may include school newsletters or parenting newsletters, magazines	
League of Friends organisations – newsletters and email networks	League for friends for all community hospitals (excluding Cobham as this group has been dissolved)	
E- Borough Insight monthly e-bulletin TBC and materials in	Epsom and Ewell Borough Council	

	council offices	
	Mole Valley News (only twice a year) so looking into alternative options TBC and materials in council offices	Mole Valley District Council
	Reigate and Banstead Borough magazine TBC and materials in council offices	Reigate and Banstead Borough Council
	Elmbridge Borough Council magazine TBC and materials in council offices	Elmbridge Borough Council
	Elmbridge Lifestyle magazine	
	Darling Magazine (Cobham TBC)	To be explored
	Surrey Downs Councillors – for newsletters and circulating to residents	Surrey County Council and local authorities
	Bookham's Bulletin	Bookham Community Association
	Challenger series	Details TBC
	Ashted and Leatherhead Local	
	Look Local (Bookham, Cobham)	
	About Thames Ditton	
	What's On series	Publications in Esher, Leatherhead, Banstead, Epsom
	Most Resident Associations have a hard copy or electronic newsletter	41 RAs in total in the CCG area so not all listed here
	University of the Third Age	To identify locations in Surrey Downs where courses are held
	Cobham Conservation and Heritage Trust	
	Citizens Advice Bureaux	Epsom (Town Hall) Esher (High Street) Dorking (Lyons Court)

		Leatherhead (High Street) Banstead (The Horseshoe)
	Community hubs (SILC)	Hubs in Epsom and Dorking
	Leisure centres	
	Pharmacies TBC	
	Care and nursing homes	
	Sure Start and children's centres	Details TBC
	Day Centres	Wells Centre, Epsom Longmead Centre, Epsom Christian Centre, Dorking Fairfield Centre, Leatherhead Cobham Centre Claygate Centre Molesey Centre Thames Ditton Centre
	MPs – to liaise with MP offices to see if they would be willing to promote consultation in resident newsletters and on their websites TBC	
NHS Staff – CCG and CSH Surrey	Team Brief	Surrey Downs CCG
	Staff briefing	CSH Surrey
Other NHS and provider staff in Surrey Downs area	Information cascaded via comms	Main providers including: CSH Surrey Epsom and St Helier Surrey and Borders Partnership NHS Trust Dorking Healthcare Epsomedical Kingston Hospital Trust Surrey and Sussex Healthcare Trust Surrey CCGs Care UK South East Coast Ambulance Service Surrey Sexual Assault Referral Centre
Surrey Downs GPs	- Start the Week (issued weekly on Mondays)	Surrey Downs CCG GPs (x 32 practices)

	<ul style="list-style-type: none"> - bi-monthly locality meetings 	
Patients/ visitors at community hospitals and community clinics	<ul style="list-style-type: none"> - Materials at all community hospitals and clinics - Drop in sessions - Display boards - Posters 	CSH Surrey, with Surrey Downs CCG
Community groups	<ul style="list-style-type: none"> - Copies of consultation materials - Information to circulate to members 	<ul style="list-style-type: none"> - Age UK Surrey - Age Concern (Epsom and Ewell, Dorking, Banstead and Elmbridge groups) - The Brigitte Trust - Carers of Epsom, Ewell and Banstead - Carers Support Mole Valley - Carers Support Elmbridge - Sight for Surrey - Surrey Disabled People's Partnership (SDPP) - Social Information On Disability - Surrey Young Carers - Abinger Common and Wootton Women's Institute (WI) - Ashted WI - Banstead WI - Bookham WI - Brockham WI - Capel WI - Claygate WI - Cobham WI - Dorking WI - Eastwick WI - Epsom WI - Epsom and Ewell WI - Ewell Court WI - Fetcham Village WI - Great Bookham WI - Holmwood WI - Langley Vale WI

		<ul style="list-style-type: none"> - Leatherhead WI - Little Bookham WI - Mole Valley WI - Newdigate WI - Oxshott WI - Thames Ditton wl - Probus (Epsom and Ewell, Mole Valley) - Leatherhead Community Association - Love Me Love My Mind - Surrey Minority Ethnic Forum - Ashted Learning Disabilities Action Group - Bookham Help your Neighbour Scheme - Catalyst - Surrey Independent Living Council (SILC) - Scope - Dice - Focus - Hospices
Libraries	<ul style="list-style-type: none"> - Copies of consultation materials - Drop in sessions at busiest libraries 	Across Surrey Downs area
Theatres and event venues	<ul style="list-style-type: none"> - Copies of consultation materials 	Dorking Halls Epsom Playhouse
Well-being and Health Scrutiny Board	<ul style="list-style-type: none"> - Ongoing engagement in consultation process - Email updates - Offer of meetings 	Surrey County Council
Surrey Health and Well-being Board	<ul style="list-style-type: none"> - Ongoing engagement in consultation process - Email updates - Offer of meetings 	Surrey County Council

Surrey County Council – including social care and public health	<ul style="list-style-type: none"> - Email updates - Consultation materials 	
Healthwatch	<ul style="list-style-type: none"> - Ongoing engagement - Consultation materials - Regular meetings 	Healthwatch Surrey
Surrey CCGs	<ul style="list-style-type: none"> - Email updates 	5 other Surrey CCGs
Surrey Downs Councillors	<ul style="list-style-type: none"> - Email updates - Offer of consultation materials 	All Surrey Downs councillors
Surrey Downs providers	<ul style="list-style-type: none"> - Email updates - Consultation materials 	
MPs	<ul style="list-style-type: none"> - Email updates - Offer of meetings and information for newsletters 	Four MPs cover the Surrey Downs area: Chris Grayling (Epsom and Ewell) Sir Paul Beresford (Mole Valley) Dominic Raab (Esher and Walton) Crispin Blunt (Reigate and Banstead)
Media	<ul style="list-style-type: none"> - Media releases - Letters to the editor - Paid adverts if required 	Local press Local radio Trade journals (HSJ, Commissioning Review etc)
Largest employers in Surrey Downs (100+ employees)		Leatherhead area <ul style="list-style-type: none"> - Leatherhead Royal Mail sorting office - PIRA International - Leatherhead Food Research - ERA Technology - KBR - Ashtead Hospital - Esso Petroleum - Photo Me International - National Trust south East Office (Polesden Lacey) - CGI

		<ul style="list-style-type: none"> - Tesco's Leatherhead - Wates Group - William Mercer Ltd - Merchant Navy Pension Fund Administrators - Sainsburys Leatherhead - Verint Systems UK Ltd - Surrey County Council (Kingston Road, Leatherhead) - JE Jacobs Babtie UK Ltd - Police Federation HQ - Queen Elizabeth Foundation - Seeability <p>Dorking area</p> <ul style="list-style-type: none"> - Kuoni - Mole Valley District Council - Friends Provident - Biwater PLC - Johnston Engineering Ltd - Unum Provident Ltd - Sabre Insurance - BT - Lefarge UK Services /Roofing plc - Burford Bridge Hotel - Denbies <p>East Elmbridge</p> <ul style="list-style-type: none"> - Esher College - Imber Court sports club - Sandown Racecourse - Barclay Homes, Cobham - Chelsea Football Club <p>Epsom and Ewell</p> <ul style="list-style-type: none"> - WS Atkins - NESLOT - Epsom Racecourse - Penwarden Haulage - Sainsburys Epsom <p>Chambers of Commerce</p>
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Appendix 3

Consultation activity grid

This grid will become a comprehensive plan of all engagement events taking place before and during the consultation period.

Meetings and events provisionally confirmed to date are included for information.

Date	Group	Engagement type	Purpose
Pre-consultation engagement			
4 November 2015	Community review Patient Advisory Group	PAG	Engagement on draft consultation materials
5 November 2015	Surrey Coalition for Disabled People	Market stall at AGM	Raise awareness of forthcoming consultation and encourage individuals to sign up for email updates
23 November 2015	Surrey Downs CCG and Epsom and St Helier University Hospitals NHS Trust public meeting	Dr Claire Fuller to present with E&SH CEO about joint plans. Community hospital review to be discussed as part of presentation	Raise awareness of consultation and joint working with Epsom and St Helier.
Monday 11 January evening (19.00 – 22.00) Friday 15 January afternoon (14.00 – 17.00) TBC	Leatherhead Community Association	Attend to talk about the consultation and how people can have their say	Raise awareness of consultation and encourage individuals to complete questionnaire