NHS
Somerset
Clinical Commissioning Group

Consultation Strategy

2019-2021

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1 INTRODUCTION

1.1 This strategy complements our Communications and Engagement Strategy which outlines how we involve people who live and work in Somerset in our work and in shaping the future of local health services.

1.2 Within this strategy we set out how we will make sure we build on our ongoing involvement and engagement work with patients, communities and other stakeholders to make sure that any proposed substantial service change is well planned and managed, leading to better decision making and effective implementation.

1.3 This does not mean that proposals will not be controversial but it does mean that open and productive formal public consultation can be achieved in those cases where it is assessed as being needed.

1.4 Staff engagement and communication are key to a successful consultation exercise. Continued clinical engagement from the early stages of the proposed service change is essential.

1.5 As well as the positive impact and benefits of effective consultation, we also have a statutory and legal obligation as a public sector organisation to consult.

1.6 Section 242 of the National Health Service Act 2006 places a duty on NHS Trusts, CCGs and NHS England to make arrangements to involve and consult patients. This duty strengthens accountability to local communities, speeds up change and creates a more patient responsive service.

1.7 The 2010 NHS White Paper “Liberating the NHS” signalled significant change for the NHS and detailed at the very heart of the strategy is the importance of public involvement with the emphasis being on ‘No decision about me without me’.

1.8 The statutory guidance supports two distinct new legal duties on NHS Commissioners as defined in the Health and Social Care Act 2012. We remain committed to working with local people, finding out what the local people think and involving them in planning local health services. The duty to involve the public under section 242 of the NHS Act 2006 raised the bar for the way NHS organisations are expected to consult and engage with people and respond to the feedback received. The Health and Social Care Act 2012 strengthens this expectation.

1.9 We use the Consultation Institute’s definition of consultation as:
the *dynamic process of dialogue between individuals or groups, based upon a genuine exchange of views and, with the objective of influencing decisions, policies or programmes of action*.

1.10 This means that we must show how we make sure we offer sufficient opportunities for dialogue with patients, carers, public, communities of

interest and geography, health and wellbeing boards and local authorities and demonstrate how the views of individual patients and practice populations are translated into commissioning intelligence and shared decision-making.

1.11 What is important is that involvement and consultation is adequate both in terms of time and content and appropriate to the scale of the issue being considered.

1.12 Many of our developments or changes in service will be indicated in our commissioning intentions and our operational plan. Our commissioning intentions go through a formal process in which they are shared with and shaped by key stakeholders including GP member practices, provider organisations, the health and wellbeing board among others. We also share our commissioning intentions and operational plan with key stakeholders including our Patient Participation Group Chairs Network.

2 DEFINITION

2.1 Consultation and engagement are broad terms which are often used interchangeably to describe various degrees of involvement in decision making before a decision is taken.

2.2 For us, engagement is conducted at an early, developmental stage, to involve the public in the discussion of options to consider in making a service change.

2.3 We use consultation to refer to a formal process which is usually a precursor to final decision-making on a major service change.

2.4 We take a broad view on what should be included in both engagement and consultation covering both:

- individual involvement, and
- community or collective involvement

Individual Involvement

2.4.1 We promote the involvement of patients, carers and members of the public in planning, managing and making decisions about their own care and treatment through individual involvement. This includes:

- personal patient experience - the capture, collation and analysis of patient experience insight including the Friends and Family Test
- self-care and self-management – which includes providing support to better manage health and prevent illness
- patient information – including targeted support to enable patients to be more in control of their health

- personalised care planning – which includes, when a person is eligible, having the option of a personal health budget
- shared decision making – which may include involvement in decisions about individual episodes of care and/or longer term care.

Community or Collective Involvement

2.4.2 We promote the involvement of our communities and stakeholders in making decisions about local health services through community or collective involvement. This includes:

- planning of commissioning arrangements – this includes local commissioning intentions, which will need to include consideration of allocation of resources, review on current needs assessment and involvement to inform service specifications
- development of proposals for change – this includes major service reconfigurations, service redesign, pathway remodelling and local level service changes
- decisions affecting the operation of commissioning arrangements – this may include changes to the way we deliver our function.

3 PATIENT EXPERIENCE

3.1 We use the NHS patient experience framework which is an evidence based definition of a good patient experience. When using this framework we are required under the Equality Act 2010 to take account of our Public Sector Equality Duty including eliminating discrimination, harassment and victimisation, promoting equality and fostering good relations between people.

3.2 We have made a firm commitment to not only fulfil the requirements of the NHS Constitution and the 2010 NHS White Paper, but to really embrace the principles of ‘no decision about me without me’, making this a reality for the people of Somerset and we are determined to develop a culture of openness, transparency and honesty.

3.3 This strategy not only reflects the requirements of the NHS constitution and our statutory obligations but goes much further building effective engagement into all of our work.

3.4 As commissioners we want to make sure that patients feel that they are included in their care. We know that our providers are committed to providing excellent quality services and we work collaboratively with them to continuously improve the quality of their services.

3.5 We fully recognise the importance of patient experience data. We work collaboratively with provider organisations to proactively capture patient experience data and put in place mechanisms to analyse this information so

that it can be used to effectively inform our planning and commissioning decisions.

3.6 Through our communications and engagement strategy we are developing a programme to provide a means for people to provide their patient experience feedback through a variety of channels. Through this programme we will continue to actively seek patient stories, the experience of patients, consultation and engagement.

3.7 The monitoring of patient experience covers all NHS services including hospital care services, community services, primary care and integrated care service delivery.

4 PALS

4.1 Our Patient Advice and Liaison Service offers confidential advice and support on information on health related matters. It also provides a point of contact for patients, families and their carers. PALS provides additional help in many ways, which include:

- advice on health related topics
- help resolve concerns or problems when using the NHS
- advice on how to get more involved in healthcare
- gathering patient stories

5 COLLECTIVE ENGAGEMENT

5.1 We have been developing our existing mechanisms and expanding our engagement links with patients and the public. Somerset Engagement and Advisory Group (SEAG) and GP practice Patient Participation Groups (PPGs) are two of the many ways in which we engage with patients and the public.

5.2 SEAG has a membership of over 140 people from across the county – it includes individual patients, charities, community groups, voluntary organisations, village councils, disability groups and equality groups. SEAG meets quarterly and helps us gain a greater understanding of issues affecting both individuals and groups. In the next twelve months we will be reviewing the purpose and function of SEAG to make sure it is functioning effectively to support constructive dialogue.

5.3 We have 65 GP practices across the county. They are actively recruiting for new members of the public to engage with them on health related matters. This model of engagement provides us with feedback through individual PPGs to clearly understand local issues. Each PPG varies in size, how it functions and what activity it undertakes. Each PPG is invited to send patient representatives to participate in our PPG Chairs Network where wider collective views are shared and solutions explored.

5.4 Through our communications and engagement strategy we are establishing local health forums to help drive our engagement agenda. Our health forums will include representatives from GP practices, local health forums, Healthwatch Somerset, community groups, local residents, third sector providers and local councillors and be based on the Neighbourhood/Primary Care Network footprint.

5.5 The health forums will be developed and shaped by local people to make sure they reflect local needs and preferences, therefore maximising engagement. This will help us to make sure that feedback from local people is reflected in the commissioning plans for the future and also to identify particular local issues.

5.6 Through our communications and engagement strategy we are also focusing on hard-to-reach groups and seldom heard groups (for example, people with a learning disability) in line with our Equality Scheme.

6 HOW PATIENT FEEDBACK INFORMS OUR DECISION MAKING

Listening and acting on feedback

6.1 The Quality Team collate and report patient experience data to the Patient Safety and Quality Assurance Committee. The committee scrutinises patient experience data and agree actions to improve and steer the development of quality improvement across the health economy.

6.2 We work with our providers and colleagues in the third sector to enhance our capabilities around the collection of patient experience feedback and make sure that the data being presented for review is well rounded and from a diverse range of clinical areas.

6.3 The patient feedback received through the various channels is communicated to:

- clinicians/local GPs
- patient safety and quality assurance committee
- Governing Body

6.4 This feedback is then considered and taken into account for future commissioning plans.

Involvement and engagement

6.5 There are various levels of communication that aim to engage the public:

- informing – this can be an initial step in the process of securing public input into the decision making or planning process

- involving – communities are invited to exercise choice and/or influence over the decision making process

- engagement – an interactive process whereby some information may be given, but the main purpose is to listen to what people have to say and obtain feedback on analysis and alternatives

6.6 The above is carried out regularly at every level of the organisation on an informal basis with the aim of engaging, involving and informing our patients and other groups, including:

- committees such as the Joint Primary Care Commissioning Committee
- people champion representation and participation in workstreams, programme boards and projects
- Patient Participation Group Chairs network
- Somerset Engagement Advisory Group

6.7 This strategy sets out the process in which we will carry out formal public consultation - as opposed to the above involvement and engagement.

7 WHY WE NEED A CONSULTATION STRATEGY

7.1 A proposed service change that is well planned and managed will lead to better decision making and effective implementation.

7.2 Where proposals are clearly explained to stakeholders and views are sought from beginning to end, levels of understanding of the need for change are higher. This does not mean that proposals will not be controversial but it does mean that open and productive consultation can be achieved.

7.3 Change can often lead to a loss of public confidence if the process is not managed carefully and stakeholders are not fully engaged as early as possible.

8 BENEFITS OF CONSULTATION

8.1 There are many benefits to consultation, including:

- patient focused services: Government policy has developed within the Health Service, in particular Patient Choice and Equality Schemes, to make sure both patients and the public have a greater say in their health care
- greater public participation: consultation makes sure that each stakeholder has the opportunity to give their views, input and expertise on the future of local health services
- development of services that meet the needs of local people: consultation informs the decision making process to enable us to target future health services and make sure that they reflect the needs of the local community

- improved reputation: consultation can develop the relationship with local stakeholders and positively affect the image of an organisation. It can also strengthen our role in the community

- generation of new ideas: we don't have all the answers and our stakeholders may help us find new solutions

- increases public awareness and education about NHS services

- cost efficiency: tailored services can lead to an increase in revenue, financial savings plus more appropriate and better usage of services

8.2 These benefits should be embraced in order to develop us as an effective commissioning organisation.

9 WHEN WILL WE CONSULT?

9.1 The duty to involve and consult patients and the public still applies whether or not a proposal constitutes a 'substantial variation or development'. However, only proposals which constitute a substantial variation or development will undergo formal public consultation (see below).

9.2 What is important is that involvement and consultation is adequate both in terms of time and content and appropriate to the scale of the issue being considered.

9.3 When we will consult and on what level will be determined by completing an Equality Impact Assessment Form. This assessment will provide a scoring which will determine which of the following levels of consultation will be carried out:

Formal public consultation

9.3.1 Formal public consultation will be carried at all times where a change is considered a 'substantial variation'. This will be when on completion of the Equality Impact Assessment Form a score of +6 or above is scored or when the FFMF programme board consider there is a substantial variation or change in service. This level of consultation involves a 12 week statutory consultation period with the wider public. In exceptional circumstances, the 12 week statutory consultation period may be reduced. If this occurs, this will be stated in the written document and the Head of Communications and Engagement or their team will record the reasons for this.

9.3.2 **For each formal public consultation we will co-design a specific consultation strategy with an identified stakeholder reference group which is tailored to the particular issues subject to consultation**.

9.3.3 It is good practice to make sure that formal public consultation follows the key principles set out below – these also form the criteria of the Cabinet Office *Code of Practice on Consultation*. They are:

- consult widely throughout the process, allowing a minimum of 12 weeks for written consultation at least once during the development of policy
- be clear about what the proposals are, who may be affected, what questions are being asked and the timescale for responses
- make sure that the consultation is clear, concise and widely accessible
- give feedback regarding the responses received and how the consultation process influenced the policy
- monitor the effectiveness of consultation, including through the use of a designated Consultation Co-ordinator
- make sure that the consultation follows better regulation best practice, including carrying out a Regulatory Impact Assessment if necessary.

9.3.4 We anticipate carrying out formal public consultation with those stakeholders listed in this strategy, on the following occasions, subject to agreement by the Health Overview and Scrutiny Committee:

- the closure of a complete service
- a substantial variation in services – defined as affecting a large number of patients or a small number of patients significantly, and/or changes inaccessibility of services (e.g. site change)
- reduction in the number of referrals to a service, through demand management proposals
- transfer of patients services to another provider of healthcare

9.3.5 Our commissioning intentions and operational plan set out proposals for future developments and changes in services provided over the short, medium and long term. Each proposal will be assessed to determine what engagement and which subsequent level of consultation will be carried out.

Public consultation

9.3.6 If on completion of the Equality Impact Assessment Form a score of between -6 and +5 is scored this is not considered a 'substantial variation' but we will carry out public consultation with the stakeholders identified on page 11 only. We anticipate that this form of consultation will be carried out on occasions such as:

- providing the same service but in a different way
- significant changes to clinic opening hours – ie. reducing or increasing a service that would lead to a significant impact on patient care

Exemptions from any public consultation

9.4 If the scoring on the Impact Assessment Forum is -5 or below we will not carry out any form of public consultation. However, in line with good communications' practice we will inform stakeholders identified in this strategy of the issue. We anticipate this will occur on the following occasions:

- if it is a proposed pilot scheme
- if the withdrawal of a service is genuinely only temporary (ie. less than six months) and there is an agreed date for reinstatement of services
- we or our provider(s) wish to introduce a new service and this is not considered to be a substantial service change
- we agree to our provider(s) undertaking a procedure for reasons such as patient safety or where there is a new way of undertaking the procedure
- the change is so urgent that it is not practical to consult, for example, in the interest of clinical safety such as unsafe staffing levels or infection on wards
- changes in clinical practice in line with national policy (for example NICE) or up-to-date good practice
- if the change does not involve a direct clinical or patient care service, for example, laundry or estates
- minor changes to the opening hours of clinics

9.5 A Health Overview and Scrutiny Committee can of course scrutinise any aspect of healthcare delivery. We will fully co-operate with those scrutiny discussions.

10 WHO WE WILL CONSULT

10.1 During any consultation exercise identifying the target audience is important and will affect the methods used to consult and the information produced for stakeholder groups.

10.2 Consultation also means effectively consulting with those who are representative of the local community and those who use local health services. This includes hard-to-reach groups and seldom heard groups in line with our Equality Scheme. Specific efforts will be needed to make sure the consultation reaches groups in the format that best meets their needs, for example different languages or larger print.

Formal public consultation stakeholders

10.3 During a formal public consultation exercise (ie. when there is a substantial variation), we will consult the following stakeholder groups depending on the nature and circumstances of the particular consultation:

- the local community (geographical or demographic, depending on the issue)
- staff via the staff forum and other internal communication networks
- patients – via SEAG, PPGs, the Patient Advice and Liaison Service (PALS), lay members, health forums (once established) and via patient panels that exist within service areas
- relevant Health Overview and Scrutiny Committees and Health and Wellbeing Boards
- Somerset MPs and neighbouring MPs whose constituencies may be affected
- provider Trusts (Taunton and Somerset NHS FT, Yeovil District Hospital NHS FT, Somerset Partnership NHS FT, South Western Ambulance Service FT as well as Royal United Hospitals, Bath, Weston Area Health and Dorset County Hospital)
- GPs
- Healthwatch Somerset
- Somerset Local Medical Committee
- Somerset Local Pharmacy Committee
- County, District, Town and Parish Councillors (including Mayors)
- Blue light services
- Voluntary, Community and Social Enterprise organisations
- Local, regional and national charities (including hospices)
- black and minority ethnic people via BAME groups and religious groups
- voluntary groups via the Community Council for Somerset
- disabled, deaf and hard of hearing local groups including groups for people with a learning disability and with learning difficulties
- people with mental health problems (via Somerset Partnership NHS Foundation Trust)
- Social Services – Somerset
- local strategic partnerships – Somerset
- neighbouring Clinical Commissioning Groups – Dorset, Devon, Bath and North East Somerset, Bristol North Somerset and South Gloucester
- older people via Help and Care, Help the Aged and Age Concern and Older People's Forums
- young people via the Youth Service at Somerset Council and district councils (if appropriate to the issue)

- people with care responsibilities via carer groups
- resident associations when changes directly affect them
- hospital charities
- our people champions
- the wider public, including non-users of health services, via general publicity
- the wider public via the Association of Town and Parish Councils in Somerset
- disease specific groups, e.g. British Diabetics Association local branch depending on the issue being consulted
- Macmillan Cancer Trust

10.4 The above list aims to define some of the different groups and agencies that we will consult. It is not exhaustive.

10.5 All formal` public consultation exercises must pass NHS England and Improvement's gateway assurance process to be able to proceed.

Public consultation stakeholders

10.6 The following stakeholders will be consulted during a public consultation exercise (ie. not a substantial variation but when limited consultation is carried out):

- relevant Health Overview and Scrutiny Committees
- patient groups and carer groups affected by the issue
- staff affected by the issue
- GPs
- Somerset Engagement and Advisory Group (SEAG)
- Patient Participation Groups (PPGs)
- health forums (when established)
- other specific groups as identified
- wider public via a news release to local media and our website only

Staff consultation

10.7 Consultation as listed above will always include our staff. This is separate to our statutory requirement to consult with staff on any type of organisational change that affects them or their working conditions. (This form of staff consultation will continue to be led by the Human Resources Directorate and staff should seek advice when necessary). There will be a need to carry out staff consultation first where a service change does affect staff.

11 PROMOTING CONSULTATION

11.1 It is important that the consultation exercise is publicised as widely as possible to make sure all interested groups have the opportunity to have their say and share their views. A communications and engagement plan will form part of each consultation plan.

Branding

11.2 Making sure the consultation campaign is branded will give the campaign an identity and professional image. It will also help explain what the consultation is about and make sure that it reflects our vision and values.

11.3 All formal public consultation and public consultation in relation to the Somerset health and care strategy, Fit for My Future (FFMF), will be consistently branded with the FFMF brand identity.

Media relations

11.4 All media relations during the consultation exercise will be planned and co-ordinated by the Head of Communications and Engagement or their team and approved as part of the overall communications and engagement plan by the Governing Body.

11.5 Strong links with the media will be encouraged from the outset with, for example, patient case studies, key facts and other information to demonstrate the benefits to patients and the local community and make the case for change.

11.6 The Clinical Lead, or designated Associate Director, responsible for the proposed service change will act as spokesperson for the consultation exercise when required.

11.7 Key media spokespeople that have been identified may need media training in giving radio or TV interviews.

11.8 For each formal public consultation, key spokespeople will be identified and trained as appropriate.

Core methods of promotion

11.9 During all formal public consultation the following promotional methods will be used:

- consultation document
- news releases to all local media – print, TV and radio

- a consultation page on the FFMF website with the opportunity to leave feedback
- links to the FFMF website consultation page from the CCG website
- our CCG and FFMF social media channels (currently Twitter, Facebook and LinkedIn for the CCG and Twitter, Facebook and Instagram for FFMF)
- global email to all staff (including provider organisations)
- public meeting – where appropriate
- local authority publications where appropriate e.g. Your Somerset
- our patient engagement newsletter

Other methods of promotion

11.10 In addition to the methods outlined above, there are a range of promotional methods that could be chosen, if appropriate, to enhance the consultation process. These include:

- press conference to launch the consultation
- focus groups
- surveys
- questionnaires
- drop-in sessions
- bus tour
- exhibitions
- leaflet drops
- posters
- local media – adverts, advertorials, press packs
- via Parish Council publications

12 TRAINING

12.1 Our staff will play an important role in the process when consulting. Staff will work as 'flexible friends' to support the delivery of key engagement and consultation activity.

12.2 Training will be given to identified staff groups who will be involved in the consultation process, for example, participating in focus groups and other public events.

13 THE CONSULTATION PROCESS

Identifying a public consultation exercise

13.1 The Fit for My Future programme board will identify any elements of the workstreams which require public consultation.

13.2 In addition, Associate Directors will be responsible for identifying proposed service changes within their directorate and undertaking an Equality Impact Assessment Form to identify the level of public consultation that is required – ie. whether formal public consultation will be carried out. This must be shared with the Head of Communications and Engagement.

Consultation principles

13.3 All public consultation will follow the principles of The Consultation Charter, which are:

- integrity: honest intention, willing to listen and be prepared to be influenced
- visibility: stakeholders should be aware of the consultation exercise
- accessibility: methods that meet the needs of the intended audience
- confidentiality: make sure all stakeholders are aware as to the level of information that will be made public
- disclosure: disclosure on behalf of the CCG of information that can influence the exercise and disclosure on behalf of consultees, for example, if the consultee
- represents an organisation
- fair interpretation: objective collation and assessment of information and viewpoints
- publication: publication of both the output and the outcomes of the exercise.

Formal public consultation criteria

13.4 All formal public consultation exercises will follow the criteria as set out in the Code of Practice on Consultation (Cabinet Office, January, 2004).

13.5 We will make sure we meet the criteria by carrying out the following:

13.5.1 **consult widely throughout the process, allowing a minimum of 12 weeks for written consultation at least once during the development of policy**

- involvement and engagement will take place before formal consultation
- a list of all the groups who will be consulted will be made available on our website
- the Head of Communications and Engagement or their team will make sure all core target groups are consulted plus any additional groups as

advised by the relevant stakeholder reference group and/or directorate lead

- if the written period of consultation is less than 12 weeks this will be stated in the written document

13.5.2 **Be clear about what the proposals are, who may be affected, what questions are being asked and the timescale for responses**

- the appropriate Clinical Lead and Director will sign off the consultation proposals
- the Head of Communications and Engagement or their team will project manage the timescale which will be made public on the FFMF and/or CCG website
- the consultation proposals, who may be affected, what questions are being asked and the timescale for responses will all be included in the written consultation proposal and made available on the FFMF and/or CCG website.

13.5.3 Make **sure that the consultation is clear, concise and widely accessible**

- all written material will be edited by the Head of Communications and Engagement or their team to make sure communications are clear and understood
- the formal written document will go through a Plain English process including the production of an easy read version
- a glossary of terms and abbreviations will be included in the consultation document
- the consultation document will be made available in large print (and in specified different languages on request – this will be stated in the consultation document)
- target groups will be able to respond in writing as well as electronically via email or provide feedback via the FFMF and/or CCG website
- the various methods of consultation will be publicised within the written consultation document and our website at the beginning of the consultation period
- the six criteria from the Code of Conduct on Consultation will be reproduced in all consultation documents (requirement).
- the communications and engagement plan will be signed off by the Programme Board as part of the Consultation Plan.

13.5.4 **Give feedback regarding the responses received and how the consultation process influenced the policy**

- responses will be collated and monitored by the Head of Communications and Engagement or their team and sent to an independent company for evaluation
- a feedback report will be produced by the independent company which will be circulated to the Governing Body
- details of the date when the summary of responses will be published and how
- they can be accessed will be included in the Consultation document
- a summary of the responses received will be posted on the FFMF and/or CCG website within three months of the end of the consultation exercise and made available to the media. The summary will also be made available in writing and on audio
- for each question included within the written consultation document a summary
- will be provided and, where possible, details of possible future changes
- a news release summarising the feedback will be distributed to local media –
- Press, radio and TV
- the consultation document will include details of how the responses will be used
- the following statement concerning the publication of personal information mustbe included in all consultation documents and has been approved by Treasury solicitors:

Disclaimer to be included in Consultation documents

'Comments and responses made by individuals may be reflected in the consultation analysis report and may be quoted verbatim. Individuals will not be named in this report, however, comments and responses made by organisations will be publicly attributed to those organisations.'

13.5.5 **Monitor your department's effectiveness of consultation, including through the use of a designated Consultation Co-ordinator.**

- the appropriate Director, or designated Associate Director, will be the lead for the consultation exercise and act as Consultation Co-ordinator
- the Head of Communications and Engagement or their team will monitor the consultation process and make sure the Consultation Code is followed and the process is carried out within the timescales set out
- after each consultation exercise a report will be produced by the Head of Communications and Engagement or their team summarising the effectiveness of the exercise – looking at number of respondents, types of responses and methods use

- the Head of Communications and Engagement or their team will record the number of formal consultation exercises carried out, any deviations from the Code and the reasons given for these – for example, a consultation period of less than 12 weeks

13.5.6 **Make sure that the consultation follows better regulation best practice, including carrying out a Regulatory Impact Assessment if necessary**

- it is the responsibility of Directorate leads/appointed senior manager to project manage the consultation exercise and take forward meetings and actions relating to the changes
- the Head of Communications and Engagement or their team will make sure the consultation Code is followed and will act as an advisor to those conducting the exercise
- the Head of Communications and Engagement or their team will collate information on the number of consultation exercises carried out by the CCG and any deviations – with reasons given for these.

Joint Consultation

13.6 On occasions there will be a need for us to carry out a joint consultation exercise with another CCG. Where both organisations have a consultation strategy, an agreement will be reached as to which strategy will be followed and a clear process established. Where another CCG does not have a consultation strategy, our strategy will be used.

13.7 The response to any Freedom of Information request relating to either the CCG or the partner CCG joint agreement needs to be agreed by both parties prior to release of any information.

Assurance

13.8 All formal public consultation must pass through NHS England and Improvement's assurance gateway process in order to be able to proceed.

13.9 Our Governing Body makes sure that there is an inclusive, integrated and consistent approach to consultation and engagement of our population in the development and implementation of our commissioning plan and any other work which may require consultation, this will include wider consultation from Somerset.

13.10 The Governing Body provides a level of scrutiny across the consultation and engagement process.

13.11 The Head of Communications and Engagement is responsible for producing an annual communications and engagement plan which will be agreed at the start of each financial year (based on our commissioning intention, but also considering all our activities) to make sure adequate engagement with

patients and the public of Somerset in the planning and delivery of health care services. This annual communications and engagement plan is considered and approved by the Governing Body.

13.12 The Head of Communications and Engagement is required by the Governing Body to provide expert opinion and direction as necessary on the levels of consultation required for each project / commissioning intention and methodology required, including:

- intended audience and type/method of consultation
- legal requirements
- cost
- timescales
- preparation/planning
- expected outcomes.
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13.13 The Head of Communications and Engagement is required by the Governing Body to make sure all statutory requirements and including the Public Sector Equality Duty are met, including taking 'due regard' for the elimination of unlawful discrimination.

13.14 The Governing Body require to see robust evidence of consultation and engagement, including the recording of information and end of project reports from Consultation Co-ordinators for each finished consultation or engagement activity.

Roles and responsibilities

13.15 The Directorate lead is responsible for:

- chairing and organising all meetings and making sure minutes are recorded
- making sure all draft documents are provided to the Head of Communications and Engagement when requested
- evaluating all feedback and providing a written report to the Governing Body, Health Overview and Scrutiny Committees and the Head of Communications and Engagement for public feedback and publicity
- attending any meetings required by the target groups. For example, Scrutiny
- Panel, SEAG, local interest groups etc.

13.16 The Clinical Lead or Associate Director is responsible for:

- identifying the service change

- providing suitable information and notice to NHS England and Improvement and securing approval via their gateway assurance process
- signing off the consultation proposal together with a Director
- completing the consultation Equality Impact Assessment Form on behalf of the CCG
- acting as media spokesperson for the CCG during the consultation exercise
- writing forewords for the written consultation document where necessary
- attending public meetings when required

13.17 The Head of Communications and Engagement or a delegated member of their team is responsible for:

- project managing the timescale
- making sure all information has been through the Plain English process
- the distribution of all information to the media
- making sure information is added to the website
- the production and design of any public written information for example,
- information leaflets
- collating and monitoring all responses and providing these to the Directorate
- lead/ appointed senior manager and/or independent company for evaluation
- acting as an advisor to directorate leads and clinical leads to make sure the process is followed and deadlines are met
- summarising the effectiveness of the exercise – number of responses, types of
- responses and methods used
- recording the number of formal consultation exercises carried out and any
- deviations from the code
- making the summary of the consultation exercise available to the local media

APPENDIX 1

CONSULTATION CHECKLIST

Within this toolkit is a checklist of the processes that must be followed together with suggested methods of how to carry out the exercise.

Planning your consultation

- have you outlined a timetable for the process, remembering to build in a period ofinvolvement and engagement prior to a formal public consultation of at least 12 weeks?
- has the potential impact of the development been discussed with the relevantHealth Overview and Scrutiny Committee and the consultation exercise agreed?
- has due consideration been given to the requirements of the NHS England and Improvement assurance gateway process? Have you provide suitable information and notice to NHS England and Improvement to commence the assurance process? (see Planning, assuring, delivering service change)
- have your stakeholders been engaged early in discussions and given their views
- has a project group been established to oversee the process?
- have you identified any additional stakeholders to those identified in the strategy?
- has a communication and involvement plan been developed to reach allstakeholder groups using a variety of techniques?
- has the plan been costed and an appropriate budget and additional resources allocated?
- have you set up systems for recording and evaluating involvement and communications activity, eg. database, record of enquiries, feedback questionnaire, registers of attendance?
- have you identified any risks with the consultation exercise and do you have a plan to manage these risks

With the written consultation document have you:

- clearly described the nature of the Consultation Proposal?
- been clear about the areas of consultation?
- asked focused questions?
- been clear about the areas of policy on which we are seeking views?
- explained that responses to the consultation written document can be made available under the Freedom of Information Act 2000 unless clearly specified by people that they do not want this?
- made it clear to respondents if there is a particular area where respondents' input would be valuable?

- asked representative groups to give a summary of the people and organisations they represent?
- provided a list of consultees at the end of the consultation document?
- made it clear who stakeholders should respond to and who to direct queries to:
    * name, address, telephone number and email address
- included the standard disclaimer from page 18?
- stated the deadline for responses and alternative ways of contributing to the consultation process ?
- used plain English, avoided jargon, and used only technical terms only when necessary?
- stated in the consultation document the date when, and the web address where, the summary of responses will be published? (This date shall be within three months of the closing date of the consultation)
- provided an Executive Summary to the written consultation?
- provided a glossary of terms and abbreviations?
- made sure the consultation paper is available in paper format and available electronically?
- published the consultation document in formats that are most appropriate for the target group eg. large print, easy read, different languages?
- made sure that the consultation engages the whole community, including seldom heard and hard-to reach groups?
- made sure the consultation method is appropriate for the target group?
- reproduced the consultation criteria in all consultation documents?
- invited respondents to comment on the extent to which the criteria have been met?
- stated to whom respondents should send comments or complaints to about the consultation process?

Analysing your feedback

- analysed responses carefully and with an open mind?
- have you considered independent analysis of consultation responses, or made other credible arrangements for collating the responses?
- paid particular attention to possible new approaches to the question consulted on, further evidence of the impact of the proposals and strength of feeling among a particular group?
- included an analysis of the responses to questions asked in the summary?
- included a summary of responses to each question and then an explanation of how it is proposed to change the proposal in light of the responses received?

- provided information on themes that came out of the consultation not covered bythe questions?
- explained who will use the responses and for what purpose?
- recorded discussions, concerns or issues and fed them into the programme board?
- does your communications' plan include a strategy to feedback findings tostakeholders and the media?
- have you allowed adequate time for analysis and reporting before entering into the decision-making process?
- have you clearly recognised concerns raised during the consultation and shownhow these have been addressed?
- have you clearly outlined the reasons behind any recommendation and the factors which have been taken into account?
- have you got a plan for ongoing stakeholder involvement in implementation?