

# FFTF Communication and Consultation Strategy and Plan

## Background

This strategy and plan has been produced to ensure that comprehensive, timely and proportionate communication and consultation arrangements are in place to support the Fit for the Future (FFTF) programme through the summer and autumn 2020.

Building on a comprehensive approach to engagement, including workshops and surveys, the engagement hearing, citizens' jury and the solutions appraisal exercise in public from August 2019 – February 2020, this paper outlines the objectives and methods of communication and consultation for each stakeholder group for the next stage of the programme.

This plan takes into account feedback from previous FFTF communications and engagement activities and NHSE/I feedback from the Stage 1 Assurance process (February 2020). This plan has been updated to take into account the potential impact of COVID-19 on conducting face-to-face consultation activities. In particular we have taken account of the following recently issued (August 2020) guidance:

- Good practice for stakeholder engagement on service change and reconfiguration during Covid-19 (NHSE/I)
- Short guide to socially distanced engagement (NHSE/I).

Opportunities for 'virtual' and e-consultation are included in the consultation methodologies described.

The FFTF consultation will be subject to The Consultation Institute (tCI) Quality Assurance Process, which comprises 6 interventions:

1. Scope – tCI work with us to ensure the scope is understood and agreed
2. Project (Consultation) Plan - helping us put together a plan that stands up to scrutiny
3. Documentation - ensuring the documentation meets the statutory, public law requirements and public need
4. A mid-review of how the consultation is going, any challenges dealt with and whether any changes are necessary
5. A closing review of how the consultation has gone, whether anything else needs doing, any challenges dealt with and confirmation of post consultation processes
6. Final report - ensuring the final Output of Consultation Report is an accurate reflection of what has been learned and will meet the need for Gunning II and Due Regard.

## Objectives

To ensure:

- A comprehensive consultation plan is in place and is fully integrated with programme milestones

- Consultation is proportionate, S14z2 and S242 duties are met and that those who take part in it experience it as a meaningful process
- Communication and consultation activity, materials and messages are relevant to each target audience e.g. ‘communities of interest’ within protected characteristic groups and/or geographical areas
- Clinicians, staff, community partners, patients and carers, interest groups and the public know how they can have their say and influence decision making through the consultation process
- Stakeholders will be identified (through Impact Analysis and stakeholder mapping), opportunities for dialogue and collection of views will be designed and delivered (Equality Impact Analysis of consultation plan identifies risks and mitigations), good quality feedback will be received, recorded and actively considered
- Plans are in place to demonstrate and inform stakeholders of the impact their feedback had made
- Staff, stakeholder and public confidence is built and maintained in the consultation process
- The consultation plan demonstrates learning from FFTF engagement activities and feedback from the NHSE/I Assurance process.

## Learning from FFTF engagement activities and feedback from the NHSE/I Assurance process

This consultation plan demonstrates learning from FFTF engagement activities and feedback from the NHSE/I Assurance process.

Extract from Inclusion Gloucestershire Engagement Report:

- ***Less information, less jargon and easy read copies of all information***
- ***From our experience, people who represent the **seldom heard groups tend to need more time and preparation to support them to engage.*** It would have been helpful to have had **at least two weeks research time** prior to each area workshop**
- ***Workshops to be held later in the morning to enable people who use public transport to use their bus passes***
- ***Workshops to be held in the actual areas and at times that people can attend. For example: Tewkesbury was held in Highnam for 09.00am, Stroud and Berkley Vale held in Nailsworth for 09.00am and North Cotswolds was held in Cirencester for 09.00am***
- ***Some people from the BME communities were not able to engage in the workshops due to a **language barrier**. Going forward it might be more beneficial to **liaise with community leaders to hold specific workshops within the BME communities with community support for interpreters**. We know that there are many barriers for people from the BME communities accessing health care. For many, they don't know how to ask for the health care that they need or struggle to understand treatment***

options

- For One Gloucestershire to **go out to community groups such as the Inclusion Hubs** for those who need to go at a **slower pace** and for a wider group of people to be included in the process.

Extract from NHSE/I Assurance Process feedback in relation to communications and engagement:

### **Engagement and Readiness for Consultation**

- *The engagement output report shows that the team have really given people every opportunity to take part in the engagement programme and the resulting output report is very extensive. Full credit for openness and transparency*
- *Would benefit from an **accompanying glossary** to explain all the inevitable acronyms and terminology sprinkled throughout people's quotes*
- *The engagement for FFTF described in the PCBC and engagement output report was proportionate, targeted and had due regard for protected groups. From feedback received, the system is in a good place to know what the county as a whole thinks and the locations where the most negatively impacted populations live*
- Further engagement to **address the homogeneity of participants in Phase 1.**

## **Stakeholder analysis**

For the purposes of the stakeholder analysis, our stakeholders can be categorised as follows:

<p><b>Patients and the public (includes carers and families)</b></p> <ol style="list-style-type: none"><li>1. Patients by area</li><li>2. Patients/Carers with lived experience by health condition</li><li>3. Patients/population by health inequality</li><li>4. <i>Insight</i> Gloucestershire (CCG virtual stakeholder group)</li><li>5. PPGs (representing GP practice registered patients) and other volunteers</li><li>6. Trust Members</li><li>7. Communities of interest/protected characteristic groups</li><li>8. Special interest groups – see also <b>social media</b></li></ol>	<p><b>Internal</b></p> <ol style="list-style-type: none"><li>9. FFTF Leadership Group</li><li>10. ICS Board</li><li>11. ICS Clinical Reference Group</li><li>12. NHSFT Boards</li><li>13. NHSFT Governors</li><li>14. GCCG Governing Body</li><li>15. ILPs / PCNs</li><li>16. GP member practices and practice teams</li><li>17. NHS Trust Provider staff (GHT,GHC,SWAST)</li><li>18. Clinical staff with direct interest e.g. emergency care and acute medicine, general surgery, radiology, cardiology, vascular</li><li>19. GCC staff</li></ol>
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	<ul style="list-style-type: none"> <li>20. GCCG staff</li> <li>21. GDoc</li> <li>22. AQP staff e.g. Care UK; E-Zec medical</li> <li>23. Care Home providers</li> <li>24. Trades Union representatives/staff side</li> </ul>
<p><b>Strategic Partners and Elected Representatives</b></p> <ul style="list-style-type: none"> <li>25. ICS Strategic Stakeholder Forum</li> <li>26. MPs</li> <li>27. GCC Cabinet</li> <li>28. HOSC</li> <li>29. Health and wellbeing Board (HWB)</li> <li>30. Local councillors (District, Borough, Town, Parish)</li> <li>31. Healthwatch Gloucestershire</li> <li>32. VCS Alliance (and through them to the wider VCS community)</li> <li>33. Inclusion Gloucestershire</li> <li>34. Leagues of Friends</li> <li>35. Out of county: neighbouring CCGs/ABHB/providers/HOSCs</li> </ul>	<p><b>National, Regional, Local Bodies/Regulators</b></p> <ul style="list-style-type: none"> <li>36. Department of Health and Social Care</li> <li>37. NHSE/I</li> <li>38. South West Clinical Senate</li> <li>39. Local Regulatory Committees: LMC, LOC, LDC, LPC</li> <li>40. Public Health England</li> <li>41. Royal Colleges</li> <li>42. Monitor</li> <li>43. Care Quality Commission</li> <li>44. SW Academic Health Science Network</li> <li>45. SW Deanery</li> </ul> <p><b>Media and Influencers</b></p> <ul style="list-style-type: none"> <li>1. TV/Radio</li> <li>2. Print and online media</li> <li>3. Social media e.g. partners, special interest groups, individuals</li> <li>4. Celebrities</li> </ul>

## Stakeholder analysis - influence and interest

Different stakeholders have different expectations and needs and it is important that we understand this so we can communicate and/or consult with them effectively. We are committed to tailoring our communication/consultation to the needs of the stakeholder. Bespoke sessions will be created where they are needed to ensure we are inclusive in our approach.

To achieve this, we need to understand who they are, and their interests and influence.

The stakeholder map below splits our audiences into four main areas, helping us to target them appropriately.

### Group 1 – high influence, high interest

The relationship we have with these stakeholders, and our ability to meet their communication and consultation needs is essential to the success of the programme. Because of this it is important that we provide consultation opportunities and information tailored to their needs.

## Group 2 – high influence, low interest

Whilst this group requires less regular information about the programme/consultation, it is important to keep them informed with accurate and clear information and respond to any requests for further information in a swift manner. Failure to do this could adversely affect our relationship with these stakeholders and harm the programme, particularly in light of their high level of influence.

## Group 3 – low influence, high interest

This group needs to be aware of, and involved in, the *Fit for the Future* programme/consultation. A number of these stakeholders are involved in service developments and delivery and without their support the programme could be adversely affected. It is important that they feel their opinions, concerns and ideas are heard.

## Group 4 – low influence, low interest

Although the success of the programme does not depend on regular engagement with this group they are important as they support healthcare planning. Maintaining a strong working relationship with them will help to make the work we do easier.

	Low Interest	High Interest
<b>High Influence</b>	<ul style="list-style-type: none"> <li>36.Department of Health</li> <li>41.Royal Colleges</li> <li>42.Monitor</li> <li>43.Care Quality Commission (CQC)</li> <li>45.SW Deanery</li> </ul>	<ul style="list-style-type: none"> <li>1.Patients by area</li> <li>2.Patients/Carers by health condition</li> <li>3.Patients by health inequality</li> <li>4.Insight Gloucestershire (virtual)</li> <li>5.PPGs (representing GP practice registered patients)/and other volunteers</li> <li>6.Trust Members</li> <li>7.Communities of interest/protected characteristic groups</li> <li>8.Special interest groups – see also social media</li> <li>9.FFTF Leadership Group</li> <li>10.ICS Board</li> <li>11.ICS Clinical Reference Group and Centres of Excellence Advisory Group</li> <li>12.NHS Trust Boards</li> <li>13.NHSFT Governors</li> <li>14.GCCG Governing Body</li> <li>15.ILPs/PCNs</li> </ul>

		<p>16.GP member practices and practice teams</p> <p>17.NHS Trust Provider staff (GHT,GCS,2GT,SWAST)</p> <p>18. Clinical staff with direct interest</p> <p>19.GCC staff</p> <p>20.GCCG staff</p> <p>21.GDoc</p> <p>24.Trades Union representatives/staff side</p> <p>25.ICS Strategic Stakeholder Forum</p> <p>26.MPs</p> <p>27.GCC Cabinet</p> <p>28.HOSC</p> <p>29.Health and wellbeing Board (HWB)</p> <p>30.Local councillors (District, Borough, Town, Parish)</p> <p>31.Healthwatch Gloucestershire</p> <p>34.Leagues of Friends</p> <p>37.NHSE/I</p> <p>38.South West Clinical Senate</p> <p>39.Local Regulatory Committees: LMC, LOC, LDC, LPC</p> <p>46.TV/Radio</p> <p>47.Print media</p> <p>48.Social media e.g. partners, special interest groups, individuals</p> <p>49.Celebrities</p>
<b>Low Influence</b>	<p><b>Low Interest</b></p> <p>35.Out of county: neighbouring CCGs/ABHB/providers/HOSCs</p> <p>40.Public Health England</p> <p>43.SW Academic Health Science Network</p>	<p><b>High Interest</b></p> <p>22.AQP staff e.g. Care UK; E-Zec medical etc.</p> <p>23.Care Home providers</p> <p>32.VCS Alliance</p> <p>33.Inclusion Gloucestershire</p>

## Integrated Impact Analysis (IIA)

The IIA commissioned by One Gloucestershire ICS has identified groups who could be expected to be affected disproportionately by the proposed FFTF changes.

We will seek out the views of people from these groups, set out below, during the consultation to gain a better understanding of the potential impact on them and to identify ways to lessen any potential negative impacts:

- Black, Asian and Minority Ethnic (BAME) and over 65s
- Over 65s who are more likely to have long term conditions such as cardiovascular disease, obesity or diabetes
- Frail older people who are more likely to experience falls
- BAME who are living with a long term condition
- People living with a disability (includes physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.
- Adult Carers and Young Carers
- Cardiovascular patients
- Homeless
- Gypsy/Traveller
- LGBTQ+
- People living in low income areas
- People with mental health conditions.

Our aim with this consultation is to reach a good representation of the local population, whilst making sure we hear from those important groups identified through the Integrated Impact Analysis who might be most affected by the proposed changes.

## Stakeholders – FFTF liaison leads

In support of both planned and reactive communication, engagement and consultation, CEOs have agreed ‘liaison lead’ arrangements for a number of key strategic stakeholders. These arrangements relate to the references made in the stakeholder analysis table (see previous page) and the action plan at the end of this document.

<b>Strategic Stakeholder</b>	<b>Council (Leader and CEO)</b>	<b>Liaison lead</b>
Alex Chalk MP	Cheltenham	Mary Hutton
Geoffrey Clifton-Brown MP	Cotswold	Mary Hutton
Siobhan Baillie MP	Stroud	Mary Hutton
Richard Graham MP	Gloucester	Deborah Lee
Mark Harper MP	Forest of Dean	Paul Roberts
Laurence Robertson MP	Tewkesbury	Deborah Lee
Cllr Mark Hawthorne and Peter Bungard	Gloucestershire	Mary Hutton

<b>Strategic Stakeholder</b>	<b>Liaison Lead</b>
Cllr Brian Robinson - HOSC Chair	Becky Parish
Helen Webb - Healthwatch Gloucestershire Manager	Becky Parish
Special interest groups (e.g. REACH, HOLD).	Becky Parish, Ellen Rule, Simon Lanceley, Micky Griffith
VCS Alliance (Matt Lennard)	Becky Parish
Inclusion Gloucestershire (Vicci Livingstone-Thompson)	Becky Parish

## **Methods, channels and materials**

Based on an earlier and extensive stakeholder analysis, included within the FFTF Communication and Engagement Strategy and Plan, the section below provides a summary of recommended methods, channels and materials to support consultation.

### **Online consultation – briefing to support FFTF consultation**

A briefing paper (prepared 27.06.2020) has drawn from materials produced since mid-March 2020 from sources such as NHS England/Improvement Engagement and Communications Team and The Consultation Institute and the tCI Covid-19 wiki pages. This briefing provides a summary of assumptions, considerations, questions, observations and recommendations for planning online consultation and engagement activities during a pandemic and post-pandemic period. This briefing can be found at Appendix 1.

### **Group 1 – high influence, high interest**

#### **Patients and the public (includes carers and families) – in particular those groups identified through the Integrated Impact Analysis**

- Consultation material distributed to local outlets e.g. consultation booklet, Easy Read booklet, consultation awareness & key messages flyer for households and video content. QR codes included to link to information and surveys
- On-line information – booklets and FAQs
- Online consultation (using ‘Engagement HQ’ from Bang The Table online engagement platform). A range of integrated online engagement tools, information and communication resources, as well as participant record management, reporting and data analysis capabilities. Key features include:
  - Domain name – Get Involved in Gloucestershire (GIG)
  - Capacity to engage in open community consultation projects or protected consultation projects; specific on-line stakeholder panels or focus groups
  - Capacity to determine, capture and manage participant demographic data and participant records



- Comprehensive analytics including tagging, analysis and reporting of all quantitative and qualitative
- Accessibility via mobiles, tablets and PCs
- Access to discussion forums to engage in and facilitate discussion.
- Drop in events by 'Place' or virtual 'drop in' activities – e.g. Get Involved in Gloucestershire (GIG) (virtual), Information Bus FFTF Exhibition Tour (face-to-face carefully marshalled to observe social distancing and infection control guidance)
- Media and social media promotion
- Face-to-face or virtual targeted events with communities of interest, in particular VCSE and protected characteristic groups and those identified through the Integrated Impact Analysis (IIA) above. There will be focused work directly and through our VCS partners to ensure we are fully inclusive in our approach. Work with Inclusion Gloucestershire/VCS Alliance/Healthwatch Gloucestershire taking into account feedback from FFTF Engagement e.g. amended workshop times – we will ensure a range of times and days for online forum discussions
- Seek to provide where possible real time interpretation to facilitate communities of interest discussion groups.

#### **Internal**

- Boards and Governors - approval of consultation materials/face to face briefings
- Trust staff (affected staff) – internal consultation events, presentation material, availability of consultation material
- Trust staff (wider) – Staff Intranet, in-house magazines, leader blogs, availability of consultation material
- CCG staff – staff briefings
- Social media promotion
- GPs and Practice Teams/PCNs – Briefing for PCN clinical directors, What's New This week/Primary Care Bulletin.

#### **Strategic Partners and Elected Representatives**

- Scheduled verbal briefings (pre and during consultation) - see liaison leads above and Action Plan below
- Pre-consultation briefing event for the FFTF consultation
- NHS Reference Group
- HOSC meetings (– July 2020 and then September 2020)

#### **National, Regional, Local Bodies/Regulators**

- SW Clinical Senate review
- Stage 2 assurance meeting
- Written stakeholder briefing

#### **Media and Influencers**

- Pre-consultation media briefing
- Embargoed media material

## Group 2 – high influence, low interest

### National, Regional, Local Bodies/Regulators

- Written stakeholder briefing and share consultation materials

## Group 3 – low influence, high interest

### Internal

- Written stakeholder briefing and share consultation materials
- Drop in events by ‘Place’ or virtual ‘drop in’ activities

### Strategic Partners and Elected Representatives

- Pre-consultation briefing event for the FFTF consultation (Summer 2020)
- Written stakeholder briefing and share consultation materials
- Drop in events by ‘Place’ or virtual ‘drop in’ activities

## Group 4 – low influence, low interest

### Strategic Partners and Elected Representatives

- Written stakeholder briefing and share consultation materials

### National, Regional, Local Bodies/Regulators

- Written stakeholder briefing and share consultation materials

## ACTION PLAN

### Key to colour coding:

- 0** – Action needed as part of consultation preparations/planning
- 1** – Briefing/session/activity associated with assurance, scrutiny, governance and decision making
- 2** – Briefing/meetings under embargo prior to official launch of consultation
- 3** – Launch of and public consultation activities

## Preparatory work – FFTF consultation

Action	Detail	Responsible Lead	Timeline
Procure stakeholder management and online-consultation platform to support ‘virtual’ consultation	<ul style="list-style-type: none"><li>• Review of products</li><li>• Paper to GCCG Core Execs meeting for funding</li></ul>	BP/CAS	24 March Core Meeting
<b>FFTF programme paused due to COVID-19</b>			
Produce consultation	Advice and Guidance	AD/BP/ND	

material structure and content template for FFTF consultation	tCI.		<b>Start – June 2020</b>
Develop FFTF consultation booklet/narrative – based on tCI approved content template	Booklet content to guide other supporting materials e.g. easy read and presentations Advice and Guidance tCI	AD/BP/CMcF (MG/ER/SL)  Service/clinical leads	<b>From July 2020</b>
Get Involved in Gloucestershire (GIG) training	Training in use of GIG online consultation platform	CAS (SH, KH, LB)	<b>30 June 2020</b>
tCI Quality Assurance part 1 Agree Scope	Quality Assurance tCI Scope – tCI work with us to ensure the scope is understood and agreed.	tCI PP and BW AD/BP	<b>July 2020</b>
Prepare and revise Communication and Consultation Strategy and Plan	In partnership with tCI (part of QA process)	AD/BP/ND (tCI)	<b>July 2020</b>
tCI QA part 2	Quality Assurance tCI Review Project (Consultation) Plan - helping us put together a plan than stands up to scrutiny	tCI PP and BW AD/BP	<b>July 2020</b>
Confirm clinical spokespersons	For FFTF and arrange any additional media training	CMcF/AD	<b>July 2020</b>
Present to County's Health Overview and Scrutiny Committee	Brief mention of FFTF timeline (not an agenda item) – in preparation for consultation in September 2020	MH/DL	<b>14 July 2020</b>
ICS Board	Update on FFTF consultation preparation and materials	MH/ER	<b>23 July 2020</b>
Set up dedicated web space for the FFTF	One Gloucestershire website and online	BP/CAS/RG/AD	<b>July/early August 2020</b>

Consultation	consultation platform		
SW Clinical Senate Panel	Review clinical model	MG/ER/SL	<b>20 August 2020</b>
ICS Board	Update on FFTF consultation preparation and materials	MH/ER/BP/AD	<b>20 August 2020</b>
Draft FFTF consultation booklet shared with NHSE/I	In advance of 3 September meeting	AD/BP/MG	<b>28 August 2020</b>
NHSE Stage 2 meeting	Review progress	MG/ER/SL/AP	<b>3 September 2020</b>
Draft FFTF consultation booklet shared with Healthwatch Readers' Panel, tCI and Governor/lay reps	Refinements made. Continue to develop	AD/BP/CMcF/KJ	<b>4 September 2020</b>
tCI QA part 3	Quality Assurance tCI Documentation - ensuring the documentation meets the statutory, public law requirements and public need	tCI PP and BW AD/BP	<b>4 September 2020</b>
GHFT Board and CCG Governing Body meetings	Review progress, oversight	ER/SL/MH/DL	<b>10 September 2020</b>
ICS Board	Advanced draft of FFTF consultation material shared with Execs/Boards  Refinements made. Continue to develop. Prepare final version.	MH/DL/PR  C&E leads	<b>17 September 2020</b>
Produce supporting materials/resources for FFTF consultation	<ul style="list-style-type: none"> <li>• Easy Read in partnership with Inclusion Gloucestershire</li> <li>• Door to door mailer – awareness &amp; key</li> </ul>	BP/AD/CMcF/KJ	<b>End September 2020</b>

	message flyer • Presentations	KJ/CMcF/AD	
First cut of lines to take and FAQs (for media and on-line use)		AD/CMF/JB	Early October 2020
PPT presentations produced	Staff, stakeholder and for media briefing	CMcF/SL/JB/BP/AD	Early October 2020
Written staff, stakeholder and media briefings produced		AD/CMcF/JB	Early October
NHSE/I Stage 2 meeting (follow up)	Review preparedness for consultation/assurance		1 October 2020
GHFT Board and CCG Governing Body – Extraordinary meetings – board papers published			2 October 2020
GHFT Board and CCG Governing Body – Extraordinary meetings	Final review before consultation gets underway	ER/SL/MH/DL	8 October 2020
Door to door mailer – awareness & key message flyer goes to print	For distribution from 2 <sup>nd</sup> or 3 <sup>rd</sup> week of public consultation i.e. 19 or 26 October 2020	KJ/CMcF/AD	9 October 2020
Consultation booklet and Easy Read booklet go to print		AD/CMcF/DS	9 October 2020
Video summaries finalised	Talking heads and highlights x 5	KJ/CMcF	16 October 2020

**Key to colour coding:**

**0** – Action needed as part of consultation preparations/planning

- 1** – Briefing/sessions/activity associated with assurance, scrutiny, governance and decision making
- 2** – Briefing/meetings under embargo prior to official launch of consultation
- 3** – Launch of and public consultation activities

### **FFTF consultation**

<b>Action</b>	<b>Detail (method/channel)</b>	<b>Purpose</b>	<b>Responsible Lead</b>	<b>Timeline</b>
Briefing with GHFT staff	Face to face - confidential/ embargoed	Heads up in advance of formal consultation, consistent messaging and reassurance over process	SL/CMcF/JB	<b>12-13 October 2020</b>
HOSC members pre-briefing session		Heads up in advance of formal consultation, consistent messaging and reassurance over process	CEOs and clinical leads	<b>13 October 2020</b>
Briefing sent to strategic stakeholders	Ahead of publication of HOSC papers and in advance of meeting on 16 October	Heads up in advance of formal consultation, consistent messaging and reassurance over process	Comms Teams	<b>14/15 October 2020</b>
Confidential pre-briefing of media/editors	Virtual or tel. Confidential/ embargoed	Heads up in advance of formal consultation and brief on key areas/discuss key messages  Invite to formal media briefing	AD/CMcF/JB	<b>15 October 2020</b>

HOSC papers published				<b>15 October 2020</b>
Meetings with strategic stakeholders	<ul style="list-style-type: none"> <li>• GCC leadership</li> <li>• MPs</li> </ul> <p>Virtual or face to face</p>	Heads up in advance of formal consultation, consistent messaging and reassurance over process	CEOs and clinical leads	<b>16 October 2020</b>
Additional 1:1 briefings – see	See page 9 (stakeholders other than those listed above)	Heads up in advance of formal consultation, consistent messaging and reassurance over process	BP/VL-T	<b>From 16 October 2020</b>
Present to County's Health Overview and Scrutiny Committee (HOSC)	Introduce and guide members through the consultation	Reassurance over process  Consistent messaging	DL/MH & clinical leads	<b>22 October 2020</b>
Written briefings issued – staff, stakeholder and media	Links to consultation website and materials	Consistent messaging	AD/CMcF	<b>22 October 2020 – PM</b>
Public consultation starts  [Detail of 8 weeks of consultation planned activity can be found at Appendix 2 [to follow]]	<p>Consultation website goes live</p> <p>Social media/video</p> <p>Virtual and face to face consultation begins</p>	Consistent messaging	Comms and PPE leads	<b>Starts – 22 October 2020</b>  <b>Month 1</b>

tCI mid consultation review (part 4 of QA)	tCI review of how the consultation is going, any challenges dealt with and whether any changes are necessary	Quality assurance	tCI (Paul Parsons and Bruce Whitemar) BP	<b>End November 2020</b> <b>Month 2</b>
Mid-point briefing/meeting with strategic stakeholders	<ul style="list-style-type: none"> <li>• MPs</li> <li>• NHS Ref Group</li> <li>• GCC leadership</li> </ul> Virtual or face to face	Provide an update on the consultation, address any concerns, review consultation activities	AD/BP/CMcF /MG/SL/ER  CEOs and clinical leads	<b>End November 2020</b> <b>Month 2</b>
Mid-point briefings	See Page 9 (stakeholders other than those listed above)  Virtual or face to face	Provide an update on the consultation, address any concerns, review consultation activities	BP/VL-T	<b>End November 2020</b> <b>Month 2</b>
Begin preparation of Output of Consultation Report	Detailed Report to include description of activities undertaken, description of feedback received etc.	Activity recorder, Feedback collated, Demonstration that duty to consult has been observed	BP	<b>Mid December 2020</b> <b>Month 3</b>
End of the consultation period				<b>17 December 2020</b> <b>Month 3</b>



tCI Review Output of Consultation Report (part of 5 QA process)	Ensuring the final Output of Consultation report is an accurate reflection of what has been learned and will meet the need for Gunning II and Due Regard	Quality assurance	tCI: PP/BW BP	<b>End December 2020 / Early January 2021</b>  <b>Month 3</b>
Citizens' Jury held	Face to face or virtual	Consider feedback from consultation and make recommendations to decision makers	BP/MG	<b>Start Mid-January 2021</b>  <b>Month 4</b>
HOSC papers published				<b>4 January 2021</b>
HOSC	Update on Output of Consultation	Reassurance over process  Consistent messaging	DL/MH & BP	<b>12 January 2021</b>
tCI closing review of the consultation (part 6 of QA process)	Final review how the consultation has gone, whether anything else needs doing, any challenges dealt with and confirmation of post consultation processes	Quality assurance	tCI: PP/BW BP	<b>Early February 2021</b>

Consultation review period		Review and governance	Service leads/Boards	<b>Ends 11 February 2021</b>
ICS Board	Review outcome of consultation review period	Review and governance	Chairs and CEOs/ER/SL	<b>18 February 2021</b>
HOSC papers published				<b>22 February 2021</b>
HOSC	Update on Citizens' Jury and Decision Making process	Reassurance over process  Consistent messaging	DL/MH & BP	<b>2 March 2021</b>
GHFT Board and CCG Governing Body – Extraordinary meetings – board papers published				<b>4 March 2021</b>
ICS Board GHFT Board and CCG Gov. Body meetings	Decision making following consultation review	Review and governance	Boards	<b>11 March 2021</b>
6 week Purdah for local elections starts (Elections tbc 6 May 2021)				<b>25 March 2021</b>

## Consultation methodology

Feedback from previous engagement has shown that the following methods used have been successful:

- Information (print and online)
- Surveys (freepost print and online)
- Facilitated activities: face-to-face e.g. workshops, engagement hearing
- Public Drop Ins/Awareness Raising/Q&As using the CCG Information Bus
- Citizens' Jury.

All of these methods will be considered and incorporated as appropriate and proportionate into a proposed detailed calendar of events in line with the consultation timeline has been agreed.

However, due to the present situation with regard to COVID-19, face-to-face consultation activities may need to be restricted or modified. Therefore, greater use of online consultation is recommended (see Appendix 1):

- Information (still applicable)
- Surveys (still applicable)
- Facilitated activities: virtual e.g. on line polls, twitter chats
- Public Drop Ins/Awareness Raising/Q&As: The CCG Information Bus may need to be redeployed to focus on provision of public health information. FTF public consultation material can be exhibited on The Information Bus, an FTF comments/questions box. The focus will be on signposting to online consultation opportunities and collecting questions and comments for discussion and sharing online
- Online and telephone market research to target protected characteristic groups and representative sample of Gloucestershire residents and potential cross border service users.

The last public consultation activity planned is Citizens' Jury 2 to consider feedback from consultation and make recommendations to decision makers. The Jefferson Centre, which works with Citizens' Juries CIC in the UK, is developing methodologies appropriate to pandemic situation.

## Appendix 1

### Online consultation – briefing to support FFTF consultation

This briefing (prepared 27.06.2020) has drawn from materials produced since mid-March 2020 from sources such as NHS England/Improvement Engagement and Communications Team and The Consultation Institute and the tCI Covid-19 wiki pages. This briefing provides a summary of assumptions, considerations, questions, observations and recommendations for planning online consultation and engagement activities during a pandemic and post-pandemic.

#### Overall Consultation Objective:

Stakeholders identified (through Impact Analysis and stakeholder mapping), opportunities for dialogue and collection of views designed and delivered (Equality Impact Analysis of consultation plan identifies risks and mitigations), good quality feedback received, recorded and actively considered.

#### Assumptions:

Purpose of consultation is to optimise our ability to hear views of relevant key target groups (as identified by stakeholder mapping)

- There has been no change to legislation as a result of the pandemic relating to the duties on the NHS to involve and consult
- An equality impact analysis of consultation methodology should always be completed. A Data Protection Impact Analysis of GIG online portal has been completed
- Face to face activities will be restricted during a pandemic
- Online engagement/consultation activities will increase
- Some individuals are *seldom online* and *never online* (tCI terminology<sup>1</sup>) – ONS 7% households no access.

Some individuals are always online – competition exists for their attention – imaginative social media marketing required

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<sup>1</sup> tCI divide potential consultees into three broad categories:

- **Always online:** Obvious really – the millennial generation and most people of working age. Workstation use is declining as so many transfer to smartphones and the use of downloaded applications to play games, listen to music or communicate via email or social media. In principle, they can be reached.
- **Never online:** Declining year on year, but internet access is currently only used by 71% (males) and 64% (females) of over 65's. Clearly, they will need to be reached by non-digital means
- **Seldom online:** Those who have access to the internet but make relatively little use of it – or maybe use it only for a very restricted range of applications.

- Online activities only are likely not to be considered sufficient alone to meet legal duties regarding consultation and equalities
- Barriers to prevent participation must be removed or alternatives found
- Evaluation of the effectiveness of digital engagement/consultation should be planned for from the start of the detailed consultation planning period.

## Considerations /Questions

### Usage of digital services by citizens of the UK

Ofcom have published a report on the increased usage of digital services by citizens of the UK and by type <https://www.ofcom.org.uk/research-and-data/internet-and-on-demand-research/online-nation> It also includes a Power Business Intelligence data dashboard.

As expected, usage has increased substantially across groups with video calls gaining enormous traction. This is even more so with older demographics with 45-54, 55 -64, 65+ seeing the biggest increases (almost a trebling), whilst disabled users have doubled their usage compared to last year

Facebook messenger and WhatsApp are the most popular services, then Facetime. The older demographics are starting to reach tipping point too on these three services, although using them less than younger demographics

This trend is less pronounced, but still massively increased for digital voice and online messaging solutions

Whilst the older and less affluent groups are less likely to have access, albeit 70% of 65-74 year olds are online and 50% of over 75s. The latter group are saying they're not seeing the need for online access or 'not for me', whilst 7% had others access digital services for them

Mobile phone usage continues to be most used with PCs now at the level of games consoles for online access. This includes in older demographics

'Take aways' (Tim Clarke, Head of Digital Transformation, NHS Gloucestershire ICS):

There are greatly increased opportunities for digital services, even amongst older and less affluent groups; with digital channels able to reach the majority of the population

Still work to do to support older and less affluent demographics to get online (addressing benefits, cost and complexity barriers) and provide alternative methods of communication that don't disadvantage access. Telephone access to automated IVRs/ voice recognition, or staff inputting to digital systems on their behalf could be options.

## Methodology for rapid online deliberation

Traverse<sup>2</sup> recently ran a project to test out a methodology for rapid online deliberation. Traverse worked with the Ada Lovelace Institute to explore public attitudes towards COVID-19 exit strategies. Participant feedback of deliberation online includes:

- Being at home was a positive as it created a safe space to give opinions which may have felt less comfortable face to face
- Being concerned about data handling – people need to feel safe both physically and digitally
- Slides being posted and available to refer back to, live notetaking made it easier for people to remain informed even if they need to leave the room for any reason. It was suggested it enabled more people to be involved that would normally struggle to do so
- Having the opportunity to ask questions as you go along and not interrupt the presentation, means questions can be pulled together
- Found tech appeared not to be a problem, connectivity was a little problematic for some participants but because of the things above being in place, people were able to catch up and it didn't prevent people from participating. Only caveat is that by only being online excludes all those currently offline.

Consider whether online consultation is capable of attracting responses from a range of demographics, and most importantly from individuals and key groups that are likely to be affected by your proposal.

Consultation design should factor in use of a range of online platforms to respond to participant preference.

Consideration should be given to actively ensuring that disadvantaged groups have access to, and the skills, to use the internet. \*Libraries and community centres can reopen from 4 July 2020 (announcement 23.06.2020). GCC have recently been awarded £200,000 from the Digital Innovation Fund to provide grants to 17 community groups and organisations [a further 4 have been added due to GCC COVID-19 response budget] that help adults live full and independent lives through the power of technology. GCC are looking to establish a 'recipients' group to assist with coproduction of targeted consultation activity to mitigate/minimise impact on 'seldom' and 'never' online groups.

GIG online portal must include easily accessible info about data privacy, cybersecurity and explanation of how data is safeguarded and stored.

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<sup>2</sup> <https://traverse.ltd/recent-work/blogs/online-deliberation-under-covid-19-why-it-matters-and-what-were-doing>

Consider a larger number of telephone interviewees for structured interviews and for Drop In type conversations e.g. booked calls with clinical leaders or project team members for targeted groups.

**Could 'online only' affect the legality of the process?** tCI: *'Legality' is problematic here, as we have only pre-epidemic case-law to go on, and it may be that courts will look less stringently on consultations conducted under complicated circumstances. The trouble is we won't know until a test case is brought. The issues could be around access and equality. Nearly all of the steps of a consultation are 'technically' possible without being in the same room as people (pre-engagement, options development, options appraisal, consultation can all be done either online, by e-mail, by telephone or by post), but the challenge is likely to come from the equalities quadrant. We know from case law that courts frown on single dialogue methods, and simply shifting everything to a virtual platform may seem like an easy solution, but it excludes those who have no access to it. Continuing (particularly if they are in the final phases) is probably less problematic than starting.*

**How can we measure quality of online consultation approach?** tCI: suggest the following 7 Tests for quality consultation (Objectives: stakeholders identified by mapping heard and high quality information gained):

Test 1: Are you hearing from people who are directly affected by this decision?

Test 2: Are you hearing from people who are indirectly affected?

Test 3: Are you hearing from people who are potentially affected?

Test 4: Are you hearing from people whose help is needed to make the decision work?

Test 5: Are you hearing from those people who know about the subject?

Test 6: Are you hearing from those people that will have an interest in the subject?

Test 7: Have you ensured your approach affords them a deliberative opportunity?

tCI wiki: Evaluation of online consultation: three types of metrics and evaluation techniques

(See appendix 1 for detail)

*Those which relate to being aware – a measure of the number of people who have visited the dialogue;*

*Those which relate to being Informed – a measure of the visitors who have clicked to access further information resources, to learn more;*

*Those which relate to being engaged – a measure of the number of people who have given feedback using any of the means available.*

### **Observations/Conclusions:**

Consideration to be paid to online deliberation and engagement are those you should pay attention to regardless of whether engagement is face to face or online. Things such as feeling safe, ensuring transparency and that participants have the facts to be able to make an informed decision would apply regardless of how you engage.

Online consultations prove to be most successful when used in conjunction with offline methods such as telephone structured interviews/market research techniques/managed exhibitions.

Two-way direct communication is crucial in creating meaningful dialogue – video conferencing software (Zoom, Microsoft Teams etc.) can facilitate this.

Online forums should be moderated to keep discussion topics organised and to keep participants safe.

Think about varying the times of online events – avoid excluding working age participants.

Online events should be no longer than 2 hours and comfort breaks should be scheduled.

Use creative and interactive dialogue methods for online and offline activities.

Paper surveys should be replicated as online surveys.

Some individuals or groups feel more comfortable sharing their thoughts on their own platforms, rather than official channels designed explicitly for themed discussions.

Different marketing messages required to encourage online participation for 'always' (compete with other opportunities), 'seldom' (relevance, links to pandemic interests) and 'never' online (other opportunities or assistance required).



## Appendix 1: Evaluation: three types of metrics and evaluation techniques

### Metrics

The following reference can be used to link to metrics with measures:-

#### Community Size

- % Change in number of Facebook fans or Twitter followers;
- % Change in website or blog content views / downloads ;
- % Change in Vimeo or YouTube subscriptions ;
- % Change in blog RSS subscribers ;
- % Change in website or blog returning visitors.

#### Community Interaction

- % Change in Facebook post interactions (Facebook comments + likes divided by total number of impressions);
- % Change in number of blog comments written;
- & Change in number of twitter mentions;
- % Change in ration of organisations Facebook posts to user comments/replies.

#### Community satisfaction

- % Change in Facebook 'unlikes' and Twitter un-followers;
- % Change in the number of positive Facebook posts in the last 100 posts;
- % Change in the number of positive blog comments in the last 100;
- % Change in the number of positive Twitter mentions in the last 100.

#### Content mobility

- % Change in the number of likes/shares etc. from embedded social media accounts;
- Change in % of web traffic coming from social media sources;
- % Change in Twitter retweets of posts;
- Top retweets;
- % Change in YouTube/Vimeo content views generated by shared or embedded content;
- % Change in blog and web content trackbacks / pingbacks from content that has been linked or referenced.

#### Evaluation techniques

- Attitudinal, behavioural and demographic data (managers and users), to see the different types people who were involved.
- Process observation, to see how people participated and interacted or joined and left.
- Content analysis, to see the outputs of people's participation.

- Site analytics (e.g. Google Analytics, Counters, Referrers), to see how many people participated, where did they come from, and how long did they stay for.
- Pre- and post-activity surveys or interviews, to see peoples' experiences of participation and the affect it had on them.
- Search Engine Ranking / Search volumes, to see how easily people can find out about the participation opportunities

### **Evaluation facets to determine the level of success (tCI)**

- Extent and manner of use (effectiveness).
- Range of users (representation).
- User and stakeholder satisfaction (quality, what changed?).
- Input costs relative to outputs.
- Level of stakeholder support (barriers to continuity).
- User and stakeholder perception about design (process).
- Repeat visits and 'up-stepping' of citizens in the engagement process.
- Who was/wasn't involved (public/stakeholder groups) and why/why not.
- Over spill in terms of increased participation on other channels.

### **Democratic criteria:**

- Representation – who did and did not participate?
- Political equality – were any groups excluded from participating?
- Engagement – what was the quality and quantity of participants' involvement?
- Exposure – to what degree was the process publicised?
- Transparency – how open was the process?
- Conflict and consensus – did the process cause participants opinions to diverge or converge?
- Community Control – did participants have or take ownership of the process?

