Hampshire County Council

NOTICE OF MEETING

Meeting	Joint Health Overview and Scrutiny Committee - Hampshire Together
Date and Time	Tuesday, 31st October, 2023 at 10.00 am
Place	Room 0.25, EII South, The Castle, Winchester
Enquiries to	members.services@hants.gov.uk

Carolyn Williamson FCPFA
Chief Executive
The Castle, Winchester SO23 8UJ

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AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF THE PREVIOUS MEETING (Pages 3 - 6)

To review the minutes of the meeting held on 20 September 2023.

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6. HAMPSHIRE TOGETHER PROGRAMME UPDATE (Pages 7 - 62)

To receive the draft consultation plan

7. JOINT COMMITTEE FEEDBACK ON THE CONSULTATION PLAN

To discuss how the Joint Committee would like to be directly consulted with during the formal consultation period

ABOUT THIS AGENDA:

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

ABOUT THIS MEETING:

The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact members.services@hants.gov.uk for assistance.

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

AT A MEETING of the Joint Health Overview and Scrutiny Committee - Hampshire Together of HAMPSHIRE COUNTY COUNCIL held at the Castle, Winchester on Wednesday, 20th September, 2023

Chairman:
* Councillor Bill Withers Lt Col (Retd)

* Councillor Ann Briggs
* Councillor Pamela Bryant
* Councillor Lesley Meenaghan
Councillor David Harrison
Councillor Andrew Joy
* Councillor Jackie Porter
* Councillor Dominic Hiscock

Presenters in attendance:

- Alex Whitfield - Hampshire Hospitals NHS Foundation Trust
- Caroline Morison - Hampshire and Isle of Wight ICB
- Dr Lara Alloway - Hampshire and Isle of Wight ICB
- Elizabeth Kerwood - Hampshire and Isle of Wight ICB
- Dr Charlotte Hutchings - Hampshire and Isle of Wight ICB
- Shirlene Oh - Hampshire Hospitals NHS Foundation Trust

7. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Frampton, Harrison and Joy. Councillor Hiscock was in attendance as a deputy member.

8. DECLARATIONS OF INTEREST

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Personal interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

Councillor Porter declared an interests as the Cabinet Member for Place and Planning at Winchester City Council.

9. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 30 September 2022 were agreed.

10. **DEPUTATIONS**

There were no deputations.

11. **CHAIRMAN'S ANNOUNCEMENTS**

There were no announcements.

12. **HAMPSHIRE TOGETHER PROGRAMME UPDATE**

The Committee received a presentation from the Hampshire and Isle of Wight Integrated Care Board (the ICB) and Hampshire Hospitals NHS Trust (the Trust) setting out the background to the Hampshire Together programme, recent developments and plans for a public consultation exercise. As part of the presentation, the following was noted:

- Modernising the Trust's Hospitals and Health Services programme had the opportunity to deliver a new hospital to serve the people of north and mid Hampshire, as well as many other healthcare benefits, as part of the government's New Hospital Programme.
- The case for change included the changing population, ensuring clinical sustainability, financial resilience and the current building estate requiring maintenance.
- Members noted that any new facility must be constructed to a Net Zero Carbon
  Hospital Standard, which was part of the NHS Long Term Plan.
- The notion of a Hampshire Healthcare Campus was revisited as part of the discussion, with the desire to enable cross sector collaborations, a focus on research, innovation and implementation, space-enabled services and an NHS Sustainability Living Lab.
- In May, a formal policy announcement on the National Hospital Programme was discussed in parliament. The announcement included confirmation of the Trust's position on the programme. Post-announcement, the Trust received a formal letter outlining the funding allocation.
- Prior to proceeding to consultation, the next steps include completing the NHS England Stage 2 Assurance process and receiving national approval to proceed. There were several, additional detailed steps which were set out for Members. Following completion of these steps, the ICB was intending to go out to public consultation on the new hospital plans.
- The consultation was planned to run for 12 weeks with the start date not yet confirmed. An overview of planned consultation and engagement activity was set out for Members.

The Committee welcomed any progress on the new hospital programme but agreed that the trajectory to date had been slow whilst announcements were awaited. In response to Members' questions and as part of the discussion, the following points were raised:

- No decision had been made on the site for the new hospital. Two potential sites were in scope – one near to Junction 7 of the M3 motorway with the second site being the existing Basingstoke Hospital footprint. Members noted that the consultation would need to be conducted first, before any decision was made on the site.
- The possibility of dental training could be provided on site at the Healthcare Campus – the lack of training and the challenges in accessing dental services across Hampshire were noted.
- Discussion was held regarding the importance of staff wellbeing and resilience and the significant contribution made by the NHS internationally educated workforce.
- Members also discussed the importance of engaging with hard to reach patient groups – those who choose not to engage. The ICB advised that there was a patient representative on the Patient and Public Advisory Group for each group and that gaps had been identified with representatives being sought from the traveller community and the veterans community. The ICB was cognisant of the fact that the NHS is not always viewed as a trusted place by everyone and that it was important to use existing links within communities to help build trust.
- The consultation itself would be funded by the national New Hospitals Programme and not by the Trust or the ICB themselves. Members agreed it would be sensible to make this information available to aid public understanding.
- It was confirmed that there would be an Emergency Department at the new hospital and that future proofing for decades to come, fluctuations in demand, was being carefully considered.
- Discussions around children and young people's care focused upon the importance of outpatients as well as inpatients.
- The ICB noted that, when the consultation was due to launch, they intended to share consultation materials with partners (including the County Council) and would request that partners share links and encourage engagement using their normal channels.

RESOLVED:

That the Joint Committee note the update.

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Hampshire Together: Modernising our Hospitals and Health Services

Our consultation plan

Plan for formal public consultation activity

WORKING DRAFT DOCUMENT

October 2023 v8.0

Content

1 Introduction

This document describes the comprehensive and proportionate consultation approach and activity that we are planning, in order to engage with local people, groups and stakeholders on options that look at where to build a new hospital for Hampshire and different ways of delivering acute, hospital-based care for people in Hampshire in the future as compared to now.

It aims to support Hampshire and Isle of Wight Integrated Care Board and Hampshire Hospitals NHS Foundation Trust as they seek to develop a brand-new hospital, as well as make potential changes to how acute services are delivered by Hampshire Hospitals NHS Foundation Trust to make them sustainable for the long-term.

Our consultation will focus on the shortlisted options for the site of a new hospital and potential changes to acute hospital services that have emerged from significant options development and appraisal work involving a wide range of stakeholders over the last period. With an agreed shortlist of options for consultation, we are now preparing to run the consultation [timing tbc] for 12 weeks. We are not proposing to consult on every step of the patient pathway but on proposals to change the acute, hospital-based services that people need and use, set in the context of our overall ambition for more integrated, joined up care with primary and community-based facilities and making sure people get the right care, at the right time, in the right place.

Our consultation will seek to understand how the proposals will impact on the local population, including current, recent, and potential future users of health services, their families and loved ones, staff, and stakeholders. Our plan has been reviewed and scrutinised by a range of stakeholders and partners and will be shared with the Joint Health Overview and Scrutiny Committee for their comment and endorsement of our approach. Our approach to consultation has been informed by best practice principles and complies with our legal and statutory duties. It has built on learnings and changes in practice resulting from the coronavirus pandemic, recognising that some individuals and groups remain concerned about the risk of contracting the virus while others now prefer alternative, 'remote' or digital methods of engaging.

We believe that this consultation plan is proportionate and takes account of people having varying levels of interest and prior involvement in our proposals. Consultation activities have been designed to reach and collect feedback from a broad range of audiences, including the seldom heard, those with protected characteristics under the equalities' legislation, the digitally excluded and other disadvantaged or inclusion groups, through a mixture of channels. How people want to participate in public consultations varies widely, and we will offer different ways to receive information and participate, recognising for some groups, engagement preferences may have permanently changed since the coronavirus pandemic. Once we launch our consultation, we will maintain a flexible approach to engaging with people, assessing the effectiveness of the activities identified in this plan and adjusting them as needed.

Background and context

Under the umbrella of the 'Hampshire Together: Modernising our Hospitals and Health Services' programme, the Hampshire and Isle of Wight Integrated Care Board (and its predecessor commissioning organisations) has worked with Hampshire Hospitals NHS Foundation Trust and other health and care system partners to improve the health and wellbeing of our population.

Our shared goal is to develop health and care services which make best use of our combined resources, based on our collective understanding of the needs of our population. We want to use this opportunity to benefit our population, helping to keep them healthy and ensuring they receive the best care in the most appropriate setting when needed. This includes looking beyond traditional acute hospital care, working with and across health and care system partners to create a model in which acute care, mental health, primary care, community services, the voluntary sector and social care all interact seamlessly, enabling care to be delivered at the right time, in the right place and by the right person.

Hospital buildings in Basingstoke and Winchester, while much loved, are approaching the end of their usable lives. Our population has grown and changed since the buildings were built, and medicine has evolved over time as evidence, knowledge, specialist expertise and new ways of working have developed. We are clear that we want to use this opportunity not just to replace the buildings, but to redesign the way we provide care for our population for decades to come.

This programme is part of the government's *New Hospital Programme* and includes proposals that would see the development of a new specialist acute hospital and refurbishment of other areas of our clinical estate and hospital sites in Hampshire.

We have undertaken extensive pre-consultation engagement with patients, the public, NHS staff and other key stakeholders as we have developed our proposals and the outcomes have informed and refined our options for consultation as well as the activity we are planning for a robust and comprehensive consultation period.

The pre-consultation business case (PCBC) setting out the proposals in detail will be published at a meeting of the Hampshire and Isle of Wight Integrated Care Board when a decision is made to formally consult on the proposed options, based on that business case. The consultation document and supporting consultation materials will be based on the technical detail within the PCBC.

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

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

1.1 Pre-consultation engagement

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

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

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

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

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

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

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

The full engagement report provides a detailed breakdown of the responses by demographic characteristics.

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

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

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

The virtual deliberative events were also structured around these questions.

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

Through this activity we identified that further engagement was needed with seldom heard and protected characteristic groups. This work was carried out in October and November 2020 in collaboration with Healthwatch Hampshire and included focus groups with:

- Disabled people – Basingstoke Disability Forum
- Gender reassignment – Chrysalis, supporting people with their gender identity
- Young carers – Winchester Young Carers
- Digitally disenfranchised people.

In addition, we also held a focus group with local Black, Asian and minority ethnic people in November 2020.

The reports from this additional work can be accessed here.

Patients, staff, and health and care stakeholders have contributed widely to the early thinking about how the MoHHS programme could improve local health services and have continued to be central to the generation, development, and appraisal of options for the delivery of a new model of care and a new hospital for Hampshire. This engagement is recognised to be of the utmost importance and is intended to continue up to and during the consultation period, and beyond as the programme then moves through the decision-making and implementation phases.

Since 2021, we have continued to engage with our stakeholders and audiences, keeping them up to date on progress and seeking their input into our ongoing development, evaluation, and review of options, with the latest filtering process taking place in the first quarter of 2022. This has included regular briefings to staff, patient and voluntary sector groups and representatives, scrutiny committee colleagues, and MPs.

In addition to the specific engagement programmes undertaken by the Hampshire Together Programme, the Hampshire and Isle of Wight Integrated Care Board has an ongoing engagement and involvement programme and has carried out engagement activities on a range of topics which align to key aspects of Hampshire Together. Examples of this work includes:

- Exploring people's understanding and confidence in how patients' records are shared between GPs, hospitals, community and mental health services and social services to help provide them with care and treatment

- Working with the four Healthwatches across Hampshire and Isle of Wight to seek the views of local people on the Elective Hub that will be based at Royal Hampshire County Hospital. The themes from this work were then explored with local people in more detail
- Exploring the use, applicability, and acceptability of digital remote monitoring for older people living in the community
- Working with pregnant people to address the aims set out in the NHS Equity and Equality Guidance for local maternity systems 2021
- Asking local people what they think the opportunities are of creating a new Trust for all community, mental health and learning disability services across Hampshire and Isle of Wight.

Details of this work including how it was carried out and the themes are available in the Hampshire and Isle of Wight Integrated Care Board quarterly involvement reports - Get involved: Hampshire and Isle of Wight ICS (www.hantsiowhealthandcare.org.uk).

1.2 About this plan

This is a working document and will continue to be developed as we progress towards consultation. This plan sets out how we will approach a formal consultation on reconfiguring hospital services, including where to build a new hospital for Hampshire as part of the government's New Hospital Programme. This plan has been informed by best practice principles and guidelines from NHS England, the Cabinet Office, and the Consultation Institute. We are also building on the experience and feedback from our pre-consultation engagement work with stakeholders and key audiences. The plan has been reviewed and scrutinised by a range of stakeholders and partners and will be discussed with the Joint Health Overview and Scrutiny Committee.

1.3 System governance

Hampshire and Isle of Wight Integrated Care Board has had the statutory responsibilities for this programme since it was formally established on 1 July 2022, and it is this commissioning body that will approve the pre-consultation business case and options for consultation, and consider the responses to the consultation, along with other related evidence and data, for consideration as part of a decision-making business case in 2024.

2 Consultation scope

The scope of the public consultation will be focused on the shortlisted options that look at different ways of delivering acute, hospital-based care for the people of Hampshire in the future as compared to now. We are not proposing to consult on every step of the patient pathway but on options that look at where to build a new hospital for Hampshire and different ways acute, hospital-based care services that people need and use can be delivered. This is set in the context of our overall ambition for more integrated, joined up care with primary and community-based facilities and making sure people get the right care, at the right time, in the right place.

The options for change include two different site options for the new hospital and looking at different ways to configure services compared to now including:

- urgent and emergency care, including accident and emergency services
- emergency and complex/high risk surgery
- critical care
- obstetrician-led maternity services and midwife-led maternity services including neonatal intensive care
- emergency and inpatient children's services
- specialist medicine, for example cardiology, respiratory and gastroenterology
- other specialist services, for example those for heart attacks, stroke, trauma
- cancer services
- planned care and surgery
- complex outpatients' services – where several diagnostic tests, appointments and sometimes some treatment can happen on the same day in one place
- some regional and national services provided by Hampshire Hospitals NHS Foundation Trust, for example the Peritoneal Malignancy Institute.

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

The proposals will set out a proposed new model of care to work alongside wider changes and improvements in the health and care system for Hampshire and the Isle of Wight. These improvements will see organisations working together more closely to provide seamless care that meets the needs of local people.

Our consultation questionnaire will be designed to elicit responses and feedback on the options, and people's views on the impact they may have. Section 5 provides more information on how we are developing the specific questions for the consultation questionnaire.

2.1 Geographical scope

In geographical terms, the consultation will primarily cover areas in north and mid Hampshire which include the Alton, Andover, Basingstoke, Eastleigh, and Winchester areas. It will also include engagement activity in bordering communities and neighbouring areas, particularly where patient flow data indicates that people living outside the direct catchment of the Trust may be impacted by the proposals. The overall population in the Integrated Impact Assessment study area is 871,000 residents.

The scope of population for the Modernising our Hospitals and Health Services programme as a minimum is the area served by Hampshire Hospitals NHS Foundation Trust (HHFT) which is 553,624. The hospital catchment area goes beyond the immediate population served by the north and mid Hampshire Integrated Care Partnership into West Berkshire.

This catchment covers urban areas (Basingstoke, Winchester, Eastleigh, and Andover) contrasting with large areas of sparsely populated countryside interspersed with market towns and villages. Such diversity gives the area great strength but also means there are variations in access, affluence and deprivation, housing, and health. The population is largely contained within the local authority areas of Basingstoke and Deane, Winchester City, Eastleigh, and Test Valley.

It is recognised that services in north and mid Hampshire are provided within a wider healthcare system covering Hampshire and the Isle of Wight and that transformative changes may have an impact beyond the immediate catchment area. The local healthcare system will continue to work closely with partners to ensure other providers' services are not destabilised by any planned or actual changes.

In addition, Hampshire Hospitals NHS Foundation Trust provides some regional specialist services to people across the UK and internationally. It is one of only two centres in the UK treating pseudomyxoma peritonei (a rare form of abdominal cancer) and it leads in the field of tertiary liver cancer and colorectal cancer. The regional haemophilia service is based at Basingstoke and North Hampshire Hospital. Hampshire Hospitals NHS Foundation Trust has clinical links with University Hospital Southampton NHS Foundation Trust, Frimley Park Hospital NHS Foundation Trust, Royal Surrey County Hospital NHS Foundation Trust and Royal Brompton and Harefield NHS Foundation Trust for some specialised services. It also has links with Hampshire County Council at Firvale for paediatric respite services.

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

3 Consultation approach

3.1 Statutory duties and legislation

This consultation plan has been designed to ensure we deliver effective patient and public engagement and involvement as part of our obligations and legal duties (see section 14.2 for further detail) including:

- the five tests for service change laid down by the Secretary of State for Health and Social Care and NHS England
- the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012)
- the Health and Care Act 2022
- NHS England's statutory guidance *Working in Partnership with People and Communities*
- the Equality Act 2010
- the Data Protection Act 2018
- the Freedom of Information Act 2000
- the Public Services (Social Value) Act 2012

- the Gunning Principles for fair consultation.

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

Discussions with stakeholders and our own review of activity and planning for consultation means we will particularly:

- exploit and expand digital and online engagement
- focus on how to engage with people who are digitally excluded
- ensure we make significant effort to engage with those who are seldom heard, those with protected characteristics under the equalities' legislation, and other marginalised, disadvantaged or inclusion groups (see section 4). We will use trusted channels and effective networks such as those found within the community and voluntary sector to reach these audiences as well as commissioning specific, focused research during the consultation period.

3.2 Consultation principles

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

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

More detail on each principle is provided in appendix A.

3.3 Consultation aims and SMART objectives

Aims

Our aims for the consultation are to:

- raise awareness of the proposals and how to contribute to the consultation across the affected geography

- collect views from the full spectrum of people who may be affected – including patients, service users, carers, staff, stakeholders, and the public - gathering feedback from individuals and representatives
- develop a set of consultation questions which provide an opportunity to comment on all of the matters that are open to influence
- ensure we use a range of methods to reach different audiences including activities that target specific groups with protected characteristics, seldom heard communities and other marginalised, disadvantaged or inclusion groups
- ensure those methods reflect the physical and attitudinal changes to engagement since the pandemic
- explain how the proposals have been developed and what they could mean in practice, accurately and without bias providing all the information people need to give informed responses to the proposals
- ensure that we preserve the integrity of the consultation period to the best of our ability should unforeseen circumstances threaten to undermine, or derail planned activity
- meet or exceed our reach and response targets within the timeframe and budget allocated
- ensure Hampshire and the Isle of Wight Integrated Care Board can consider fully the responses and feedback and take them into account, in decision-making, with sufficient time allocated to give them thorough consideration
- explain to consultation respondents how their feedback has been taken into account by decision-makers.

SMART objectives

Specific, measurable, achievable, realistic, and time-bound (SMART) objectives are key to ensuring that our consultation activity can be accurately assessed and measured.

Our SMART objectives for the consultation are:

SMART objective (rounded up or down)	Measure/assessment
Opportunities to see or hear about the consultation - reaching a minimum of 435,500 people (approximately 50 per cent of the population identified in the integrated impact assessment study area) about the proposals during the consultation period.	To be achieved through activity set out within this plan (outputs) and reach of social media, media, advertising etc.
Target for active and direct engagements Patients, families, carers and local people – 7,000 Staff and volunteers – 8,650 Stakeholders – 50	To be achieved through mailings to staff and stakeholder distribution lists, meetings and events, drop-in exhibitions, pop-up stands, social media interactions, focus groups,

SMART objective (rounded up or down)	Measure/assessment
15,700 people (approximately 1.8 per cent of the population identified in the integrated impact assessment study area).	telephone polling, targeted outreach work.
Target for responses Patients, families, carers and local people – 1,300 Staff and volunteers – 1,280 Stakeholders – 20 2,600 separate responses to the consultation (approximately 0.3 per cent of the population identified in the integrated impact assessment study area).	Collecting responses to the consultation (including surveys, focus groups, emails, social media interactions, phone calls, letters, comments at events).
Protected characteristics, seldom-heard groups and other marginalised, disadvantaged or inclusion groups - as set out in section 4 regarding the Integrated Impact Assessment (IIA). Targeted engagement work through focus groups, surveys, and links with local community networks to demonstrate that all nine protected characteristics are represented within the consultation feedback.	Informed by the programme's Integrated Impact Assessment, this will be achieved by working with partner organisations involved in the programme as well as Healthwatch, local patient groups, community networks and outreach activity to seek out opportunities to engage. Assessment will be through demonstrating opportunities to engage and feedback received from identified groups.
Staff involvement - all affected staff have the opportunity to access information on the proposals or join an event during the consultation period and complete a questionnaire.	Using a variety of appropriate channels (as set out within this plan) to ensure all staff have the opportunity to provide feedback. Assessment will be based on the opportunities to engage, and responses received from NHS staff in Hampshire, and/or their representatives.
Patients, families, and carers involvement - patients in affected services and their families/carers have the opportunity to respond to the consultation.	Using a variety of appropriate channels (as set out within this plan) to ensure affected patients, and

SMART objective (rounded up or down)	Measure/assessment
Targets for active and direct engagements, and consultation responses are above.	their families/carers have the opportunity to respond to the consultation. We will aim to raise awareness within the hospitals themselves and through local channels for example, media, social media, via representative groups etc. Assessment will be based on the opportunities to engage and responses received.
Stakeholder attitudes – the Hampshire Together programme team will deliver proactive, effective, and positive engagement with key groups and influencers during the consultation period. Targets for active and direct engagements, and consultation responses are above.	Positive feedback about the process of the consultation including how it has been conducted from at least five different stakeholder groups by the end of the consultation period, to include: voluntary and community sector, democratic representatives, patient representatives (e.g. Healthwatch/PPGs/other patient groups), clinical/staff representation or group, JHOSC, NHS England.
Meet the **statutory and legal duties** associated with consultation.	Ensure each stage of the consultation complies with statutory and legal requirements and best practice.
Delivery within an agreed budget	To be assessed through robust financial management, regular reporting, and advance agreement of any additional necessary spend to meet the consultation's objectives.

This consultation plan and the activities outlined within it will help to ensure that we provide everyone in the consultation catchment area with an opportunity to comment on the proposals and that we hear from the broadest range of respondents as possible. We will undertake dedicated activity to collect views from individuals, groups, networks, and communities who are described within all nine protected characteristics under equalities legislation. We will deliver targeted engagement activities to reach individuals and groups which include people with these characteristics, as well as with groups that may be described as 'seldom heard' and other marginalised, disadvantaged and inclusion groups.

As set out in our SMART objectives above, the targets for reach and responses will be key measures of success in our evaluation of the consultation. We are setting targets based on previous experience of planning and delivering consultations. The targets above have been set to balance informing people and collecting a wide range of responses and perspectives with delivering a cost-effective consultation within a proportionate budget.

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

The quality of feedback - informed by clear information and elicited by relevant questions - and ensuring it comes from a wide spectrum of groups, individuals and communities which make up the local population, is as important as the overall quantity of responses. Provided we receive responses from a broadly representative sample of the local population we can be confident that we will capture a full range of significant views, ideas, issues, and concerns.

4 Stakeholder mapping

This consultation plan describes both the formal consultation that we are required to undertake directly with relevant local authorities under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (see sections 14.2), and consultation with the public.

We will formally consult our local authorities via a Joint Health Overview and Scrutiny Committee that has been formed for this purpose (see section 15.4). Local authorities, their leaders, officers, and councillors are also an integral part of our stakeholder engagement activity (see table below) and partners in developing a more integrated health and care system for the people of Hampshire and the Isle of Wight.

This plan also sets out the aligned public-facing activity that we will undertake to elicit responses and promote engagement and involvement during the consultation period. Through our pre-consultation engagement work we have identified and worked with a wide range of audiences and stakeholders. We have grouped our stakeholders into eight categories with detailed sub-groups within each category:

Our consultation audiences	
Patients, public, community and business groups	**Staff**
• Residents in Hampshire, particularly in the Alton, Andover, Basingstoke, Eastleigh, and Winchester areas • HHFT patients/service users and carers – including those in border areas to the	• HHFT (including staffside and trade unions) • Community, mental health and learning disability trusts providing services in the area – Southern Health NHS Foundation

catchment identified in the integrated impact assessment and those who use county-wide specialist services provided by HHFT and live outside Hampshire • Patient and carer support groups • Resident, voluntary, community and local business groups • Local Healthwatch - Hampshire, Southampton, West Berkshire • Those who are seldom heard • Protected characteristic groups (under equalities legislation) including age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity • Other marginalised, disadvantaged or inclusion groups – areas of socioeconomic deprivation • HHFT governors and members • Hampshire and Isle of Wight ICB local health/community engagement networks • GP patient participation groups • Chamber of Commerce • Faith groups • HMP Winchester • Campaigners (groups and individuals)	Trust, Sussex Partnership FT, Solent NHS Trust • Ambulance Trust – South Central Ambulance Service (SCAS) • Commissioners – Hampshire and Isle of Wight ICB, NHSE Specialised Commissioning Team • Neighbouring acute trusts – University Hospital Southampton NHS Foundation Trust, Frimley Health NHS Foundation Trust, Royal Berkshire NHS Foundation Trust, Salisbury NHS Foundation Trust, Portsmouth Hospitals University NHS Trust, Great Western Hospitals NHS Foundation Trust, Royal Surrey NHS Foundation Trust • Neighbouring commissioning bodies (ICBs) – Frimley; Buckinghamshire, Oxfordshire and Berkshire West; Bath and North East Somerset, Swindon and Wiltshire; Surrey Heartlands ICB • North and Mid Hampshire ICP • Local Area Teams/'places' – North and Mid Hampshire, North East Hampshire and Farnham, Berkshire West, Bath and North East Somerset, Swindon and Wiltshire • Provider Alliance – North and Mid Hampshire • General Practice (including Primary Care Network clinical directors and primary care teams) • Local authorities (including social care and public health teams)
Elected representatives (north and mid Hampshire and bordering areas)	**Regulators/scrutiny**
• MPs • Joint HOSC • All impacted local authority HASCs/HOSCs as stakeholders (requiring briefings and information as opposed to JHOSC for scrutiny role) • County and City councillors (Hampshire, Southampton, Surrey)	• Department for Health and Social Care • NHS England • Care Quality Commission • Healthwatch Hampshire, Healthwatch Southampton, West Berkshire • Joint Health Overview and Scrutiny Committee • Hampshire and Southampton Health and Wellbeing Boards

• District/City/Borough Councillors (Eastleigh BC, Winchester CC, Basingstoke and Deane BC, East Hampshire DC, Hart DC, Havant BC, Test Valley BC) • Parish/Town Councillors (through Hampshire Association of Local Councils)	
System leaders	**Clinical experts and professional bodies**
• Hampshire and Isle of Wight ICB members • Hampshire Hospitals NHS Foundation Trust board • Provider trust boards (community, mental health, ambulance) • Neighbouring trusts • Hampshire County Council and Southampton City Council executive team • District council executive teams • Foundation Trust Council of Governors	• South East Clinical Senate • Hampshire and Isle of Wight Local Medical/Dental/Pharmacy Committees • Royal colleges • Wessex Academic Health Science Network • Medical schools/universities
Media	**Wider catchment and out of area stakeholders**
• Local and regional newspapers, radio, TV and online • Trade media • National media • Key relevant social media	• HHFT patients living outside north and mid Hampshire • Residents of neighbouring commissioning catchment areas in Southampton, Portsmouth, Surrey, Swindon, Salisbury and Wiltshire, West Berkshire • Neighbouring Healthwatches • Staff of neighbouring commissioning bodies and trusts • Local authorities (Swindon Borough Council, Wiltshire Council, West Berkshire Council) • MPs and councillors in neighbouring areas • Governing bodies and boards of commissioning bodies and providers in areas neighbouring north and mid Hampshire

In addition, to the patient and public stakeholder groupings identified above, the Integrated Impact Assessment (IIA) carried out as part of the Hampshire Together Programme's pre-consultation phase has identified that there are several protected characteristics and other

vulnerable groups which have a disproportionate or differential need for the hospital services under review. These characteristics are:

- age
- disability
- gender re-assignment
- marriage and civil partnership
- pregnancy and maternity
- race and ethnic origin
- religion and belief
- sex
- sexual orientation
- although not protected characteristics, carers and deprived populations are impacted by changes to health services and are therefore also considered. There will be targeted engagement activity during the consultation to get feedback from people within these groups.

The IIA assessed whether there might be any differential impact between options on groups with protected characteristics (populations protected by law under the legislation) and deprived populations (not protected by law but considered when health service changes are made because deprived populations experience health inequalities, are high users of health services and can have difficulty accessing health services). It found that:

- protected characteristic groups do not need to travel significantly longer than the general population to access services
- visitors, relatives, and carers from protected characteristic groups, who may travel by public transport, do not need to travel longer than the general population to reach service locations
- there is no difference between the options for people with protected characteristics and deprived populations compared to the general population.

Although some patients with protected characteristics may have to travel slightly further to access services compared to now, they use health services more than other groups and so are disproportionally benefitted when service quality improves. Further details of this analysis and further exploration of the impact of the proposals on people with protected characteristics can be found in section 10.4.5 of the PCBC.

While the IIA demonstrates that there is no difference between the options for people with protected characteristics and deprived populations compared to the general population, we believe it is important to be proactive in engagement with some specific groups within the protected characteristics, as they are the population groups considered more likely to require the services under review, and therefore those who will be most impacted by planned service changes.

Key populations	Planned consultation activity* - we will:
Age – Ageing population within the catchment area. The ability to travel may prove more challenging with older age, particularly increased reliance on public transport Potential reliance on carers or family members for transport.	• Raise awareness of the proposals through appropriate voluntary and patient community networks often used by this age group • Make sure information is available on request in large print and audio formats to allow for age-related changes in vision • Provide a mix of online and in-person opportunities, and online and hard copy documents to allow us to engage with those who use online facilities and those that do not • Make sure sufficient older people, as well as a mix of other age groups are included in our focus groups and telephone interviews
People with disabilities or sensory needs - For those with physical impairments potential obstacles can include travel and access. Along with the ability to travel, the desire to travel may also be less for those with a disability. Potential reliance on carers or family for those who need additional assistance It is acknowledged that individuals may have more than one of these conditions.	• Make sure information is available in relevant formats such as Easy Read and if required on request in audio and large print • Promote the consultation period with local disability forums and provide dedicated mechanisms for people to feedback • Offer a specific focus group for people with disabilities
Gender reassignment (trans) *(Note: a report by the Women and Equalities Committee in 2016 found that the terms 'gender reassignment' and 'transsexual' in the Equality Act 2010 are outdated and misleading. The Equality and Human Rights Commission agree with this. The preferred umbrella term is 'trans'. In light of this, we will use 'trans' to describe this protected characteristic group identified in the Act.)*	• Liaise with local trans groups to promote the proposals and engagement opportunities • Offer a specific focus group (or if difficult to recruit to, individual depth interviews) for trans people to encourage a safe space to share experiences and feedback on our proposals

Key populations	Planned consultation activity* - we will:
Marriage and civil partnership – It is expected that the proposed changes will have a limited impact on people based on their marital or civil partnership status.	• To be addressed through wider consultation activity
Pregnancy and maternity – Travel to be considered, particularly for those with existing childcare needs.	• To be addressed through wider consultation activity and ensuring that focus group recruitment includes parents, carers and guardians/those with childcare considerations
Race/ethnicity - To consider making sure people who don't have English as their first language can access the consultation National evidence highlights that staff attitudes towards Black and Minority Ethnic groups can affect the quality of care delivered (Goddard 2008).	• Provide opportunities for the consultation document and questionnaire to be requested in the five most common languages • Promote the consultation period with local faith and cultural groups • Briefing provided to local interpreting services • Raise awareness of the consultation with 'Friends, Families and Travellers' (national charity working on behalf of all gypsies, travellers and Roma) • Offer a specific focus group for people from different ethnic minorities
Religion or belief – People with different religious beliefs access healthcare in different ways. Important that we understand access points in the context of any service change. Important that people feel able to approach and attend services within the community.	• Use existing relationships with leaders of places of worship across the catchment area to promote engagement with the proposals and ask what communications materials/involvement and consultation activities would be appropriate for their congregations and visitors • Promote the consultation period with the local interfaith forum • Ensure religion and beliefs can be discussed in the proposed focused groups
Sex – It is expected that changes will have a limited impact on people based on their sex	• Make sure there are appropriate images men and women can identify with in the design of consultation materials • Link with older men and women's groups for example, Men's Sheds and the Women's Institute

Key populations	Planned consultation activity* - we will:
	• Focus groups and telephone interviews will include all sexes
Sexual orientation - It is expected that the proposed changes will have a limited impact on people based on their sexual orientation.	• Liaise with local LGBTQ+ groups to promote the proposals and engagement and consultation opportunities • Offer a closed focus group to encourage a safe space to share experiences and feedback on plans
Other disadvantaged or inclusion groups – **carers**	• Work with local carers organisations to raise awareness of the consultation period • Offer a range of consultation activities on different days and at different times so carers have the opportunity to participate around their caring schedule • Offer a specific focus group for carers
Other marginalised, disadvantaged or inclusion groups – **areas of socioeconomic deprivation**	• Raise awareness with local community and voluntary groups that reach this audience for example, food banks, housing associations, homeless charities • Provide a mix of online and in-person opportunities, and online and hard copy documents to allow engagement and consultation with those who use online facilities and those that do not • Produce information in a variety of formats using plain English to ensure information is widely accessible • Offer a range of ways to respond that are 'free' – including freepost address, email and online • Offer a specific focus group for people in areas of socioeconomic deprivation

*This is not an exhaustive activity list but provides some examples of the activities planned to reach specific groups

Our consultation activity plan (appendix C) details our strategy for engaging different audiences. For all audiences, we will encourage them to respond with their own views and to help us promote the consultation to our target groups by cascading information through their own trusted networks.

5 The consultation questions and document

There will be a formal questionnaire as part of the consultation, although letters and other open comments will be welcome. We will be asking people for feedback covering their views on:

- The proposal to build a new hospital for Hampshire and the two potential options for its location
- The options for a proposed new model of care – how services could be delivered in the future across Hampshire Hospitals NHS Foundation Trust's acute hospital sites (including the proposed new hospital)
- Any alternative options, variants of the options or solutions that should be considered that would meet the challenges outlined in our 'case for change'.

The specific questions to be asked in the consultation will be developed by the communications and engagement workstream in conjunction with an independent research/engagement organisation to ensure we design clear and non-leading questions. There will be a mixture of ranking style questions, asking people how strongly they agree or disagree with specific points, plus open questions with a free text response.

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

Information, views, and feedback from patients, the public, staff and other stakeholders are vital in helping to shape the future of services. Before the Hampshire and Isle of Wight Integrated Care Board makes the decision about which option to implement, they will consider a wide range of factors, including the responses to our consultation. Other factors will include what the clinical evidence shows will deliver the greatest improvements to care, how services can be safely staffed for the long term and which proposal offers the best value for money.

5.1 The main consultation document

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

- the objectives of the consultation
- details of how people can contribute to the consultation and how feedback will be used
- a summary of our 'case for change' and why we are proposing to organise services differently in the future
- details of how patients and the public have been involved so far
- details of the options with relevant, clear, and transparent information, including what distinguishes each option

- details of the implications of the proposed changes, and of no change, with pros and cons for each option.
- An explanation of how options have been developed and how and why some options were eliminated from the process through a thorough and robust evaluation process
- a set of key questions to guide responses
- email, freepost address and telephone contacts for responses
- contact details for the consultation team who will respond to questions, complaints, or comments about the consultation process
- the dates of the consultation period (start and finish)
- an explanation of what we will do with the responses to the consultation and next steps in the decision-making process.

In addition, the consultation document will be:

- written to be as concise and accessible as possible, using jargon-free straightforward language
- widely accessible and available in a printed format free of charge
- available online through the consultation website (and linked to from HHFT's, Hampshire and Isle of Wight ICBs' and other partners' websites)
- available in a short, summary booklet format too
- available as an 'easy read' summary – for those with learning disabilities, who don't have English as their first language, and for others who prefer this format
- available in other formats (Braille, British Sign Language video, small and large print, audio) and languages on request
- supplemented by further information for those people who want more detail (for example through access to the PCBC published online, or through publication of factsheets on key issues, FAQs etc).

We will test the draft consultation document with a reader panel of patient and public representatives to ensure content is clear and understandable to people with no prior involvement in the proposals.

6 Consultation activities and materials

Our consultation activities have been designed to reach and collect feedback from a broad range of audiences through a mixture of channels. How people want to participate in public consultations varies widely, and we will offer different ways for people to participate.

Our plans take account of people having varying levels of interest and prior involvement in the proposals. Some will have been actively involved in the proposals through work to develop the case for change or developing and assessing the options. Others will find out about the plans for the first time through the formal public consultation.

6.1 Consultation activities

Consultation activities	Frequency, numbers, format
Affected hospital services	We will work directly with specific services affected by the proposals to promote the consultation to their staff and patients. Activity will include exploring adding information to outpatient appointment letters encouraging patients to get involved in the consultation, the use of staff and patient groups and networks to disseminate information and making flyers and posters available for hospital waiting areas, highlighting where printed and virtual consultation documents and resources can be found.
Public events – in person and online	We are planning a combination of virtual and face-to-face sessions (the exact number, frequency, and locations are set out in a detailed delivery plan and will be publicised widely). We anticipate our public events will include: • face to face public listening events across the impacted geography. Events will be held across different days and times of days including daytime and evening. Numbers will be limited with attendees required to register in advance. Anyone who has already attended one event and wants to attend another (they will all have the same content and format) will be asked to join a waiting list to give others the opportunity to register first, to ensure that as many different people as possible have the opportunity to attend • online public listening events – similar in content and format to the face-to-face meetings providing opportunities for patients and members of the public, to hear about the proposals from clinical and other leaders of the programme, and to discuss the proposals in small groups with their views captured for the programme leaders to hear and understand different viewpoints. • drop-in exhibitions and unstaffed roving exhibition displays to raise awareness and provide information about the proposals • details of all events will be available on the Hampshire Together consultation webpages and publicised through media, social media, and other channels.

Consultation activities	Frequency, numbers, format
Focus groups	Dedicated online discussion groups commissioned from an independent research agency with up to 10 agency-recruited attendees per group. The groups will include a structured presentation and discussion with a specific remit to collect feedback from the general public, as well as patients, carers and relatives of services affected, from people in different geographic areas and seldom heard/protected characteristic groups. They will include: • Public focus groups x5 – representative of the public and different geographic locations • Equalities focus groups x4 – focused on socioeconomically deprived communities, young people 16-24, disability, and race and ethnicity We will also hold x4 facilitated discussions at pre-existing forums/network meetings, focusing on: sexual orientation and trans, pregnancy/maternity, children under 16, and people with disabilities or different ethnicities
Telephone surveys	Structured discussions (500 target) to capture responses from a representative sample of the public. To be commissioned from an independent specialist research agency.
Patient/community group visits and online events	Information provided so these groups can promote the consultation amongst their members. Attending, by invitation, existing meetings of established patient/community groups, particularly those groups that represent people identified as having protected characteristics. For example, age, disability, trans, race, religion or belief, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity. These will involve a structured presentation and discussion. We will also work with all councils (via the communications task and finish group) to ensure we are utilising their channels and all the community groups and networks they engage with locally. Offer to support each council with core information and materials to organise and host a presentation and Q&A session for their local groups – and providing any follow-up materials required to share with members.
Local community and resilience groups and networks	We will work with these groups and networks to share information and promote the consultation with some

Consultation activities	Frequency, numbers, format
	traditionally harder to reach audiences and vulnerable and other groups.
Hospital site display stands	A display to rotate around main sites/services during the consultation period to engage patients and hospital staff.
HHFT staff events	HHFT's communications team will co-ordinate staff events, information provision, and discussions to encourage responses from staff on the proposals for change and the consultation options
ICB staff events	The ICB's communications team will co-ordinate internal events, information provision, and discussions with ICB staff. They will also facilitate sharing of consultation information with primary care teams across the geography.
South Central Ambulance Service (SCAS) staff events	SCAS' communications team will be provided with information and materials to promote information about the consultation and associated activities to encourage their staff to engage and respond to the consultation.
Other NHS providers staff events	NHS communications teams will be provided with information and materials to promote the consultation and associated activities to encourage their staff to engage and respond to the consultation.
County, city, district and borough council staff	Local authorities' communications teams will be provided with information and materials to promote the consultation and associated activities to encourage their staff to engage and respond to the consultation.
Councillor and MP briefings	Presentations to bespoke and existing meetings including: • JHOSC • Health and Wellbeing Boards. We will offer briefings to council meetings at county and district/borough/city level (in addition to formal updates to JHOSC). We will keep local HOSCs in the catchment geography informed, as well as consulting directly with the JHOSC Parish/town council presentations/briefings on request. We will continue to provide 1-2-1 and/or group briefings for MPs. All of these can be offered virtually or face-to-face.

Consultation activities	Frequency, numbers, format
Focussed stakeholder workshop	Half-day workshop with informed representatives of key equalities groups and other important community and voluntary stakeholders (e.g. Healthwatch, MIND, CAB, CVS representatives etc.)

6.2 Staff engagement

The proposals we will be consulting on affect a wide range of staff and professional groups and we will ensure that all voices from 'board to ward' are heard. All staff in health and care across the consultation geography will be asked to feedback into the consultation through the main survey and contact points, rather than having a staff specific survey. We will ensure that a variety of engagement methods are available so that staff can contribute within their professional and personal lives.

We are committed to ensure staff, particularly those staff who may be directly affected by the proposals, hear about them through us first. This is vital if we are to show consideration and respect and builds on the way we have involved staff in the design and development of the proposals as the programme has progressed.

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

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

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

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

Staff events

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

The aims of the events will be to:

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

Line manager support materials

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

Existing internal communications channels

Intranets, newsletters and bulletins, staff briefings and existing meetings will all be used to engage with staff. For example, Hampshire and Isle of Wight ICB's Stay Connected App, all-staff ICB briefing meetings, and HHFT's weekly Q&A sessions, Facebook staff group and Trustnet.

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

Hampshire Together ambassadors

Hampshire Together ambassadors are named individuals providing the link between staff in their departments/wards/areas and the Hampshire Together Programme. The aim is for each department, both clinical and non-clinical at each Hampshire Hospital site, to have a named ambassador. The key role of the ambassadors is to be a point of contact for those that they work alongside, answering and escalating questions, as well as passing on suggestions and concerns.

Speakers' bureau

Approximately 100 staff from across the health and care system have signed up to support awareness raising and signpost to more information about the consultation.

6.3 Consultation materials

Accessible and inclusive consultation materials

We will endeavour to prepare all our public facing consultation materials in straightforward, jargon-free language. We will continue to work with patient and public representatives (including our Readers' Panel, Healthwatch Hampshire and others) as part of our drafting and testing process to make sure materials are clear and easy to read.

An exception to note will be the necessary technical content of the detailed pre-consultation business case, its appendices, and supporting information. Whilst this will be a publicly available document, it is a technical document for an informed audience and parts of it may not be easily digestible for the public. If people raise questions about the content of the PCBC we will endeavour to explain specific points in simple terms as part of responding to correspondence during the consultation.

Produce an 'easy read' summary consultation document

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

Visual and hearing impairments

Braille, British Sign Language video, small and large text, and audio versions of the main consultation document will be made available on request.

Foreign language translation and interpreting

We are aware that not everyone speaks English and will offer translations of our core materials on request. This will be noted on key documents in the 10 top languages used across Hampshire. We will also alert relevant community groups of the availability of alternative language and format versions.

Summary of materials

Materials	Detail
Technical documents	
Pre-Consultation Business Case (PCBC)	The consultation document is the accessible version of the PCBC which the majority of respondents will use to inform their response during the consultation period. However, those wishing to view the technical detail will be able to do so in the PCBC which will also be made available.

Integrated Impact Assessment (IIA)	The IIA assesses the impact the proposals will have on local communities and will also be available for review.
Core documents	
Consultation activity overview	One-page overview of key activity over the 12-week period for use with key stakeholders – MPs, councillors, system partners etc – to give a headline update on our plans
Main consultation document	Content and format to be developed with patient and public representation (via the Programme's Readers' Panel) and in discussion with members of the JHOSC, Healthwatch Hampshire and NHS England
Summary consultation document	A5 document explaining core points of the proposals and consultation options, providing links to further information and events, and encouraging responses
A5 Flyers	Flyers for easy and effective distribution will be an important element of our consultation collateral, used across a wide range of audiences and locations. They will publicise the consultation and signpost to more information and how to respond
Consultation questionnaire	Questions to be developed with support from expert external researchers. There will be online and printed versions of the core consultation questionnaire
Alternative formats	Easy read version of summary leaflet published online, and links cascaded to stakeholders. Braille, British Sign Language video, small and large text, audio, translations, or other alternative formats will be developed on request
Material for online/public events and dissemination via groups and networks	
Consultation webpages	Dedicated section of Hampshire Together website linked from ICB, HHFT and partner websites, including neighbouring partners. Providing all relevant documents, details of public meetings, feedback options, news updates, questions and answers, patient scenarios etc
Exhibition panels	Development of standalone exhibition panels for drop-in events and for displays across different NHS sites (and potential third-party sites)
Video	Video covering headline narrative and urging people to get involved Potential also for video interviews with key clinical spokespeople to help engage our target audiences, disseminate key information, share understanding and encourage responses to the consultation

Animation	Short animation with summary of overall proposals and encouraging people to find out more and respond to the consultation
Digital display screens/screen savers	We will develop slides for display on digital screens in waiting areas at hospital and GP surgeries and for screen savers
Core presentation	We will develop a core presentation for use at public and staff events, focus groups, council meetings, stakeholder briefings etc
Frequently Asked Questions	We will draft FAQs for consultation launch and add to them as appropriate during the course of the consultation
Fact sheets	We will provide a series of factsheets with more information on topics of interest – for example, travel and access, site option development, financial information etc
Printed information/display material	
Pop-up banners	For display at hospital sites and use at events
Posters (A4 and A3 format)	For display at hospital sites, GP surgeries, libraries, town halls, community centres, job centres etc. Full list of distribution to be confirmed following further review of opportunities with private organisations such as supermarkets
Patient information	Hampshire Hospitals will use their existing channels to raise awareness of the consultation period and to encourage engagement and responses to the consultation. This will include posters and leaflets being made available for those patients from across the region and country who have appointments for the Trust's specialist services during the consultation period.
Social media	
Social media posts across all ICB/Trust used platforms	Regular promotion through social media accounts of Hampshire Together, HHFT, ICB, and partners, to promote key messages and encourage responses to the consultation
Partner/stakeholder publications	
Articles for editorial in local publications (x3)	We will develop a series of articles to send to existing publications including council (county, city, district, borough, town/parish) newsletters and magazines, ICB health networks, NHS trusts, GP patient participation groups, Healthwatch, voluntary sector etc
Paid media advertising	
Newspapers	We will place a series of adverts across north and mid Hampshire titles through the consultation period to raise awareness of the consultation and how to find out more
Radio	We will buy radio advertising on Hampshire's stations ensuring the advert is repeated at times throughout the

	consultation. It will raise awareness of the consultation and how to find out more
Social media paid for/boosted posts	Knowing this provides a good return on investment we will allocate some budget to boosting social media posts particularly on Facebook over the course of consultation. Targeting audiences by geography and demography as needed
Pubs, community centres, high traffic community areas (including commercial and retail environments if possible and appropriate) and pharmacies	See information in 'printed display material' section. We will monitor the areas of highest footfall and activity and explore opportunities to make information available. This might include local commercial and retail areas and establishments. We will also seek advice from representative organisations to help inform the best ways of reaching their communities
Media releases/interviews	
Print, online and broadcast media	We will develop options announcement and consultation launch media releases – and seek to secure broadcast interviews during the consultation to raise awareness and encourage feedback. We will also provide reactive responses to media queries raised throughout the consultation

6.4 Media approach

We will work proactively with the media during the consultation. This area has a diverse range of media outlets, from 'ultra-local' publications to wider Hampshire and the Isle of Wight focussed broadcast, print and online news outlets. All are important in informing, shaping, and reflecting public perception and reaction to proposed health and care changes. We will work with the media to communicate key messages for the consultation and to signpost more detailed information to the population in the consultation geography, and wider in surrounding areas. We will identify appropriate editorial opportunities.

We will issue media releases (and articles) to local newspapers, local radio, and community magazines (including newsletters produced by residents' associations, parish, borough, district, city and the county councils, community, faith and voluntary groups etc). We will use social media and other online and digital channels as another route to engage people in our consultation.

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

- work closely with local journalists and ensure they are fully briefed on the reasons for the consultation, the options we are consulting on, and why local clinicians believe the proposals for change will improve services and meet the challenges and opportunities described in our Case for Change

- establish a media programme of promoting agreed consultation messaging backed up and brought to life through case studies, and facilitating interviews with key clinicians involved in the development of the proposals
- provide clinical spokespeople wherever possible to explain the reasons for change and our proposals – exploring the idea of radio 'phone-ins' with local people to facilitate 'real time' engagement with the programme's clinical leaders
- invite members of the media to appropriate consultation events and meetings, to maintain transparency throughout the process
- work with communications teams at partner organisations to make sure messages are consistent
- work closely with communications colleagues in NHS England to ensure they are aware of the consultation activity with the media, and to maintain a 'no surprises' approach, working through and with agreed media relations protocols
- respond to all media enquiries in a timely and helpful manner
- regularly monitor the media and ensure that inaccurate information is rebutted quickly
- evaluate all media coverage to assess its reach, impact, and effectiveness, adapting our approach as appropriate.

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

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

- all local newspapers
- professional journals such as Health Service Journal, Pulse, Hospital Doctor, Nursing Times, Nursing Standard and GP magazine.

During the consultation period, we expect extensive reactive media work alongside our planned and proactive media and social media activity. We will seek to ensure that messaging on the wider aspects of improving local care and working in a more joined-up, integrated way are covered alongside responding to issues focused on the hospital services and new hospital site options – so that we are telling the 'whole story' for patients, carers, and the public.

6.5 Activities and materials for audiences outside north and mid Hampshire including regional specialist services

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

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

We will target users, and patient groups representing users, of these specialist services as part of our consultation activity to inform them and to make sure they have an opportunity to comment on proposals. We will provide information about the consultation and invite them both to respond and to cascade information to their local networks. Face-to-face and virtual meetings and briefing sessions will be offered on request.

7 Distribution channels

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

We have reflected on the impact of the pandemic in distributing materials to people and believe that it is once again effective to use a broad range of physical locations (libraries, GP surgeries, schools etc) as outlets for consultation information.

We will work with local councils via the communications task and finish group to seek to incorporate messaging about the consultation on any leaflet drops and hard copy or electronic mailshots they are organising.

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

7.1 Digital distribution

Channels	Materials
Websites	We will use a section of the Hampshire Together website as our online consultation hub. www.hampshiretogether.nhs.uk/ The online consultation hub will host all consultation information in one place, with quick links on every page to clearly highlight key documents and online feedback channels. It will also include an events diary and document store including the more technical pre-consultation business case document and appendices. The ICB's and HHFT's websites will highlight the consultation and direct people to the relevant section on the Hampshire Together website. Other NHS and health and care partners will be invited to do the same.
Email bulletins/stakeholder updates	We will issue updates through the consultation period (start, middle and end) to our stakeholder list. This will directly reach key stakeholders and individuals including: district, borough, city and county councillors, parish council central contacts, MPs, and a wide

Channels	Materials
	range of patient and public representatives and voluntary/community groups. We will also invite other stakeholders and interested parties to sign-up to receive regular communication through these updates, the Hampshire Together website and other communications activities. Hospital providers and partners including Healthwatch Hampshire will be asked to cascade the bulletins on to their wider distribution lists. We will also provide content about the consultation for our partners to include in their own e-bulletins/newsletters during the consultation.
Social media	Twitter and Facebook will be used to keep online stakeholders informed, and to signpost and facilitate discussion, during and after the consultation period. The existing Hampshire Together accounts will be the main channel; with links made with accounts run by the ICB, HHFT and other partners to support this effort. We will use paid advertising on social media to promote the consultation to people within the consultation catchment area.

7.2 Physical distribution

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

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

Location (sites in north and mid Hampshire)	Materials (per site)
Leaflet drop to targeted groups	Flyers – (number tbc)
Flyer inclusion with supermarket deliveries, distributed to shops, facilities and premises in areas with high footfall (retail and commercial) – tbc, ideas being explored, subject to agreement	Flyers – (number tbc)
Supermarkets (tbc)	Summary document/flyers (numbers tbc) Posters (1)
Post offices (tbc)	Summary document/flyers (numbers tbc) Posters (1)
Schools/colleges (tbc)	Summary document/flyers (20) Posters (7)
Universities	Summary document/flyers (50) Posters (10)

Location (sites in north and mid Hampshire)	Materials (per site)
Hospitals (3) – Basingstoke, Winchester, and Andover	Main consultation doc. (number tbc) Summary document/flyers (number tbc) Posters (number tbc) Pop-up banners (4)
Community hospitals/health centres (tbc)	Main consultation doc. (10) Summary document/flyers (100) Posters (4) Pop-up banners (1)
General practice (tbc)	Summary document/flyers (50) Posters (2)
Pharmacies (tbc)	Summary document/flyers (25) Posters (1)
Libraries (tbc)	Main consultation doc. (10) Summary document/flyers (50) Posters (1)
Town halls (tbc)	Summary document/flyers (50) Posters (2)
Leisure/sports centres (tbc)	Summary document /flyers (20) Posters (2)
Job centres (tbc)	Summary document /flyers (20) Posters (2)
Children's centres (tbc)	Summary document /flyers (20) Posters (2)
Foodbanks and community stores (tbc)	Summary document /flyers (20) Posters (1)
Citizens Advice (tbc)	Summary document /flyers (20) Posters (1)
Local volunteer/ community groups (tbc)	Summary document /flyers (20) Posters (1)
ICB offices (2)	Main consultation doc. (10) Summary document /flyers (25) Posters (4)
Healthwatch offices (tbc)	Main consultation doc. (10) Summary document /flyers (25) Posters (1)
Public consultation events (public listening events, drop-in exhibitions meetings)	Main consultation doc (10) Summary document (50) Pop-up banners (2 used for all events)
Pop-up stands	Summary consultation documents (50) Flyers (200)

8 Collecting responses

We will provide the following mechanisms for people to respond to the consultation:

- a questionnaire with specific questions about the options and proposals for change (print, online)
- freepost address
- email address
- phone line/voicemail
- telephone polling
- targeted focus groups
- online listening events - including Zoom/Teams meetings with key spokespeople
- physical in person listening events in accessible locations and venues where people will feel confident about attending
- targeted outreach work through voluntary and community groups and organisations to reach seldom heard audiences and those with protected characteristics.

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

9 Analysis of consultation responses

9.1 Mid-consultation

Throughout the consultation period we will monitor responses to identify any demographic or other trends which may indicate a need to adapt our approach regarding consultation activity or refocus efforts to engage a specific group/locality.

9.2 Post-consultation

In line with best practice for a consultation of this nature we will commission an independent research/engagement organisation to analyse the responses and produce a non-biased objective report summarising all feedback. The independent report will identify trends and themes from the consultation responses. Hampshire and Isle of Wight Integrated Care Board will consider the consultation feedback in full and decide what actions need to be taken in response.

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

Individuals' comments provided to the independent organisation will be anonymised with the exception of social media posts where people have already accepted they are publishing comments attributable to their social media account. Attributable organisational and elective representative responses will also be published as part of the post consultation reports.

10 Impact of consultation on outcomes and decision-making

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

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

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

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

After the consultation has closed, an independent report will be produced for consideration by Hampshire and Isle of Wight ICB and published for consultees and the wider public. The consultation team will also publish a formal response and activity report for the public consultation. Based on best practice guidance, this report will include the following information:

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

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

11 Measure of a successful consultation

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

- the depth and breadth of responses/feedback on the proposals
- the targets for reach set out in this plan

- feedback from respondents on the process of the consultation, including their views on how the consultation has been conducted and feedback from JHOSC, Healthwatch, and NHS England post consultation
- whether we meet our statutory and legal duties associated with consultation.

12 Resourcing plan

To deliver an effective best practice consultation we will commit sufficient resources, including internal staff, specific expertise from external agencies, and a non-pay budget for a range of essential expenditure.

It is recommended that investment is secured so that the process may be run properly, effectively, and robustly. An effective consultation will produce rich feedback and insights to improve the overall quality of decision-making and service design, and in turn, the quality of patient outcomes and experience in the future.

12.1 A dedicated consultation team

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

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

- clinical leaders from Hampshire and Isle of Wight ICB and locality teams, HHFT, and with some support from SCAS
- executive and programme leaders from Hampshire and Isle of Wight ICB and HHFT
- project management office and administrative support.

We have also sought assurance from The Consultation Institute in quality assuring the consultation, which includes this plan.

12.2 Non-pay resources

Using experience our team has from working on other similar consultations and activity as a realistic benchmark, plus supplier quotes, we have identified outline costs for non-pay materials and resources, ranging from design of, typesetting and printing documents and designing and producing other collateral, distribution, and advertising, to venue hire and independent analysis of consultation responses. These have informed the non-pay budget for this consultation.

13 Conclusion

Our consultation plan seeks to set out how we will deliver a best practice consultation and fulfil our statutory consultation duties. We will make the most of appropriate technologies, methodologies, and mechanisms to respond to the changing face of consultation, engagement, and involvement work. We will use face-to-face and digital/virtual methodologies to make sure we have effective ways to communicate, engage and consult with a wide spectrum of groups and individuals on our options for change.

Once consultation is underway, we will maintain a flexible approach to assessing the effectiveness of the activities identified in this plan and will amend our approach as appropriate. Significant changes to the approach would be discussed and approved through the programme governance, and briefings provided to scrutiny committee colleagues and NHS England.

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

14 Appendix A – Consultation principles and statutory duties

14.1 Our consultation principles

Consulting with people who may be impacted by our proposals

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

Consulting in an accessible way

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

Consulting well through a robust and fair process

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

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

Consulting collaboratively

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

Consulting cost-effectively

- We will assign an appropriate budget to enable an effective consultation and will strive to ensure our consultation budget is spent wisely and used effectively in terms of reach and response, delivering good value for money throughout. Some costs will be increased as a result of the way preferences have changed because of the pandemic, for example, providing opportunities for face-to-face public listening events across the geographical patch as well as virtual ones.

Independent evaluation of feedback

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

14.2 Statutory duties and legislation

This consultation plan has been designed to ensure we deliver effective patient and public engagement, involvement, and consultation as part of our obligations and legal duties. The main areas for consideration are:

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

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

operate.

- **Section 244** requires NHS bodies to consult relevant local authority Overview and Scrutiny Committees on any proposals for substantial variations or substantial developments of health services. This duty is additional to the duty of involvement under section 242 (which applies to patients and the public rather than to Overview and Scrutiny Committees).

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

- **Section 14T** requires commissioners to have regard to the need to reduce health inequalities between patients in access to health services and the outcomes achieved. The commissioner will need to show that it has had due regard to this in its decision-making on any service change proposals.

The Health and Care Act 2022

- Introduced the new 'Triple Aim' duty
- Extended the requirement for those to be involved to include individual's carers and representatives (if any)

The new 'Triple Aim' duty required NHS bodies to have regard to 'all likely effects' of their decisions in relation to:

1. Health and wellbeing for people, including its effects in relation to inequalities
2. Quality of health services for all individuals, including the effects of inequalities in relation to the benefits that people can obtain from these services
3. The sustainable use of NHS resources.

The Equality Act 2010

Requires the NHS to demonstrate how it is meeting the Public Sector Equality Duty, and how it takes account of the nine protected characteristics of: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The Data Protection Act 2018

Controls how people's personal information is used by organisations, businesses or the government, and is the UK's implementation of the General Data Protection Regulation (GDPR).

The Act sets out how everyone responsible for using personal data has to follow strict 'data protection principles', including that it is used fairly, lawfully, and transparently for specified, explicit purposes. There is stronger legal protection for more sensitive information, such as people's race, ethnic background, or religious beliefs.

Information collected as part of the consultation will be kept for no longer than is necessary.

The Freedom of Information Act 2000

The Freedom of Information Act 2000 provides public access to information held by public authorities.

It does this in two ways:

- public authorities are obliged to publish certain information about their activities; and
- members of the public are entitled to request information from public authorities.

The Act covers any recorded information that is held by a public authority in England, Wales and Northern Ireland, and by UK-wide public authorities based in Scotland.

Recorded information includes printed documents, computer files, letters, emails, photographs, and sound or video recordings.

The Public Services (Social Value) Act 2012

Requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits.

The Act helps commissioners get more value for money out of procurement. It also encourages commissioners to talk to their local provider market or community to design better services, often finding new and innovative solutions to difficult problems.

The 'Gunning Principles'

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

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

The Gunning principles are that:

(i) consultation must take place when the proposals are still at a formative stage
(ii) sufficient information must be put forward for the proposal to allow for intelligent consideration and response
(iii) adequate time must be given to consultees for consideration and response; and
(iv) the product of consultation must be conscientiously considered by decision-makers.

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

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

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

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

14.3 Defining service change

Broadly speaking, service change is any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered. There is no legal definition of 'substantial development or variation' and for any particular proposed service change, commissioners and providers should work with the local authority or local authorities' Health Overview and Scrutiny Committee (HOSC) to determine whether the change proposed is substantial. If the change is substantial, it will trigger the

duty to consult with the local authority under the s.244 regulations. It is this that can trigger a referral to the Secretary of State and the Independent Reconfiguration Panel.

Public consultation, by commissioners and providers, is usually required when the requirement to consult a local authority is triggered under the s.244 regulations because the proposal under consideration would involve a substantial change to NHS services. Change of site from which services are delivered, with its consequent impact on patient, relative and visitor travel times, even with no changes to the services provided, would normally be a substantial change and would therefore trigger the duty to consult the local authority and would be likely to require public consultation. Decommissioning a service could also be a substantial change. Tendering a service by itself is unlikely to be a significant change unless the new service specification will provide a substantial change in service.

14.4 Learnings from the Independent Reconfiguration Panel

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

1. Are not satisfied with the adequacy of content or time allowed for consultation with itself (not wider consultation with patients, the public and stakeholders)
2. Have *not* been consulted, and are not satisfied that the reasons given for not carrying out consultation are adequate
3. Consider that the proposals would not be in the interests of the health service in its area.

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

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

- inadequate community and stakeholder engagement in the early stages of planning change
- the clinical case has not been convincingly described or promoted
- important content missing from reconfiguration plans - local communities want to know what services will be provided, where and how they will access them
- mixed messages about clinical issues – if doctors in an area publicly disagree, their patients are entitled to be sceptical about proposed changes
- clinical integration across sites and a broader vision of integration into the whole health community has been weak

- proposals that emphasise what cannot be done and underplay the benefits of change and plans for additional services
- important content missing from reconfiguration plans and limited methods of conveying information
- health agencies caught on the back foot about the three issues most likely to excite local opinion – money, transport, and emergency care
- inadequate attention given to the responses during and after the consultation.

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

15 Appendix B – Developing our consultation plan

15.1 Internal development and sign-off

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

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

- **Communications and Engagement Steering Group**
  The group reviewed the updated draft consultation plan in June and July 2022. The group will do a further final review of the consultation plan as part of the governance ahead of Hampshire and Isle of Wight ICB's decision to launch consultation.

- **Hampshire Together Programme Steering Group (previously System Steering Group)**
  The group reviewed the draft consultation plan in November 2020 as part of reviewing the overall PCBC prior to submission of the draft PCBC to NHS England. The group reviewed an updated consultation plan in June and July 2022. The group will do a further final review of the consultation plan as part of the governance ahead of Hampshire and Isle of Wight ICB's decision to launch consultation.

- **Hampshire and Isle of Wight Integrated Care Board**
  The Hampshire and Isle of Wight Integrated Care Board as the decision-making body for the Hampshire Together consultation programme, will consider this plan as part of their 'decision to consult' meeting [timing tbc]. Members will have been briefed on the planned approach ahead of this meeting and given opportunity to comment on the development of the plan.

15.2 Patient and public advice

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

15.3 Healthwatch

Healthwatch Hampshire are members of the Patient and Public Advisory Group and work in partnership with the MoHHS team. These, and other, meetings create a forum for

Healthwatch to provide robust positive challenge, suggestions, and ideas to contribute towards a positive engagement and consultation process. This is in line with their statutory role as a consumer voice for health and social care.

As a specific piece of work, we asked Healthwatch to review a draft of this plan and received their feedback in April 2021 and we are asking them to review it again before consultation. We thank them for their support and scrutiny of our communications, engagement, and formal consultation plans during the different phases of the MoHHS programme.

15.4 The Consultation Institute

The MoHHS programme commissioned the Consultation Institute to provide additional scrutiny and assurance to the public involvement and consultation elements of the programme. The Consultation Institute reviewed this consultation plan in September 2023 and provided helpful feedback and assurance.

15.5 Joint Health Overview and Scrutiny Committee (JHOSC)

Hampshire County Council and Southampton City Council previously agreed that the proposed changes put forward as part of the MoHHS programme would be substantial and therefore formed a joint committee, with Surrey County Council attending as standing observers. All of the other authorities in the catchment and/or potentially impacted by the proposals for a new hospital and changes to the way services could be delivered, declined the opportunity to be involved.

The JHOSC has been kept regularly briefed and updated on the progress of the MoHHS programme.

We discussed the draft consultation plan with the JHOSC in December 2020. The plan was updated and taken to JHOSC in March 2021 and was unanimously supported. The plan has been updated again and will be taken to JHOSC in October 2023. As part of the formal consultation, we will also consult directly with the JHOSC on the proposals themselves.

15.6 NHS England

The communications and engagement team for NHS England South East have reviewed and commented on our consultation plan as we have developed it and have continued to have further input and review as part of the overall PCBC submission and NHS England assurance at key points in the process. A comprehensive and robust plan for consultation is one of the requirements for a successful 'Stage Two Gateway' assurance conducted by NHS England.

15.7 Department of Health and Social Care/NHS England

As part of the New Hospital Programme process, communications supporting the national New Hospital Programme will be invited to review and comment on our consultation plan. It

will continue to have further input and review as part of the overall submission of the pre-consultation business case and assurance for investment.

16 Appendix C – Activity plan for the consultation period

The table below provides a provisional timetable for core consultation activity. To support the communications activity during the consultation period, we have developed nominal 'themed' weeks during the consultation period to allow focus on specific areas such as urgent and emergency care, maternity, paediatric services, and so on, through developed content for media, and social media. The benefit of this approach is that it provides a 'hook' or platform for communications activity and gives an additional opportunity for messaging to be targeted more effectively at specific groups and audiences. Messages about how the proposals relate to specific services or groups can be given greater clarity and profile. This is only an approach for proactive communications work and flexibility will be built in. It is important to note that in terms of the core consultation events and public meetings through the period, the consultation proposals and options will be discussed and considered in the round – the same content and format will be delivered throughout all these meetings to make sure that those engaging with the consultation have access to the same core information and discussion points.

Our current timescales anticipate a launch of formal public consultation [timing tbc] running for an anticipated 12 week period.

Once consultation is underway, we will review and amend our approach as appropriate, and specifically will look to respond to any findings where further activity may be needed following a mid-point review.

Consultation phase	Activity summary tbc
Preparation for formal consultation	• Development and final sign off for all pre-consultation and tier 1 materials and preparation ready for printing, production, and distribution • Planning and booking advertising for consultation publicity • Planning and booking of consultation events – both physical and virtual • Preparation of consultation online on Hampshire Together website • Final development of distribution list for print and electronic delivery of consultation materials • Establish process for providing consultation materials in alternative formats/languages
Pre-launch of formal consultation	• Ongoing stakeholder engagement to ensure there are no surprises with key audiences such as MPs, councillors, staff, and patient representative groups to ensure widespread understanding of the consultation when it happens (share consultation activity overview) • Informal meetings with staff who may be directly affected by the proposals (including staffside/trade unions)

Consultation phase	Activity summary tbc
Launch day	• Publication of virtual and face-to-face venues/timings of key public meetings running during consultation period • Print and distribution of hard copy materials (note: print and distribution of these materials may commence after launch although electronic versions will be immediately available) • Online publication of consultation document, core consultation materials and response questionnaire • Media and stakeholder launch – this may be physical or virtual • Media release issued to local and regional media • Launch communications to full stakeholder list (including staff) announcing consultation launch and linking to online materials including details of public events

Weeks 1-12	• Residents survey - telephone polling undertaken representative of the general public (weeks tbc)
	• Print advert (in local papers), and radio campaign (weeks tbc)
	• Social media advertising to promote consultation (weeks tbc)
	• Display stands (pull-up banners and summary consultation documents) in place at hospital sites (Basingstoke, Winchester and Andover) (weeks 1 to 12)
	• Poster advertising (weeks 1-12)
	• Focus groups (virtual) (weeks tbc)
	  ○ Representative of the public and different geographic locations
	  ○ Equalities focus groups – deprivation, young people 16-24, disability, and race and ethnicity
	  ○ Equalities meetings, facilitated discussions at 4 existing meetings – sexual orientation and gender reassignment, pregnancy/maternity, children under 16, people with disabilities or ethnic backgrounds tbc
	• Equalities meetings – facilitated discussions at 4 pre-existing meetings (sexual orientation and gender reassignment, pregnancy/maternity, children under 16, potentially some disabilities and/or ethnicities)
	• Stakeholder workshop c15-20 attendees with informed representatives of key equalities groups and other important community and voluntary stakeholders (e.g. Healthwatch, MIND, CAB, CVS representatives etc)
	• Attendance at existing meetings of stakeholder groups (virtual and face-to-face) (weeks 1-12)
	• Health and care staff events (virtual and face-to-face) (weeks 1-12)

Consultation phase	Activity summary tbc
	• Consultation mid-point review slide pack – JHOSC, ICB, trust boards, VIP stakeholders, Programme Steering Group • Majority of public events held (weeks 2-12) • Mid-point media release, social media, and website update to encourage further editorial coverage of the consultation (in addition to paid advertising) • Review of engagement and feedback from seldom heard/protected characteristic groups to confirm if further targeted activity is needed (week 11) • Email and telephone reminders to key partner/stakeholder organisations encouraging submission of formal responses to the consultation (week 11) • Consultation closing messages – press release, social media, website update, stakeholder letter to encourage responses before consultation closes (week 12)
Consultation close	• Removal of consultation displays from hospital sites (end of week 12) • Update Hampshire Together website to confirm consultation closure (end of week 12) • Closure of online questionnaire (end of week 12) • Email to partners where hard copies of consultation materials were delivered requesting displays to be removed (end of week 12) • Media release and stakeholder letter with high level summary of consultation activities and details of next steps to analyse and publish results (weeks 13/14)
Post consultation	Independent analysis of consultation feedback and drafting of reports

17 Appendix D – Consultation materials list

The following materials will be developed to support the consultation period.

Pre-consultation materials

- Core narrative and messaging
- FAQs and Lines to Take
- Options infographics
- Options announcement press release
- Options announcement staff letter
- Options announcement stakeholder letter
- Options announcement VIP calls speaker notes
- Options announcement slides for stakeholder and media briefings
- Options announcement social media
- Update website to reflect latest position/content

For consultation launch day – core content for consultation (tier 1)

- Consultation document
- Consultation questionnaire, including demographic section
- Summary consultation document
- Easy Read consultation document
- FAQs (also covering finance, environment, digital, learning Covid etc)
- Lines to take
- Core slide deck (for virtual listening, staff and patient and voluntary organisation presentations)
- Update website to reflect latest position/content

- Media trained spokespeople and trained speakers' bureau representatives

For consultation launch day - consultation promotional materials (tier 1)

- Poster
- Flyer A5
- Pull-up banner
- Screen saver
- Consultation launch press release
- Launch stakeholder letter
- Launch staff letter
- Launch social media
- Print and radio adverts – tbc
- Launch and ongoing social media visuals promoting people to 'get involved' in the consultation – and ongoing promotion of events
- Short video introducing consultation, headline narrative and urging people to get involved (for website and social channels)

Additional core content – asap after consultation begins (tier 2)

- Animation
- Exhibition panels (for drop-in exhibitions and unmanned exhibitions)
- Public and staff listening events topic table summary and questions slides (2-slides each table)

In consultation content development (tier 3)

- VIP written update briefing/letter (middle and end consultation)
- JHOSC (and adapt for other audiences – ICB, trust boards, VIP stakeholders, Programme Steering Group) mid-point review slide pack (week 8)
- Update FAQs and LTT with any relevant questions (ongoing)
- Mid-point media release, social media, website update, stakeholder letter/bulletin
- Consultation closing messages – press release, social media, website update, stakeholder letter/bulletin
- Weekly social media content (developed a week prior to the week it is being used)
- Articles x3 to be distributed for editorial in local publications

Supplementary (tier 4)

- Interview with clinical lead for each core clinical area (video and write-up) alongside relevant patient story (note would already be produced in consultation document) for website and released to media (programme based on detailed consultation schedule)

Appendices in consultation document (which can be used as factsheets)

- Appendix A: Options development (including site options)
- Appendix B: Patient stories
- Appendix C: Travel and access
- Appendix D: Glossary

[DN: It is recommended that factsheets are not developed for every topic – main areas of focus for consultation will be in the Consultation Document and appendices, with further detailed information in the PCBC and IIA for those interested. Some questions lend themselves to a high-level response in FAQs rather than factsheets (environmental impact, impact on local economy, digital innovation etc). Factsheets will be developed if necessary, during the consultation period]

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