



IMPROVING HEALTHCARE TOGETHER 2020 - 2030

Consultation Plan

Surrey Downs, Sutton and Merton Clinical Commissioning Groups (CCGs)

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1. Purpose of this document

The purpose of this draft document is to describe Merton, Sutton and Surrey Downs Clinical Commissioning Groups (CCGs) approach to communications and public consultation for reaching out to and engaging with key interest groups and the public. It also describes the timelines involved and resources required to deliver the plan for the period up to, during and after a formal public consultation.

Key interest groups include:

- Public, patients, carers and their representatives
- Partner organisations
- Community and voluntary sector organisations
- Healthwatch
- Seldom heard and equality groups
- Staff at the Epsom and St Helier University Hospitals NHS Trust (ESTH), the Merton, Sutton and Surrey Downs Clinical Commissioning Groups (CCGs) as well as other partner organisations
- Neighbouring CCGs and other local hospitals
- Local authorities
- MPs
- Improving Healthcare Together Joint Health and Overview and Scrutiny Sub-Committee

The draft plan aims to help people understand what to expect from the formal consultation, how they can have their say and how long the process will take.

This draft plan draws on feedback received to date from the public and key interest groups including, for example, our Stakeholder Reference Group and Consultation Oversight Group (please see section 7.1 on [our approach to developing the consultation plan](#)). Our consultation planning is an evolving process which we will continue to test with interest groups to inform our programme of engagement and ensure that our methods and approaches are inclusive and tailored to the people we want to reach.

2. Background to the Improving Healthcare Together 2020 to 2030 programme

The Improving Healthcare Together 2020 to 2030 programme (IHT) was set up by Surrey Downs, Sutton and Merton CCGs in January 2018 to find the best solutions for the long-standing issues at Epsom and St Helier University Hospitals NHS Trust (ESTH).

The three CCGs believe there is a compelling set of reasons why change has to happen now and these have been detailed in the programme's Issues Paper¹, published in June 2018, and the consultation document.

There are three main reasons why we have to change the way local NHS services are delivered:

1. Quality

¹ Improving Healthcare Together 2020-2030, Issues Paper, Available at:
<https://improvinghealthcaretogether.org.uk/document/issues-paper-june-2018/>

There are not enough specialist staff available to run key services at the levels set out in national standards for patient safety. Therefore, patients at Epsom and St Helier hospitals do not always receive the level of care that they need and deserve.

2. Buildings

The hospital buildings are very old and are not fit for delivering 21st century healthcare and there is a backlog of building repairs. The condition of the hospitals has been highlighted by the Care Quality Commission as requiring improvement.

3. Finances

As a result of the issues listed in 1 and 2, ESTH faces major financial challenges. It has identified an underlying financial deficit which is getting worse each year. This growing deficit is driven by unavoidable increases in costs for our clinical staff including temporary staff, increasing costs for estates maintenance and decreasing opportunities for changing the way we work. We need to change the way services are provided so we can afford to run our hospitals within the money we are given.

These challenges mean major changes are needed in how healthcare and hospital services are organised and delivered across Sutton, Merton and Surrey Downs.

IHT is working with ESTH to address these challenges around how to provide hospital services in the best way for the local population. Services must be provided in a way that meets all the required quality standards, in modern fit for purpose buildings so that local people have access to services that will improve healthcare now and for decades to come.

NHS Surrey Downs, Sutton and Merton CCGs are the NHS organisations responsible for the planning of health care services in the areas served by Epsom and St Helier University Hospitals NHS Trust. Together they are considering the proposed options for:

- Keeping the majority of services (known as 'District Hospital' services) local, at Epsom and St Helier hospitals in refurbished buildings with both hospitals running 24 hours a day, 365 days a year, with urgent treatment centres at each hospital
- Bringing together six core services for the most unwell patients on to one site in a state-of-the-art Specialist Emergency Care Hospital, located at Epsom Hospital, St Helier Hospital or Sutton Hospital, with Sutton Hospital as preferred option.

This would mean that Epsom Hospital and St Helier Hospital would still continue to run the 'District Hospital' services they do now including: urgent treatment centres, outpatient clinics, day case surgery, antenatal and postnatal clinics, chemotherapy, dialysis, beds for people who are medically stable, endoscopy, imaging and diagnostics.

What needs to change is those services where very sick patients, who normally arrive by ambulance, or patients who are at risk of becoming very sick are treated. These services are known as major acute services. Clinicians' view is that these services need to be delivered together to provide the quality of care local people deserve. Bringing acute services together into a new modern purpose built Specialist Emergency Care Hospital would involve the following services:

- **Major emergency department** for the sickest patients with life threatening conditions, including a specialist children's A&E
- **Acute medicine** for patients with the most urgent medical needs

- **Critical care** for the specialist care of patients whose conditions are life threatening and require constant monitoring – usually in an Intensive Care Unit
- **Emergency surgery** for patients requiring emergency surgical assessment, treatment and operations for conditions like severe appendicitis*
- **Births** – bring together in one place both a midwife-led unit and a consultant-delivered unit for more complex births, and also supporting as many women who choose to, to give birth at home
- **In-patient paediatrics or children's beds** - for children who need to stay overnight in hospital for treatment or observation.

The proposal is to bring these major acute services together into a new purpose-built acute facility which could be located on one of the three hospital sites - Epsom Hospital, St Helier Hospital or the Sutton Hospital site. The three CCGs have identified Sutton as the preferred option because it would deliver the most benefits to the greatest number of people across the three areas of Surrey Downs, Sutton and Merton.

The proposed new clinical model for how healthcare and health services could be organised together within the combined geographies of the three CCGs, and process for developing and assessing the proposed solutions have been detailed in our summary consultation document, available on the IHT website (visit www.improvinghealthcaretogether.org.uk and type 'summary consultation document' in the search box to get to the document).

In every one of the options considered, investments at both Epsom and St Helier Hospitals have been proposed to ensure the two sites are fit for purpose for the majority of people who will still use them. Also, in all of the options both Epsom and St Helier hospitals would have an urgent treatment centre. If the new Specialist Emergency Care Hospital is located at Sutton, there would be an additional urgent treatment centre based at Sutton.

These developments will cost around £500m and would enable the three CCGs to address the quality and estates issues, be able to attract and retain the staff needed, as well as generate efficiencies to close the financial gap the system is facing. The investment would also ensure that these hospitals remain within the areas of the three CCGs. Surrey Downs, Sutton and Merton CCGs have committed to ensuring that acute hospital services remain in their combined geography.

As the Government has confirmed that funding will be available, we are now seeking views on our proposals from patients, carers, community, voluntary and public sector bodies, parents and guardians, children and young people, elderly people, health and social care professionals on our proposals to bring these six services together on to one site.

More information on the purpose, aims and objectives of consultation, who are the consultors and target audience can be found in the consultation mandate (see [Appendix 1](#)).

No decisions about any changes to services will be made until after a full public consultation has taken place and all of the information, including the feedback from the consultation, has been considered by the Surrey Downs, Sutton and Merton CCGs in line with Gunning principle 4².

To successfully deliver this consultation approach, and the planned engagement, the IHT programme has identified a dedicated core team, focused largely on the planning and delivery of a

² Gunning Principle 4 states 'Conscientious consideration' must be given to the consultation responses before a decision is made

public consultation.

The team comprises of a:

- Programme Director
- Director of Communications
- Senior Programme Manager
- Senior Communications Manager
- Senior Engagement Managers (for each CCG)
- Social Media Manager
- Project Officer
- Two Project Assistants.

External expertise will support the delivery of consultation activities which have been procured in line with EU procurement rules.

From its outset, the programme established a robust governance structure to ensure any decision-making process is underpinned by recommendations made by various workstreams and supported by key stakeholders across the three CCGs areas.

The IHT governance process included groups and stakeholders such as the:

- IHT Programme Board
- Merton, Sutton and Surrey Downs CCGs Governing Bodies
- Programme Sponsors Group
- External Stakeholder Reference Group
- Consultation Oversight Group
- Clinical Advisory Group
- Finance, Activity and Estates Group
- Communications and Engagement Group
- Integrated Impact Assessment (IIA) Steering Group
- Transport and Access Working Group
- London and South East Clinical Senates
- NHS England
- NHS Improvement
- London Regional Executive
- The Consultation Institute
- Joint Health and Overview Scrutiny Sub-Committee
- Improving Healthcare Together Committees in Common.

More information on the IHT governance structure, purpose and outline of the programme's organisational chart can be found in [Appendix 2](#).

The three CCGs have formed 'Improving Healthcare Together 2020 to 2030 Committees in Common'. This is where the CCGs' leaders come together to agree proposals and make decisions about how Epsom and St Helier hospital services might change in the future.

This CiC arrangement is established to enable the participating CCG Committees to consider the same issues at the same time in relation to any significant change to the commissioning of acute services at Epsom and St Helier University Hospitals Trust.

Pending CiC's decision to proceed to consultation and approval of this consultation plan and proposed programme of activities, the consultation will begin on 8th January 2020 and conclude on 1st April 2020.

3. Findings from our engagement and pre-consultation activity

Our approach to consultation planning is based on work already carried out during the pre-consultation period of engagement which ran from 24th July 2018 and included:

A programme of early engagement on our case for change, vision and Issues Paper

Between 24th July and the 15th October 2018 a wide variety of activities were employed to gain views. These activities listed below:

- A Stakeholder Reference Group which met on six occasions (over 100 members involved including local authorities, campaign groups and housing associations – this forum was chaired by Healthwatch Sutton);
- 11 focus groups delivered through Healthwatch with people over 65, carers and young carers, people with learning impairments and black and minority ethnic communities (over 100 residents participated);
- 12 public discussion events (four held in each CCG locality);
- Six mobile engagement events held at community focal points in areas of high footfall to reach seldom heard groups and deprived communities;
- Online survey completed by over 200 staff;
- Six focus groups and six in-depth interviews with users of emergency care, maternity and paediatric services to seek feedback on the clinical model (56 parents and service users participated);
- Attendance at external forums including the Surrey Downs Participation Action Network;
- 122 service users engaged through 18 local community groups supporting mental health, learning impairment and other equality needs;
- Three focus groups held with deprived communities (one in each locality).

Over 1,500 people and staff were engaged in conversations during this extensive programme of pre-consultation activity and all the feedback provided was published on the IHT programme website: <https://improvinghealthcaretogether.org.uk/important-documents/>.

The feedback is summarised below:

- There is dissatisfaction with current health services and a recognition of key elements of the case for change, such as workforce challenges and the problems with current buildings.
- There was support given for the main areas of the clinical vision - such as the focus on integration and prevention. However, there were concerns over deliverability, specifically with regard to financial sustainability.
- There was not a clear consensus of the type of change that should be delivered, with comments made both in favour of consolidation of services and retaining the status quo.
- People tend to advocate for services they are familiar with and solutions that are closer to them with no clear consensus over a single site for acute services.
- There is a particular concern around the transport and accessibility between different sites, such as from St Helier to Epsom and vice versa. This included the need to consider bus routes, the impact of traffic on travel times, and the cost and availability of parking.

- It was felt that those who are perceived to be most in need - in particular older and less mobile people and those in areas of higher deprivation - would be most impacted by potential changes. Consideration of these factors was felt to be important when developing solutions.
- When consulting or engaging in the future, a need was expressed to use approaches and channels that allow all groups in the population to respond in ways that suit their circumstances. It was also felt that the process should be promoted more visibly and for clear, detailed information to be provided to ensure patients and communities can make informed contributions going forward.

Feedback was also received on preferred engagement methods and activities which has been used to help shape the draft consultation plan. Section 7.1 of the draft plan on [our approach to developing this consultation plan](#) outlines this feedback.

The **pre-engagement period** ended in October 2018. The Campaign Company (an independent research organisation) reviewed and analysed all the engagement feedback and produced a report (visit www.improvinghealthcaretogether.org.uk and type 'independent analysis on feedback' in the search box to get to the document).

Feedback from the engagement activities was also used to inform the information and evidence packs used for the options consideration workshops (detailed in the following section).

Options consideration

Following the pre-engagement period, three workshops were held between 30th October and 14th November to assess the short list of options. Following best practice advice from the Consultation Institute (tCI), we worked collaboratively with local people and professionals to ensure their views drove this process.³

The overall objective of this initial options consideration process was to provide the three CCGs Governing Bodies decision making process with information about how the community and professionals assessed the options.

The aims of each workshop were to:

- Decide the criteria to test the potential solutions
- Decide the weighting for each criteria in terms of importance; and
- Apply the criteria to score the options.

The information presented at the workshops included the evidence gathered and published to date such as:

- Feedback from the engagement reports
- Information from the programme's Issues Paper
- Relevant NHS assurance tests
- Deprivation impact analysis, undertaken independently by PPL, Nuffield Trust and COBIC (visit www.improvinghealthcaretogether.org.uk and type 'deprivation impact analysis' in the search box to get to the document).
- Initial equalities analysis of major acute services, undertaken independently by Mott

³ For further information on the developing the short list of options see the Improving Healthcare Together 2020-2030, Issues Paper, Available at: <https://improvinghealthcaretogether.org.uk/document/issues-paper-june-2018/>

MacDonald (visit www.improvinghealthcaretogether.org.uk and type 'initial equalities analysis' in the search box to get to the document).

- Evidence prepared by the programme team about the likely impacts of the proposed options

This information is available on our website – here:

www.improvinghealthcaretogether.org.uk/important-documents/.

The workshop process focused on evaluating the quality of each option, it did not consider their financial merits.

What became clear from this process was that the option of doing nothing scored lower than any of the other options. However, the process did not provide a preferred option.

The workshops were independently facilitated and the workshop report is published on our website (visit www.improvinghealthcaretogether.org.uk and type 'options consideration report' in the search box to get to the document).

Integrated Impact Assessment (phases 1 and 2)

It is important that those involved in making decisions about future health service configuration understand the full range of potential impacts that any changes could have on the local population. It is particularly important to understand the potential impact on groups and communities who will be the most sensitive to service changes.

An Integrated Impact Assessment (phases 1 and 2) was undertaken during the pre-consultation phase and we have used the results of this work to inform our consultation planning.

The IIA happens in three phases and is a continuous process that doesn't finish until after a public consultation.

The first phase of the IIA has been completed and published on the Improving Healthcare Together (IHT) website. This included the production of:

- A [Deprivation impact analysis](#), undertaken by The Nuffield Trust, PPL and COBIC (visit www.improvinghealthcaretogether.org.uk and type 'deprivation impact analysis' in the search box to get to the document).
- [Initial equalities analysis of major acute services](#) (EqIA), undertaken by Mott MacDonald (visit www.improvinghealthcaretogether.org.uk and type 'initial equalities analysis' in the search box to get to the document).
- [Baseline travel analysis](#), undertaken by Mott MacDonald (visit www.improvinghealthcaretogether.org.uk and type 'baseline travel analysis' in the search box to get to the document).

The **interim IIA report** forms the second phase of this work and has been based on the evidence gathered during phase one of the IIA alongside further desk research, socio-demographic data collection and mapping, an exploration with health professionals and representatives of local community and seldom heard groups, travel and access analysis, and air quality and carbon emissions analysis.

This report outlines any potential positive and negative impacts associated with each of the proposed options for change across the four areas: health, equality, travel and access, and sustainability. It also highlights those groups, including protected characteristics and seldom heard

groups (i.e. carers, deprived residents) which may be disproportionately impacted as a result of the change.

Extensive engagement was undertaken for this phase of work. This is detailed in the interim report, available on the IHT website (visit www.improvinghealthcaretogether.org.uk and type 'interim Integrated Impact Assessment report' in the search box to get to the document).

The findings of the interim IIA report have informed our engagement strategy for consultation as we seek to understand the views of those groups identified as being potentially impacted by the proposed service change.

Pre-consultation engagement

During October 2018 – June 2019, the programme has continued to reach out to community and voluntary groups across the three CCG areas in order to raise awareness of the proposals, explain the case for change, provide an update on the work of the programme, gather feedback, strengthen partnerships and seek wider opportunities for consultation with local service user, resident, patient and carer groups.

A wide variety of community groups and fora have been engaged as part of this community outreach. This included for example the Epsom Maternity Voices Partnership, Merton VSC Mental Health Forum and Beddington and Wallington Senior Citizens Club.

[Appendix 3](#) details the additional pre-consultation engagement undertaken by the programme.

4. Consultation aims and objectives

The option or options to be considered during the consultation will set out the potential solution/s for delivering high quality major acute services that will last in the future, for the people of Surrey Downs, Sutton and Merton.

The consultation is not a vote. It does however allow us to obtain a broad range of views from a wide variety of communities, service users and their representatives to be heard and assessed openly and transparently on the options (including any preferred option if determined). This will help us to get the best possible solution for the combined areas of Surrey Downs, Sutton and Merton CCGs.

We will deliver a best practice consultation (advised and assessed by the Consultation Institute), which is founded on the commitment to inform and listen. The Consultation Institute (tCI) is undertaking a quality assurance role and has reviewed and provided feedback on our draft plan for consultation.

We will continue to develop our consultation plan both prior and during the formal consultation by working closely with tCI and our partners to ensure that all our statutory duties are met. This is likely to include:

- Demonstrating the case for change and the benefits of the service change options
- Understanding public and stakeholder views about the different options and their impacts
- Listening to peoples' views on the proposed new clinical model including those services that we plan to bring together for our sickest patients as well as those services that will be retained locally

The consultation will seek to:

- Ensure people in the affected CCG areas are aware of and understand the case for change and the proposed options for change, by providing information in clear and simple language in a variety of formats
- Hear people's views on the proposed changes to major acute services in Surrey Downs, Sutton and Merton
- Ensure the CCGs as decision-makers receive detailed outputs and feedback from the consultation, to ensure they are as well informed as possible for making decisions.
- Hear ideas for alternative solutions via the consultation questionnaire. While we have carried out a robust options development and consideration process, we are still open to other new ideas and suggestions for different ways we could solve the challenges set out in this consultation.

The results of consultation are an important factor in health service decision-making, and are one of a number of factors that need to be considered. The feedback gathered during consultation will help the CCGs to make an informed decision on progressing the future shape of hospital services - ensuring that these are high quality, safe, sustainable and affordable and result in the best possible outcome and experience for patients, as well as on which services should be provided in the community, closer to where people live.

No final decision will be made until the consultation has closed and the feedback received has been collated, independently analysed and appropriately considered by the CCGs, alongside any further evidence which will include the third and final phase of the IIA.

5. Consultation approach

The CCGs need to understand the views of the local populations in Surrey Downs, Sutton and Merton and neighbouring impacted areas about the way in which urgent care, emergency care, maternity and paediatric care as well as planned care are provided in the future. The CCGs have set out their case for change with a proposed service changes to deliver safe, sustainable services that deliver improved outcomes for patients.

A formal decision on any proposed service changes will take into account all of the evidence received following consultation by the three CCGs.

All elements of the engagement plan for a consultation will seek to:

- Ensure that the methods and approaches are developed to provide a range of opportunities for stakeholders to respond to the consultation Identify the best ways of reaching and engaging key interest groups
- Provide an easy read version of documents and offer translated versions relevant to the community as required (upon request)
- Make sure there is equality monitoring of participants to ensure the views received reflect the whole of the local population
- Use different methods or specifically target communities where there is any under-representation
- Target activity so it covers all the local geographical areas that make up the three CCGs
- Arrange any events and meetings in accessible venues and offer interpreters, translators and hearing loops where required
- Purchase or hire resources for delivering consultation activity from the local community

whenever it is possible

- Inform partners of the consultation activity and share the plans for engagement.

6. Consultation principles

We commit to the following key principles during public consultation, which all activities will be based on:

Principles	Proposed approach
<p>1. Providing local communities with a range of opportunities to be involved regardless of who they are and where they live. This includes coverage of activity across all three CCG geographical areas.</p>	<ul style="list-style-type: none"> • We will map out all our local communities and map interest groups and stakeholders so we know who to engage with and how. • We will provide a range of methods of engagement. • We will work closely with a wide variety of local individuals and organisations to make the most of all opportunities to reach out to people. • We will endeavour to go out to where people are, using creative and innovative methods of engagement.
<p>2. Providing accessible information in clear and simple language and in a variety of formats</p>	<ul style="list-style-type: none"> • We will test our materials on patients, interest groups and the public through the Consultation Oversight Group. • We will stick to plain English standards and where possible gain kite mark status for key documents. • We will provide an easy read version of our consultation document and questionnaire as well as other key documents as required. • We will provide materials in other formats should they be requested. This includes translation of written materials into other formats, including Braille or other languages.
<p>3. The process will be open and transparent.</p>	<ul style="list-style-type: none"> • We will publish our evidence, public and stakeholder and interest group feedback, the consultation process and our decision making timeline on our website. • We will be easily accessible for local people to ask questions and raise concerns. • We will update our website with responses to frequently asked questions. • We will work with our local communities to co-design our consultation plan.

4. Careful management of resources to deliver good value for money.	<ul style="list-style-type: none"> • We will endeavour to use evidenced based methods of engagement to make sure we deliver good value for money.
5. Sharing updates on the consultation activity during and after consultation	<ul style="list-style-type: none"> • During consultation we will share updates with key stakeholders including the Stakeholder Reference Group and Consultation Oversight Group; we will also share brief updates via social media to stimulate interest and participation. • We will commission an independent analysis of consultation feedback which will be published after consultation has finished.
6. Using the feedback received during consultation to inform our decision-making.	<ul style="list-style-type: none"> • We will share our governance structures and timelines so the public and our partners can understand our decision-making process.
7. Running an evidenced-based, best practice consultation.	<ul style="list-style-type: none"> • We will work with our partners to design our consultation activities. • We will work with the Consultation Institute to ensure we are following best practice guidance.

7. Process for consultation

7.1 Our approach to developing the consultation plan

All methods for consultation will be developed in line with best practice and co-designed with our stakeholders as well as input and oversight from the Consultation Institute.

In developing this plan, we have considered feedback from all our early engagement and pre-consultation activities. Table 1 outlines feedback received in relation to consultation planning. The information included in this table will be constantly updated.

Table 1: Feedback from our early and pre-consultation engagement used to shape our draft consultation plan

Group	Aims	Date	Feedback
Pre engagement audiences	To share and receive feedback on the case for change, proposed options, and any other evidence to date (such as the Integrated Impact Assessment).	July - October 2018	<ul style="list-style-type: none"> • Be transparent around the decision-making process • Open and honest communication about the potential solutions and more detailed information • Make the process inclusive and use a range of communication and engagement channels to meet the needs of different audiences • Promote involvement at hospital sites, GP practices and other public places to reach patients • Hold evening meetings and meetings in venues to reach seldom heard communities • Consider opportunities for a door to door mail drop as part of the commitment to reach out to the widest sections of the communities served • Work with community organisations to review and create 'easy read' documents • Ensure independent facilitation for events • Ensure that all key documents contain executive summaries.
Ongoing pre-consultation engagement with community forums	To continue to raise awareness of the proposed options, explain the case for change, provide an update on the work of the programme, gather feedback, strengthen partnerships and source wider opportunities for consultation with local service user, resident, patient and carer groups	October – current	<ul style="list-style-type: none"> • The feedback obtained mirrors the findings from our programme of early engagement undertaken during July – October 2018
Communications and engagement group	To ensure that messages and activities are aligned with other CCG and Trust communications and engagement objectives.	Workshop in October 2018	<ul style="list-style-type: none"> • Make sure the case for change is very clear • Involve the public and stakeholders in designing the consultation plan so we get rich ideas about how to make consultation really successful • Publish all evidence and more F&Qs

Stakeholder Reference Group (SRG)	Set up to reach out to community members and partners from the combined geographies, who have scrutinised and provided input into the programme and key evidence.	Meetings on: 15 th August 2018 17 th October 2018 7 th March 2019 22 nd May 2019 12 th September 2019	<ul style="list-style-type: none"> • More online and social media advertising • Easy Read version of the consultation survey • Consultation fatigue on this issue so encourage people to complete the survey by offering a voucher (M&S vouchers worked for residents in Surrey) • Engage with resident associations, deprived and elderly communities • Make sure we are getting responses from each demographic area and weight them - same geographically • Need a response handling team so people can get responses during the consultation in case they want to follow up again • Aim for 1% response rate which is national average (The Consultation Institute) • Publish all the evidence in simple formats so people can understand everything, include infographics and other images • Materials need to be precise and short • Engage with the Royal College of Emergency Medicine • Website translation plug-ins • Hold public events • Ensure press coverage of the consultation
Consultation Oversight Group	Set up to ensure seldom heard and marginalised communities are supported to participate in the consultation process. This group offers practical advice, suggestions, views, expertise and local knowledge as an independent voice and critical friend. The COG consists of Healthwatch, Councils of Voluntary Services (e.g. Central Surrey Voluntary Action and Community Action Sutton) and volunteers from seldom groups such as alcohol, drug abuse and mental	Meetings on: 31 st May 2019 11 th July 2019 12 th September 2019 21 st October 2019	<ul style="list-style-type: none"> • Provided feedback on local community organisations, networks and partners following a stakeholder mapping exercise eg to reach young people work through secondary schools – use peer-to-peer methods – work through colleges; neighbourhood watch groups; parochial church groups. • Provided early thinking on draft consultation activities – good menu of proposed activities to reach population – wide variety of methods – not just events • To ensure the programme works with the voluntary and community sector as a deliver partner for consultation activities with the provision that enough lead in time is given to prepare and deliver this work

health service users and the Gypsy, Roma and Traveller community.

- Target and empower community networks to facilitate conversations for you – provide supporting materials
- Equality groups are important – how do they fit into the consultation?
- Be clever – capture captive audience attending existing events e.g. to promote flu jabs – look at what is going on locally to catch large numbers
- Work with local councils to reach the working well – largest employers
- Use annual public health reports
- Focus consultation on reaching affected service users who are more likely to use the service
- Develop social media activity as a specific workstream
- Engage with locally via media and press
- Ensure engagement with service users – i.e. include leaflets in regular prescriptions
- How will you work with resident's associations to have meaningful participation?
- Consider how we incentivise attendance at meetings and events to ensure we have the right people in the room
- Look at what other consultations have done
- Develop a media plan to advertise the consultation (i.e. newspapers, local radio)
- Ensure consistent levels of engagement with the general public as in the case of the planned engagement with targeted equality and seldom-heard groups
- Consider holding 'pop-up' events nearby GP surgeries as another way of engaging with patients
- Ensure documents state any facts based on the work undertaken to date
- Clearly explain why postcodes will be collected as part of the consultation questionnaire and highlight that the provision of this information is voluntary

Integrated Impact Assessment (IIA) Steering Group	Set up to review and agree the IIA scope and membership for the Travel and Access Working Group. This group offers practical advice and suggestions to ensure representative engagement with community members from protected characteristic groups. The group will review and agree the interim and final IIA reports.	Meetings on: 23 rd January 13 th May 2019	<ul style="list-style-type: none"> • Test the questions for consultation, ensure they are in plain English and accessible • To work with community representatives to reach out to equalities groups (for example, the Lesbian, Gay, Bisexual and Transgender and the Gypsy Roma Traveller Communities) • To undertake further engagement with Trust staff • To ensure the engagement plan incorporates people with both learning and physical disabilities • Consultation fatigue was raised as an issue by members of the IIA Steering Group
Travel and Access Working Group	Set up to provide review and agree methodology for travel and access work, provide advice to the Programme around local travel and access plans and to review and agree all related data analysis. This group reviewed and agreed the travel and access chapter for the interim draft IIA report.	Meeting on: 14 th March	<ul style="list-style-type: none"> • Committed to continue to engage with staff at the Trust
IHT Joint Health and Overview Scrutiny Sub-Committee		Meetings on: 16 th October 2018 30 th April 2019 26 th September 2019	<ul style="list-style-type: none"> • The sub-committee will undertake its statutory responsibilities to consider whether the consultation is adequate and whether the proposals being put forward are in the interest of the local population • Clarity around timeline and the consultation plan • Ensure a sufficient time period to allow people to be made aware of the consultation • Provide further clarity on what information CCGs require to make an effective consultation • Provide further detail on the engagement approach to potentially impacted communities

7.2 What we already have in place

There are a number of existing engagement mechanisms in place which help to provide information and communicate with a range of interest groups. These mechanisms will continue to be used throughout this process and include:

- **Staff at the Trust** are already being engaged through a number of staff briefings which will continue throughout this process. Staff have also been engaged through the Integrated Impact Assessment process
- **Local councillors and MPs** are updated through discussions at Scrutiny and Health and Wellbeing Boards. In addition, one to one meetings with MPs have provided an opportunity for regular briefings. Overview and Scrutiny Committees and Health and Wellbeing Boards are being kept up to date with plans through presentations and briefings
- **Dedicated pages on CCG websites and the IHT website** contain a range of information including the evidence available to date. Existing social media channels, websites, newsletters and the media will be used to promote the consultation.
- **Healthwatch colleagues** are supporting via the Stakeholder Reference Group, Consultation Oversight Group and the IIA Steering Group to ensure consistent messages are provided to the public
- **Local GP practices** are to be made aware of any engagement and consultation and promote participation via surgeries including through patient reference groups.
- Working with the **voluntary and community sector** to raise awareness of the programme, share information and obtain feedback
- **Resident Associations** and **Patient Reference Groups** are informed and opportunities to engage in conversations are promoted
- Information is circulated widely to the **existing stakeholder database** which includes a range of local community, voluntary, statutory and other organisations.

7.3 What else do we need?

To ensure formal consultation can take place there is a need to provide more opportunities for communication and information sharing and discussion, offer interest groups the chance to host conversations and directly target identified groups.

The final consultation plan will require approval by the three CCGs' Committee in Common. The process will need full commitment from all partners to provide staff and appropriate key speakers as required.

8. Legislation

As NHS organisations we are required to show how the proposals we are putting forward meet the four tests for service change laid down by the Secretary of State for Health. These are:

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

The Chief Executive of NHS England has introduced a 'fifth test' that requires NHS organisations to show that significant hospital bed closures, subject to the current formal public consultation tests, can meet one of three conditions before NHS England will approve them to go ahead:

- 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
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- 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.

There is also a legal duty on NHS organisations to involve patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate:

- **Section 242, of the NHS Act 2006**, places a duty on 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).
- **The NHS Act 2012 section 14Z2** updated for Clinical Commissioning Groups places a duty on CCGs to make arrangements to ensure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):
 - In the planning of the commissioning arrangements by the group
 - In the development and consideration of proposals by the group 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 or in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

We need to make sure that our consultation activities meet the requirements of **The Equality Act 2010**, which requires us to demonstrate how we are meeting our Public Sector Equality Duty and how we take account of the nine protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

In addition, **Section 14T, outlined in the Health and Social Care Act 2012**, sets out that CCGs must, in the exercise of their functions, have regard to the need to reduce inequalities between patients in access to health services and in the outcomes achieved from health services.

We also need to consider other relevant legislation (detailed in [Appendix 4](#)) and show:

- How we have learnt from the views and requirements of those who may use our services and their carers, families and advocates and responded to their feedback
- How the proposals will bring significant clinical benefits and improve outcomes and accessibility
- How the proposals consider people's diverse and individual needs and preferences including

people with protected characteristics.

9. Stakeholder analysis

The consultation will aim to engage as effectively as possible with the following groups across Surrey Downs, Sutton and Merton CCGs.

We have conducted a thorough mapping exercise of local community groups and organisations during the pre-engagement phase of the programme. Local CCGs engagement leads also regularly review their stakeholder maps and channels and will use this information to reach out to people. Through our Integrated Impact Assessment, we have also undertaken targeted outreach work with seldom heard groups and those with protected characteristics to ensure that we have contacted the range of groups protected under equalities legislation. We will continue with this work and ensure that as many diverse views as possible are able to feedback during consultation.

We will also commission the local Community Voluntary Sector to undertake engagement with their local community groups who may be potentially impacted during consultation. These groups will be sent a copy of the consultation summary and questionnaire and be invited to respond, with an offer of more copies, further engagement opportunities and attendance at meetings if requested.

Identified stakeholder groups include (see [Appendices 5.A](#) for a high-level stakeholder map):

- **Patients, carers and the public** (including representatives)– Groups of patients and the public who are specifically affected by any proposed changes including young people, carers and the wider community including those not always actively engaged with health services
- **Voluntary and community sector:** Healthwatch, residents' associations, patient representative groups
- **Traditionally under-represented or seldom heard groups** – people with protected characteristics, people with learning disabilities, those with long term conditions, those living in deprived areas, carers (including young carers), refugee and undocumented communities, the 'working well' and people who are homeless or in unsecure housing. Our engagement strategy for engaging with these groups will be informed by the findings of the equalities impact assessment undertaken during both phases 1 and 2 of the Integrated Impact Assessment work
- **Clinicians and staff** – clinicians and those working in secondary care, primary care, social care, mental health and other parts of the health and social care service, and their trade unions
- **Health and care partners and providers** – all local partners and providers of services, community and mental health providers and voluntary organisations
- **Political stakeholders in local and regional government** – local councils, Joint Health Overview and Scrutiny Committee, Health and Wellbeing Boards, Members of Parliament, local councillors and Cabinet members
- **Media** – local, regional, national and trade media, and social media commentators including bloggers and vloggers
- **Health and care regulators** – local councils, Joint Clinical Senate (London and the South East), NHS Improvement, NHS England and professional bodies.
- Information will also be shared with **statutory health and care organisations and key stakeholders and interest groups in neighbouring boroughs.**

This list of interest groups is not exhaustive and through evidence received during pre-consultation and consultation the list will be updated to ensure that groups are targeted effectively.

10. Consultation methods and materials

We will use a range of materials and methods to enable local people to take part in the consultation and talk to us about our proposals.

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

Our consultation document will clearly lay out the basis on which we are consulting, the background to the consultation, a summary upon which options have been developed and what the proposals/options are, and signposting for more detailed technical information if needed.

Our consultation methods will highlight the different ways in which various stakeholder groups and audiences might choose to participate, allowing for differing levels of engagement or interest as reflected in the stakeholder analysis. By using a range of different methods, we will be able to facilitate a wide range and breadth of feedback.

10.1 Consultation materials

A range of **consultation materials** to support the consultation process will be developed, including:

Consultation materials	Purpose
Full consultation document	<ul style="list-style-type: none"> • The full document will be available online and in paper format. The online version of the document will be published on the programme's website and the paper version - disseminated to partner organisations. • The document will include: <ul style="list-style-type: none"> ○ Description of the proposals in a clear and transparent way ○ Case for change, including the implications of no change ○ What the consultation is about in a clear and simple way ○ How the options have been developed and considered ○ What is the likely impact of the proposals on stakeholders and the general public ○ Ways of responding as well as finding out more about the consultation and deadline for submitting responses ○ Information about how the feedback from consultation will be used ○ Timescales and when and how a decision will be made.
A summary consultation document	<ul style="list-style-type: none"> • The summary will be available electronically and in hard copy and available at all public events and distributed in bulk, for example, to libraries, GP practices and pharmacies.

Consultation materials	Purpose
Consultation questionnaire	<ul style="list-style-type: none"> • The summary will be available as an easy read document • The questionnaire aims to gather views and feedback on issues, concerns, and areas of support in relation to our proposals these can be understood and taken account of • An online and hard copy consultation questionnaire will be available • The questionnaire will be printed for use at events and circulated widely to interest groups and stakeholders. • The questionnaire will be available as an easy read document and translated into other languages. Other formats will also be available where required and upon request.
Videos	<ul style="list-style-type: none"> • Two types of videos: <ul style="list-style-type: none"> ○ Hearing from local clinicians on why change needs to happen and their support for the proposals ○ An animation video highlighting the case for change, clinical model and aims and objectives of the consultation
Clinical model materials and resources	<ul style="list-style-type: none"> • These materials will include: <ul style="list-style-type: none"> ○ Clinical model factsheets ○ Patient stories ○ Other resources (i.e. presentations) • The purpose of these materials is to strengthen understanding of the proposed clinical model.
Poster, leaflet, banners	<ul style="list-style-type: none"> • These publicity materials will be distributed in bulk and/or available at events to engage with patients, the public and partners • The consultation leaflet will be delivered to every household in the combined geographies and neighbouring areas and will include: <ul style="list-style-type: none"> ○ A summary of the case for change ○ A description of the proposal ○ Listening event dates and venues.
Displays	<ul style="list-style-type: none"> • Displays in key locations will promote the opportunity to respond to the consultation. This will include displays at the Epsom and St Helier hospital sites, GP surgeries and in other public areas.
Briefings	<ul style="list-style-type: none"> • Briefings will be arranged and promoted to update on the consultation process. Briefing materials will be tailored for each stakeholder group.
Consultation closing procedure	<ul style="list-style-type: none"> • This document will detail how each element of consultation feedback will be recorded.

We have tested, and will continue testing, our draft consultation materials with the IHT Programme Board, the three CCGs Communications and Engagement leads as well as the Consultation Oversight Group to ensure they are clear and well-understood.

10.2 Engagement activities

We will seek to engage with patients, carers, their families, healthcare staff at the Trust and in the community, local people and their representatives through a range of engagement activities and events as outlined below:

Engagement activity	Description
Listening events	<ul style="list-style-type: none"> • Open-invite listening events in each of the three CCG areas (nine in total) will be held in order to capture feedback from local residents • Residents will also be encouraged to complete the consultation questionnaire • All public listening events will include British sign language interpreters and will be recorded.
Mobile engagement events	<p>Awareness raising roadshows</p> <ul style="list-style-type: none"> • The aim of the roadshows is to: <ul style="list-style-type: none"> ○ Raise awareness of the consultation ○ Engage people who otherwise might not actively engaged with the process or be aware of developments so far ○ Encourage people to fill in the consultation questionnaire • These events will take place at public locations in areas of high footfall across the areas covered by the three CCGs. <p>Pop-up events</p> <ul style="list-style-type: none"> • These events will be held at the three hospitals and local healthcare centres in the combined geographies. The purpose of these events is to provide easy access and opportunity for staff, clinicians and patients to find out more, ask questions and take part in the consultation.
Focus groups	<ul style="list-style-type: none"> • To support our efforts to consult local people who may be most impacted by our proposals, including any equality, seldom-heard and protected characteristics groups across the three CCG and neighbouring impacted areas, we will run targeted focus groups with these cohorts. These groups will be by invite only • Additional focus groups with young people will also be undertaken to hear the views of this group • These events will be recruited to using sampling methods to reach a diverse group of people across target populations and seldom heard groups • The focus groups will be informed by the equalities impact assessments undertaken to date.

Engagement activity	Description
Deliberative events	<ul style="list-style-type: none"> • We will run independently facilitated and invite based deliberative events to hear the views of local residents on the questions for consultation based on informed, two-way debate and dialogue • These events will be recruited to and will secure a representative sample of our CCGs populations and wider Trust catchment area. These events will be invite based.
Telephone survey	<ul style="list-style-type: none"> • We will undertake a telephone survey with a representative sample of the three CCGs populations and wider Trust catchment area.
Voluntary and community sector support	<ul style="list-style-type: none"> • We want to ensure that local communities are supported to share their views on our proposals for change and participate in the consultation • To complement our other engagement activities, we will set up a Small Groups Grant Scheme to incentivise Community Voluntary Sector lead organisations in Surrey Downs, Sutton and Merton to independently capture consultation feedback on behalf of the programme by facilitating discussion groups or by offering small community groups funding to facilitate and capture feedback from the communities they serve at their own events and/or focus groups • This approach will ensure that views are gathered from protected characteristic, seldom heard and carer groups.
Engagement with elected representatives	<ul style="list-style-type: none"> • Face to face meetings and regular written briefings will ensure key stakeholders are informed and involved • In addition, the Joint Health Overview and Scrutiny Committee will be formally consulted on the engagement and consultation plans in line with the Health and Social Care Act 2012.
CCG and Trust staff engagement	<ul style="list-style-type: none"> • This work will focus on building on existing platforms in organisations and utilise websites, internal communication channels, staff briefings and local intranets • Meetings at each hospital site will target groups of staff around the services specifically affected to raise awareness of the consultation and encourage staff to complete the consultation survey • Attendance at locality forums with GPs, practice managers and nurses to engage them in the consultation questions and gather feedback. We will work with the Communications leads at the three CCGs and Trust to ensure attendance at these meetings.

We have commissioned external, independent experts to deliver some of the engagement activities.

10.3 Communications tools

Effective communications will drive understanding of the programme, informing people of the proposals and encouraging them to share their views.

Various communications **tools** will also be used in order to raise awareness of the consultation, promote engagement events to the public and disseminate information. These include:

Communication tools	Purpose
Media	<ul style="list-style-type: none"> • The programme is committed to working closely with national, regional, local media • The aims and objectives our media campaign is to: <ul style="list-style-type: none"> ○ Broaden the reach and increase engagement with the general public as well equality and those harder to hear from/harder to reach groups ○ Raise awareness of engagement opportunities during the public consultation, disseminate information and signpost local people to different ways in which they can find out more about and respond to the consultation ○ Ensure that factually correct information reaches the public and that misinformation is corrected.
Digital	<ul style="list-style-type: none"> • Dedicated IHT consultation website, newsletter and social media channels will be available • The IHT website and all CCGs' websites will contain information about the consultation and how people can give their views • We will also work with communications colleagues in partner organisations to cascade messages through their internal and external channels as appropriate.
Social media	<ul style="list-style-type: none"> • Throughout the consultation period, social media channels will be used to post consultation news, promote our events and keep our existing and growing online audiences engaged • Social media aims during consultation will be to: <ul style="list-style-type: none"> ○ Raise awareness of the consultation and make the consultation accessible online so that people are able to participate and have their say ○ Raise the profile of the programme in a positive and professional manner ○ Highlight activity and updates ○ Signpost stakeholders to the programme website ○ Capture engagement ○ Build on existing relationships and engage and build new ones with particular emphasis on our key target audiences. ○ Promote and facilitate discussion, during and after the consultation period, offering prompt responses to questions • Partner organisations are to be asked to share social media communications to reach the widest possible audience

Communication tools	Purpose
Advertising	<ul style="list-style-type: none"> Working with local media outlets paid-for print, digital, social media and radio opportunities will be identified to promote the consultation - for example, through supplements and/or advertisements in local online and printed newspapers for events.
Consultation telephone line and SMS Messaging	<ul style="list-style-type: none"> To give people the opportunity to ask questions, provide feedback and find out more about the consultation.

The mechanism used for producing / further developing consultation materials and tools will include:

Key messages

The aim is to ensure the key messages that support the consultation are consistent, clear and easy for people to understand. This will help people engage in the process. These will be used throughout the process to drive awareness and cement understanding. Key messages typically include information about why change is needed, the proposals for change, and the way in which individuals and organisations can have their say. A range of materials will be developed to support this including:

- Narrative to support engagement activities (for use by partners and those leading events)
- Content for internal/external/partner bulletins
- Content for websites/intranet
- PowerPoint presentation for events and use by partner organisations.

Frequently asked questions (FAQs):

Feedback and questions received via questionnaires will be monitored, as well as at events and through the media and other mechanisms. The FAQs via the consultation website and other communications mechanisms will be used to clarify any factual information or correct inaccuracies.

10.4 Consultation activities in neighbouring CCG areas

The programme has a duty to engage the population in the three CCGs where people will be most affected by any potential changes. These are Surrey Downs, Sutton and Merton and the catchment area for Epsom and St Helier hospitals.

It is also good practice to extend this engagement during consultation to areas on the border where patients may also be affected by any changes to services.

The recommended approach is to extend the activities already planned within the three CCGs to the neighbouring boroughs using existing and projected patient activity data from Epsom and St Helier hospitals so that this is done in an intelligence-led manner.

Consultation and communication activities in the neighbouring CCGs will comprise the following:

Social media

Our social media channels (Facebook, and Instagram) will be used as part of our wider communications plan that seeks to raise awareness about the work we are doing, the proposed solutions and ultimately to encourage people to have their say about the proposed changes, by taking part in the public consultation.

Our social media channels will also be used to complement consultation engagement in neighbouring areas highlighting events planned or that we attend, feedback we receive and any participation statistics we have.

Advertising

Our online and social media advertising campaign will target potentially impacted communities living within the ESTH wider catchment area. This advertising campaign will be aim raise awareness of the consultation, how people can find more about this consultation and give their views.

Leaflet distribution

The consultation leaflet is to be distributed across the combined geographies of Merton, Sutton and Surrey Downs and impacted communities living in neighbouring areas to the three CCGs and who may have used the Epsom and St Helier hospital services.

Online consultation questionnaire

Links to the consultation website and online questionnaire will be sent to local authorities, community organisations in neighbouring boroughs and neighbouring CCGs, asking them to share these with local residents.

Community outreach

Our engagement approach will include engaging with people from local communities via outreach activity, focus groups and deliberative events.

Telephone survey

Our telephone survey, will target a representative sample of the three CCGs populations and neighbouring impacted areas.

11. Communications channels

The following key channels will be used to reach identified target audiences:

Target Audience	Delivery Method
<p>Service users, general public and the voluntary and community sector</p>	<p>All public events Deliberative events Focus groups Telephone survey Printed material Video Website Videos Posters and leaflets (i.e. in GP practices, pharmacies and libraries) Media/social media Advertising Partner channels Existing meetings and forums Patient reference groups Third sector organisations Third sector umbrella organisations Patient groups Carer groups IHT newsletter</p>
<p>Protected characteristics, equalities and seldom heard groups</p>	<p>Consultation Reference Group Stakeholder Reference Group Listening events Awareness raising roadshows Pop-up events Deliberative events Focus groups One to one in-depth interviews Telephone survey Small Groups Grants Scheme CCG and IHT outreach activity Animation video IHT newsletter Website</p>
<p>OSC/Health and Wellbeing Boards</p>	<p>Meetings Written briefings Possible workshop Public events (i.e. listening events) Printed material</p>

Target Audience	Delivery Method
	Mailshots/posters etc. Media/social media Website Advertising
Staff (hospital and community health services staff or CCG)	Bulletins and briefings Staff meetings Mobile engagement pop-ups Public events (i.e. pop-up events, listening events, awareness raising roadshows) Displays Intranet Social media Advertising
Healthwatch	Written briefings Face-to-face meetings Public events (i.e. listening events) Consultation Oversight Group Stakeholder Reference Group IHT newsletter Social media Website
Elected members / Councillors/MPs	Written briefings Face to face meetings Public events (i.e. listening events) Website Media/social media Advertising Joint Health Overview and Scrutiny Committee /Health and Wellbeing Boards IHT newsletter
Local professional committees	Written briefings Face to face meetings Website IHT newsletter

Target Audience	Delivery Method
Media	Media releases Broadcast interview Briefings Social media Podcasts Video
Local GP practices	Existing meetings including locality meetings Intranets Practice visits Bulletins Displays/poster/leaflet
Campaign groups	Public events Stakeholder Reference Group Videos Website IHT newsletter Advertising

12. Feedback

All types of consultation responses are important. We expect a range of different responses from individuals and organisations as a result of the proposed activities.

We will ensure:

- All public events will be recorded either audio and/or video
- Feedback through face to face contact will be recorded on data capture sheets
- Questionnaires will be gathered electronically and via a FREEPOST response address for paper version questionnaires
- Any comment cards which may be used at events will capture in the same way as comments gathered through the CCG websites.

13. Consultation timeline

Throughout the consultation period we will receive weekly response monitoring reports from the independent experts commissioned to run the: focus groups, deliberative events and telephone interviews and the consultation analysis agency (who we will use to collect and analyse the responses). We will monitor this information closely to identify any demographic or other trends which may indicate a need to adapt our approach regarding consultation activity, or refocus efforts elsewhere, for example a high response rate from a particular protected characteristic group/age group/geographical location or equally a very low response from a potentially affected group.

It is important following the consultation that the consultation team develops timely feedback mechanisms to ensure that those who participated in the consultation exercise are informed about the feedback received, its likely impact and, in due course, and any final decisions made. It is also important that any ongoing process and further decision-making is understood by stakeholders. This information will be cascaded via the existing networks and mechanisms which include: the IHT consultation website, newsletter and stakeholder briefings.

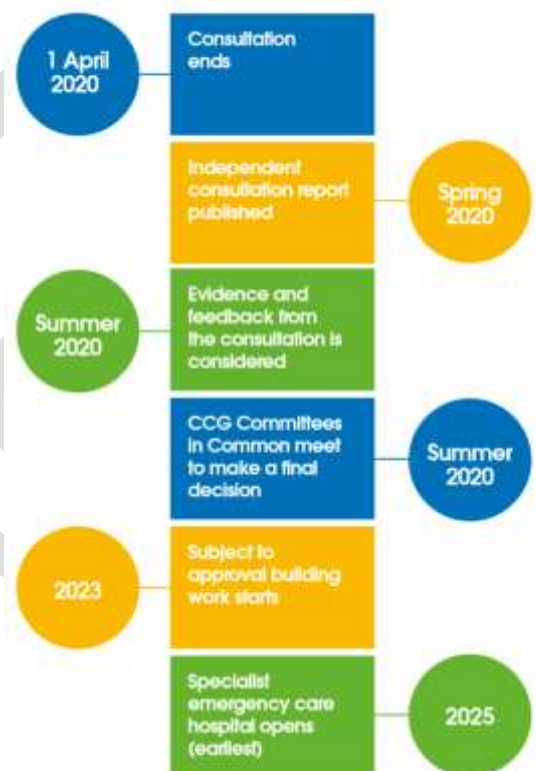
After the consultation has closed, the feedback from the consultation will be analysed by an independent research organisation who will produce a consultation report. See [section 15, on the analysis of data and presentation of findings](#) for more information on how consultation responses will be analysed.

The report and any further evidence will be fully considered by Surrey Downs, Sutton and Merton CCGs. This will be published on our website. We will also share the report with stakeholders, including with the Joint Health Overview and Scrutiny Committee, so they can give their comments. The CCGs will consider these comments, the report on the consultation and the final integrated impact assessment before making any recommendations and decisions.

A Decision-making business case (DMBC) will be produced which brings together all the information required by the CCGs' Governing bodies to make their decision on how services may be improved moving forward to any implementation phase. This decision-making process will comply with the NHS England guidance 'Planning, assuring and delivering service change for patients.'

None of the six services would be brought together until the new specialist emergency care hospital is built which, under the preferred option, would be 2025 at the earliest.

Our proposed decision-making timetable



13.1 Consultation delivery – high level timeline of activities

Phase	Activity
Preparation for formal consultation	<ul style="list-style-type: none"> Develop all consultation materials including consultation documents, website development, roadshow materials, presentations and information sessions.
Assurance of our consultation plans by the Consultation Institute (tCI)	<ul style="list-style-type: none"> We will be assessed by tCI across three checkpoints prior to a consultation. These include: <ol style="list-style-type: none"> Scoping and Governance - the basics of the consultation are agreed Project plan - consultation activities are set out and organised

Phase	Activity
	<p>3. Documentation - all hard copy and electronic versions are fit for purpose and the questionnaire conforms to best practice.</p>
<p>Pre-launch of formal consultation</p>	<ul style="list-style-type: none"> • Pre-consultation stakeholder communications engaging with the following key stakeholders either via email, letter or where possible face to face: <ul style="list-style-type: none"> ○ GP members and practices ○ MPs ○ Councillors ○ Health and Wellbeing Board members (via chair) ○ Joint Oversight and Scrutiny Committee (via chair) ○ Bordering CCGs - to inform them that a formal consultation is imminent and to seek their views on an informal basis ○ Informal meeting with staff who will directly be affected by either the process of the consultation or the outcomes particularly in departments/clinical disciplines directly impacted by the proposed changes ○ Professional bodies such as Royal Colleges and Councils ○ Unions and trade bodies ○ Three Healthwatch organisations (via Chair) ○ Media (health correspondents where possible). • During this time, all consultation support materials and supporting software should be signed off and made ready for printing.
<p>Launch day</p>	<ul style="list-style-type: none"> • On the day of the launch all consultation materials need to be available for online distribution: <ul style="list-style-type: none"> ○ Web pages and web links are live with documents uploaded and access checked ○ Spokespeople are briefed and ready to speak ○ Email/ letter will be sent to all key stakeholder groups ○ Approved media releases are issued for newspapers, local authority and voluntary sector newsletters, community magazines and health service partner newsletters ○ Adverts prepared for local newspapers ○ Social media sites have been identified and content has been approved ○ Process is in place to provide materials in alternative formats.
<p>Consultation delivery</p>	<ul style="list-style-type: none"> • Distribution of printed consultation documents and promotional materials to GP practices, local providers, pharmacies, and existing networks as well as key interest groups who are

Phase	Activity
	<p>actively involved in supporting the consultation process as a partner</p> <ul style="list-style-type: none"> • Delivery of engagement, communications, media and social media plans and activities • Ongoing analysis of the consultation activity and feedback received to identify any demographic or other trends which may indicate a need to adapt our approach regarding consultation activity, or refocus efforts elsewhere (for example, a high response rate from a particular ethnic group/age group/borough or equally a very low response from a potentially affected group). This will ensure the delivery of a robust and best practice consultation • Regular transfer of feedback from consultation for independent analysis of consultation responses.
<p>Consultation mid-point review with the Consultation Oversight Group (COG) and the Stakeholder Reference Group (SRG)</p>	<ul style="list-style-type: none"> • We will conduct a mid-point review with COG and the SRG half way through the consultation period. This process will include presenting information around how the engagement has unfolded so far and assess progress against this plan. • In line with our statutory obligations we will engage with certain groups of key stakeholders, including those identified through our initial Equalities Impact Assessment, and we will provide an update on our progress against this and consider any further action which needs to be taken.
<p>Consultation mid-point review by tCI</p>	<ul style="list-style-type: none"> • As part of our consultation assurance process with tCI, we will conduct a mid-point review half way through the consultation period. This will look at how well we have engaged to make sure we are providing the best opportunities for people to have their say. tCI will assess if there has been sufficient feedback from seldom heard or minority groups so that we can adapt our activities to reach groups of people who have not yet been involved. We will also, as required, adapt our methods and channels used to ensure that we make the best use of the most effective channels and that our resources are directed accordingly.
<p>Consultation closing date review by tCI</p>	<ul style="list-style-type: none"> • This review undertaken by tCI will take place in the last weeks of consultation, and its main purpose is to review the engagement undertaken to date to check whether there are any gaps and whether important questions for consultation have been answered, as well as review our plans for analysis of consultation responses, feedback and influencing processes. Based on the quality of the feedback received during consultation up until this checkpoint, a discussion around potentially extending the consultation may also take place during the closing review.

After the consultation has closed we will publish a report setting out the major themes emerging from the consultation, a summary of the responses relating to our consultation proposals and options, an overview of the process, an explanation of how the final decisions will be taken (including dates of meetings in public) and the high-level timeline for implementing any proposed changes.

14. Equality

The consultation process will draw from the findings from the initial equalities analysis and Equalities Impact Assessment to inform the engagement approach in obtaining views from demographic groups who may experience a disproportionate or differential need for major acute services. These groups are identified as:

- Those aged 16 years old or younger
- Those aged 16 - 24 years old
- Those aged 65 years old or older
- Disabled people
- Lesbian, Gay, Bisexual and Transgender people
- Pregnant women
- People from a BAME background
- People who are Lesbian, Gay, Bisexual and Transgender (LGBT)
- People from deprived communities.

The equalities analysis also highlighted three other groups of people whose views may be underrepresented in a consultation exercise:

- People with a learning disability
- People from the Gypsy, Roma and Traveller Community
- Carers.

As already noted earlier in this document, planned engagement activities will ensure the responses of these people are obtained.

To ensure the consultation process meets the requirements on the CCGs to evidence due regard is paid to their equality duties, all consultation activity will be equality monitored routinely to assess the representativeness of the views gathered during the formal consultation process.

The consultation process will target protected groups using a network approach to ensure wide reach during the consultation exercise through partnership-working with Local Authority, Healthwatch, councils of voluntary services (Community Action Sutton; Central Surrey Voluntary Action; Merton Voluntary Services Council) and local authorities.

[Appendix 5.B](#) includes a list of these key groups – this matrix is not exhaustive and indicative only – many others will be consulted plus groups which are still being scoped.

[Appendix 5.C](#) also outlines our plans to ensure that people who share characteristics that are protected under the Equality Act and those identified in Integrated Impact Assessment can participate and give their views during the consultation.

Adjustments and arrangements will also be made to enable protected characteristic groups to participate fully in the consultation process.

To best meet needs of people with additional requirements we will:

Produce documents in plain English

Essential to a good consultation is clear consultation documents. The CCGs will continue to work closely with the Consultation Oversight Group to draft and test the consultation materials to make sure these are clear and easy to read. Where possible we will seek to obtain the Crystal Mark plain English kite mark for our consultation materials, including for example our consultation document and executive summary as well as consultation questionnaire.

Produce an 'Easy Read' summary consultation document and consultation questionnaire

This nationally recognised scheme uses photo symbols to effectively communicate with people with learning needs or who have only a basic knowledge of English language. The draft versions of these documents will be piloted with an independent advocacy group with people with learning disabilities to ensure these are readable and easy to understand.

The Easy Read executive summary to the consultation document and the consultation questionnaire will be available online on our website and cascaded through our voluntary community sector contacts, as well as sent or taken to relevant focus groups and meetings.

Converted Easy Read materials will adhere to Mencap Easy Read Guidance, Department of Health guidance and the European Easy-to-Read Guidance.

Translate our consultation materials in other languages

We are aware that not everyone speaks English and will explore the most commonly spoken languages across the combined geographies of the three CCG and offer a translation service upon request. Additionally, we will provide translated versions of the consultation questionnaire in the three most common spoken other languages across the consultation area including Urdu, Tamil and Polish. In line with best practice consultation practice, we will also ensure translation options are available via our website.

Ensure interpretation in other languages at engagement events

To meet the needs of individuals with other communication needs at consultation events, British Sign Language (BSL) interpreters will be available at listening events.

Ensure consultation materials are available in different formats

To meet the needs of individuals with visual impairments and or with other communication needs, our consultation materials will be available in a range of formats via our website including, for example, large print and audio.

15. Analysis of data and presentation of findings

Consultations can be sensitive and controversial and it is recommended that the analysis of findings is independent to allow for continued transparency. The format for responses may also be varied and analysis may be required on data collected from a number of sources, including but not limited to:

- Hard copy and online consultation survey returns
- Telephone surveys
- Qualitative feedback from consultation engagement activities and events
- Social media and website engagement
- Correspondence with key stakeholders

- Transcripts, recordings and minutes of meetings
- Petitions
- Letters

Handling petitions

- Petitions will be registered as they represent the expression of the views of the people who sign them. Whilst it will be important for the consultation analysis to capture numerical data (number of surveys/petitions received), the consultation will focus on a thematic analysis of responses (in the same way that any other response will be considered).
- Petitions will not be considered if they are repeated, vexatious or if they concern issues outside of the consultation's remit. Petitions will also not be considered if the information contained is confidential, libellous, false, defamatory or offensive.
- The consultation will not only seek to capture peoples' views but also the rationale for their views and evidence to support them, our consultation documentation will welcome petitions and requests that recipients provide supporting/additional information, to encourage people to be clear on the rationale for making a particular statement or why they have answered questions in a specific way.

Once the formal consultation data input has taken place and the data analysed, all the feedback will be captured in one report, produced by an independent, organisation specialising in consultation analysis.

The report will capture all responses highlighting the following:

- Relevant to and/or having particular implications for the model of care and/or one or more of the options
- Well-evidenced submissions that point to evidence that supports their perspective
- Representatives of the general population or specific localities who may be potentially impacted in the combined geographies
- Views from under-represented people or equality groups in the combined geographies

A simple summary and easy read version of this report will also be produced. This report will provide a view from staff, public, patients, carers and key stakeholders on the proposals.

To give additional assurance The Consultation Institute will provide an independent evaluation of the consultation.

After the consultation has finished and phase 3 of the Integrated Impact Assessment is completed, due consideration will be given by Surrey Downs, Sutton and Merton CCGs to all the evidence in order to make a decision on the proposals.

16. Next steps

We know that this investment in both refurbishing Epsom and St Helier hospitals and building a new purpose-built specialist emergency care hospital would help us to meet the challenges and resolve the long-term issues facing Epsom and St Helier for future generations.

We know it is important to keep stakeholders updated. The feedback from the consultation will be independently analysed by experts on consultation analysis and a report will be produced and published on our website. We will share the report with stakeholders, including with the Joint Health

Overview and Scrutiny Committee, so they can give their comments. The CCGs will consider these comments before making any recommendations and decisions.

No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules. This information will be kept confidential.

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17. Appendices

17.1 Appendix 1: Consultation mandate

Improving Healthcare Together 2020 to 2030 Consultation Mandate

The Improving Healthcare Together 2020 to 2030 Programme, comprising Surrey Downs, Sutton and Merton Clinical Commissioning Groups (CCGs), need to understand the views and experience of the users of the services provided by Epsom and St Helier University Hospitals NHS Trust.

Epsom and St Helier University Hospitals NHS Trust offers an extensive range of services, including cancer, pathology, surgery and gynaecology in South West London and North East Surrey from two busy general hospitals, Epsom Hospital and St Helier Hospital, and run services from other locations, including Sutton Hospital.

St Helier Hospital is home to the South West Thames Renal and Transplantation Unit and Queen Mary's Hospital for Children, while Epsom Hospital is home to the South West London Elective Orthopaedic Centre (SWLEOC). Both Epsom and St Helier hospitals have Accident and Emergency departments (A&E), also known as Emergency Departments (ED) and maternity services (Obstetrics).

The Improving Healthcare Together 2020 to 2030 Programme is seeking views of patients, carers, community and voluntary sector bodies, parents and guardians, children and young people, elderly people, health and social care professionals, regulators and the public located in Surrey Downs, Sutton and Merton areas and neighbouring CCG areas. The Programme wants to understand their views concerning proposals to address the longstanding issues at the hospitals including:

Epsom and St Helier hospitals are the only hospitals in South West London that are not clinically sustainable in the emergency department and acute medicine due to a shortage of 25 consultants against the standards set. Additionally, there are shortages in middle grade doctors, junior doctors and nursing staff. The Care Quality Commission has highlighted workforce shortages across the two hospital sites as a critical issue.

The hospital buildings are old and are not designed for modern healthcare. Over 90% of St Helier Hospital is older than the NHS and it has the 16th highest backlog maintenance in the country. The cost of maintaining acute services across two hospital sites as this is a major driver of the system's deficit.

NHS Surrey Downs, Sutton and Merton CCGs' Governing Bodies are the organisations responsible for making decisions about local healthcare. Together they are considering the options for keeping the majority of current patient activity remaining at Epsom and St Helier hospitals and bringing together six services into a new specialist emergency care hospital to care for people who are very sick or who are at risk of becoming very ill. This would mean that Epsom Hospital and St Helier Hospital would continue to run the majority of services as they do now including Urgent Treatment Centres (UTC) which would be open 24 hours a day every day of the week, outpatients, day case surgery, antenatal and postnatal clinics, chemotherapy, dialysis, beds for people who are medically stable, endoscopy, imaging and diagnostics.

Bringing together six services into a new specialist emergency care hospital to care for people

who are very sick or who are at risk of becoming very ill involves the following services:

- **Major emergency** department for the sickest patients with life threatening conditions, including a specialist children's A&E;
- **Acute medicine** for patients with the most urgent medical needs for example severe pneumonia;
- **Critical care** for the specialist care of patients whose conditions are life threatening and require constant monitoring – usually in an Intensive Care Unit;
- **Emergency surgery** for patients requiring emergency surgical assessment, treatment and operations for conditions like severe appendicitis;
- **Births** – bring together in one place both a midwife-led unit and a consultant-delivered unit for more complex births, and also supporting as many women who choose to, to give birth at home; and
- **In-patient paediatrics or children's beds** - for children who need to stay overnight in hospital for treatment or observation.

The proposal to bring these services together requires investment in both Epsom and St Helier hospitals and investment in a new purpose built specialist emergency care hospital which would be located on anyone of the three hospital sites (Epsom, St Helier and Sutton). It would ensure that these six services remain in the area of the CCGs. The Government has confirmed that the funding has been allocated and will be made available.

These matters - including bringing the six acute services (major emergency department; acute medicine; critical care; emergency surgery; hospital births and in-patient paediatrics or children's beds) into one new specialist emergency care hospital and its location - have not yet been decided. NHS Surrey Downs, Sutton and Merton CCGs are open to being influenced by the views of service users and local people.

The Improving Healthcare Together 2020 to 2030 programme needs to understand the views and experiences of service users and local people so that these can be considered with all of the evidence by NHS Surrey Downs, Sutton and Merton CCGs' Governing Bodies.

The consultation will take place on [PLACEHOLDER] and conclude on [PLACEHOLDER].

NHS Surrey Downs, Sutton and Merton CCGs' Governing Bodies will then consider all of the feedback and additional evidence before make any decision on any service changes.

NHS Surrey Downs, Sutton and Merton CCGs have committed to ensuring that acute hospital services remain in their combined geographies. This matter has been decided, and cannot be influenced by the consultation.

Consultation execution:

1. We will aim to provide everyone with a range of opportunities to be involved regardless of who they are and where they live.
2. We will provide information in clear and simple language and in a variety of formats to make sure everyone has the opportunity to access it.
3. Our process will be open and transparent.
4. We will carefully manage the money spent on the consultation to deliver good value for money.
5. We will share the feedback received during consultation so everyone can read it.
6. We will use the feedback received during consultation to inform our decision-making.

7. We will run an evidenced based, best practice consultation.

17.2 Appendix 2: IHT Governance structure

A. Governance groups:

We will share our formal governance structures via the IHT website and through our consultation documentation so the public and our partners can understand our decision-making process. The table below identifies the key internal and external governance groups. A number of these are task and finish groups or indicate assurance groups or bodies which have a formal regulatory role.

Programme Board	<ul style="list-style-type: none"> The Board provides strategic oversight of the programme and sets out recommendations to Committees in Common as decision-making body
Merton, Sutton and Surrey Downs Governing Bodies	<ul style="list-style-type: none"> Provided feedback on our consultation plans and consider the findings from consultation as part of the evidence review and options consideration process
Programme Sponsors Group	<ul style="list-style-type: none"> Regular programme executive meetings
External Stakeholder Reference Group	<ul style="list-style-type: none"> Provided advice, direction and assurance to the programme on the engagement plan and co-designed and assured the engagement strategy Considered and reviewed key evidence Identified metrics for what a good consultation should include
Consultation Oversight Group	<ul style="list-style-type: none"> Offers advice and looks for evidence of compliance with the consultation principles set out in the IHT consultation plan to ensure seldom heard and marginalised communities are supported to participate in the consultation process Supports the delivery of consultation activities with regards to CVS funding bid for consultation
Clinical Advisory Group	<ul style="list-style-type: none"> Provided clinical leadership to the programme, ensuring development of robust clinical proposals for recommendation to Programme Board
Finance, Activity and Estates Group	<ul style="list-style-type: none"> Sets out recommendations to Programme Board based on the development of the financial model Ensured that modelling assumptions and data were agreed amongst all impacted local hospitals and commissioners.
Provider impact technical group	<ul style="list-style-type: none"> Provided technical challenge around the analysis of the programme's impact on other local hospitals.
Communications and Engagement Steering Group	<ul style="list-style-type: none"> Collaborative working to drive the engagement and communications activities
Integrated Impact Assessment (IIA) Steering Group	<ul style="list-style-type: none"> Consideration of key areas of work regarding the: equalities, health, travel and sustainability impact assessments Oversees and scrutinises the IIA programme of work to ensure delivery against key milestones and the final IIA

	<ul style="list-style-type: none"> Reviewed and approved the IIA engagement plan and IIA report
Transport and Access Working Group	<ul style="list-style-type: none"> Sets out recommendations to the IIA Steering Group with regards to the travel impact assessment
Clinical Senate	<ul style="list-style-type: none"> Assured the proposed clinical model
NHS England	<ul style="list-style-type: none"> National assurance of the draft pre-consultation business case (PCBC)
NHS Improvement	<ul style="list-style-type: none"> National assurance of the draft PCBC
London Regional Executive Team	<ul style="list-style-type: none"> Regional assurance of the draft PCBC
The Consultation Institute	<ul style="list-style-type: none"> Assurance of the engagement and consultation process
Joint Health Overview Scrutiny Sub-Committee	<ul style="list-style-type: none"> Scrutiny of IHT programme activities, evidence and consultation
IHT Committees in Common	<ul style="list-style-type: none"> Reviews all evidence and approves the PCBC Approves the consultation plan including the programme of proposed consultation activities, the consultation mandate and document. Takes the decision to proceed to consultation

B. IHT organisational chart

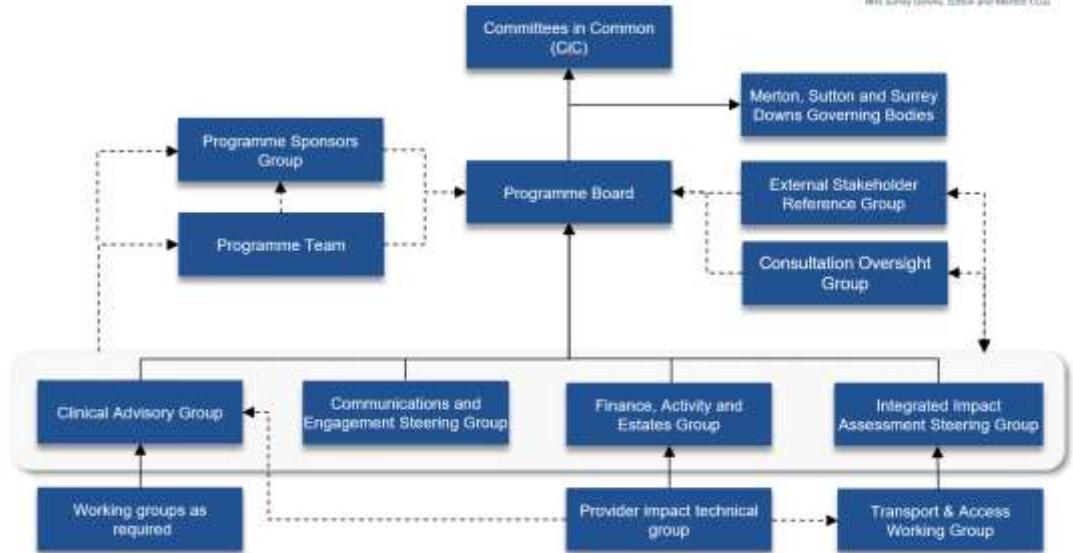
Line of reporting →
Provide view/advise →

Assurance process with:

- London Regional Executive Team
- NHS England
- NHS Improvement
- Clinical Senates
- The Consultation Institute

Scrutiny

- Joint Health Overview Scrutiny Sub-Committee



17.3 Appendix 3: Pre-consultation engagement

CCG	Organisations/ groups engaged
Merton	<ul style="list-style-type: none"> • Merton Voluntary Services Council (VSC) • Merton Voluntary Services Council: Mental Health Forum, on 21st March 2019 • Merton Voluntary Services Council: Health and Social Care Forum, on 9th April 2019 • Inner Strength Network (support for women, girls and their families around gender equality issues), on 24th April 2019, Merton Voluntary Services Council: Involve Forum, on 7th May 2019
Sutton	<ul style="list-style-type: none"> • Sutton Parents Forum, on 13th March 2019 • Sutton Patient Advisory Group, on 26th March 2019 • Bananas Art (support group for adults with a learning disability), on 15th April 2019 • Sutton Night Watch (support for homeless community), on 15th April 2019 • Wallington and Carshalton Health and Well Being Information Day • Inspire Partnership (drug and alcohol use), on 26th April 2019 • Health and Information Well-Being Day, on 26th April 2019 • Milan Group (BAME community), on 1st May 2019 • Community Action Sutton: Children and Young People Forum, on 8th May 2019 • Learning Disabilities Care Homes Provider Forum, on 9th May 2019 • Beddington and Wallington Senior Citizens Club, on 13th May 2019 • Community Action Sutton: Faith and Belief Sutton, on 15th May 2019 • Sutton South Hello (older people support group), on 15th May 2019 • Older People Registered Home Providers (care homes), on 22nd June 2019 • Community Action Sutton: BAME Forum, on 26th June 2019
Surrey Downs	<ul style="list-style-type: none"> • Long Term Neurological Conditions Group (Surrey Coalition of Disabled People), on 19th February 2019 • Preston Partner Network, on 29th April 2019 • Participation Action Network (multi-partner community and voluntary sector forum convened by Surrey Clinical Commissioning Group), on 6th March 2019 • Mid-Surrey Disability Empowerment Network meeting, on 25th March 2019 • Epsom and St Helier Maternity Voices Partnership, on 29th March 2019

17.4 Appendix 4: Legislation

The consultation will be anchored in best practice including the following key legislation, statutory duties and best practice guidance. These include:

1. The Health and Social Care Act 2012

This act makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public in:

- Its planning of commissioning arrangements;
- The development and consideration of proposals 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; and
- Decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates **Section 244 of the consolidated NHS Act 2006** which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

In addition, **Section 14T, outlined in the Health and Social Care Act 2012**, sets out that CCGs must, in the exercise of their functions, have regard to the need to reduce inequalities between patients in access to health services and in the outcomes achieved from health services.

The requirements from **The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013** require timescales to be provided to health scrutiny bodies and to be published by the proposer of substantial developments or variations, (Regulation 23). When consulting health scrutiny bodies on substantial developments or variations, a relevant NHS body or health service provider is required by the Regulations to notify the health scrutiny body of the date by which it requires the health scrutiny body to provide comments in response to the consultation and the date by which it intends to make a decision as to whether to proceed with the proposal.

2. The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.

Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to:

- Eliminate discrimination, harassment and victimisation
- Advance 'Equality of Opportunity
- Foster good relations.

All public authorities need to adhere to this Act so the partners will need to be assured that due regard has been paid throughout the delivery of this formal consultation.

To help support organisations to meet these duties a set of principles have been detailed in case law. The organisation must be aware of its duty:

- Due regard is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind
- The duty cannot be satisfied by justifying a decision after it has been taken
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision
- The duty is a non-delegable one
- The duty is a continuing one

3. The NHS Constitution

This document came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided; and
- In the decisions to be made affecting the operation of those services

4. NHS Act 2006⁴

The legislative requirement as defined by S.14Z2 states that 'CCGs must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information...)'. Any CCG that will make changes to its commissioning arrangements as a result of the proposals for Epsom and St Helier Hospitals will be subject to the duty.

It will be necessary to consult with any populations who may experience an impact by the proposed options. This will include:

- a) The combined populations of the Sutton, Merton and Surrey Downs CCGS
- b) Epsom and St Helier Trust Catchment area
- c) People living in neighbouring CCG areas who may use Epsom/St Helier (the duty will also apply although there may be a geographical 'cut off' point at which people are no longer consulted under the duty of involvement but are simply informed of the changes)
- d) Populations of the potentially impacted Trusts
- e) During the consultation planning period, it will be important to work with neighbouring CCGs to agree a process on how they can support the consultation process by carrying out engagement with their population.

5. The 'Gunning principles'

The principles consist of four rules designed to ensure a fair and transparent consultation:

⁴ NHS Act, 2016, Available at: <http://www.legislation.gov.uk/ukpga/2006/41/section/14T/data.pdf>

1. Consultation must be at a time when proposals are still at a formative stage
2. There is sufficient information to give 'intelligent consideration'
3. There is adequate time for consideration and response
4. 'Conscientious consideration' must be given to the consultation responses before a decision is made

6. The Consultation Institute - Consultation Charter 2017⁵, detailing the seven best practice principles:

- Integrity
- Visibility
- Accessibility
- Transparency
- Disclosure
- Fair interpretation
- Publication

7. The NHS England four tests for service change – These include:

- 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.

The Chief Executive of NHS England has also introduced a 'fifth test' that requires NHS organisations to show that significant hospital bed closures, subject to the current formal public consultation tests, can meet one of three conditions before NHS England will approve them to go ahead:

- 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
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- 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.

8. Mayor's Office 6 assurance tests⁶:

1. Patient and public engagement
2. Clinical support
3. Impact on health inequalities
4. Impact on social care
5. Hospital capacity
6. Sufficient investment

9. Cabinet Office – consultation principles⁷

⁵ The Consultation Institute, Consultation Charter 2017, Available at: <https://mk0consultation9e7bb.kinstacdn.com/wp-content/uploads/2017/11/The-Consultation-Charter-2017-edition.pdf>

⁶ Mayor's six tests, Available at: <https://www.london.gov.uk/what-we-do/health/champion-and-challenge/mayors-six-tests>

⁷ Cabinet Office, Consultation principles guidance, Available at: <https://www.gov.uk/government/publications/consultation-principles-guidance>

17.5 Appendix 5: Stakeholder map

A. High-level stakeholder map

Clinicians and staff	Patients and public (including representatives)	Local and regional government - officers	Local and regional government- politicians	Health and care partners and providers	Health and care regulators
<ul style="list-style-type: none"> • GPs in Surrey Downs, Sutton and Merton CCGs- including those in neighbouring South West London and Surrey boroughs • GP practice & primary care staff • CCG staff • South West London Health and Care Partnership staff • CCG Governing Body members • CCG Primary Care teams • CCG Executive Management teams • South West London Health and Care Partnership Senior Management Team • NHS provider (acute & community) Medical Directors 	<ul style="list-style-type: none"> • CCG Public and Patient Engagement Leads in Merton, Sutton and Surrey Downs CCGs including those in neighbouring South West London and Surrey boroughs/CCG • Healthwatches in Merton, Sutton and Surrey Downs. CCGs Including those in neighbouring South West London and Surrey boroughs/CCGs • Voluntary Service Councils • Voluntary groups • Community groups • South West London Patient & Public Steering Group 	<ul style="list-style-type: none"> • Greater London Assembly Health Policy team • Chief Executives of Local authorities in Merton, Sutton and Surrey Downs • Chief Executives of Local authorities in neighbouring boroughs across South West London and Surrey • Council officers in Surrey Downs, Sutton and Merton Local authorities including: • Directors of Public Health in Merton, Sutton and Surrey Downs. Including those in neighbouring South West London and Surrey boroughs • Directors of Adult Social Care in Merton, 	<ul style="list-style-type: none"> • All councillors in Merton, Sutton and Surrey Downs. Including those in neighbouring South West London and Surrey boroughs • Council leaders in Merton, Sutton and Surrey Downs. Including those in neighbouring South West London and Surrey boroughs • Council cabinet members including members for health & social care across Merton, Sutton and Surrey Downs. Including those in neighbouring South West London and Surrey boroughs 	<ul style="list-style-type: none"> • Acute provider NHS trust in Merton, Sutton and Surrey Downs. Including those in neighbouring South West London and Surrey borough • Community provider NHS trusts in Merton, Sutton and Surrey Downs. Including those in neighbouring South West London and Surrey boroughs • Mental health NHS trusts • Social care providers • Voluntary sector and community care providers • London Ambulance Service 	<ul style="list-style-type: none"> • NHS England & NHS Improvement London • NHS England & NHS Improvement national • Care Quality Commission

Clinicians and staff	Patients and public (including representatives)	Local and regional government - officers	Local and regional government- politicians	Health and care partners and providers	Health and care regulators
<ul style="list-style-type: none"> • Acute healthcare professionals • Community healthcare professionals • Acute corporate staff including ancillary staff • Community corporate staff • Social care staff • Local authority staff • Local Medical Committees • South West London Clinical Senate • Local professional medical and care bodies – local representatives • Medical unions and medical associations - local representatives • Trade union – local representatives 	<ul style="list-style-type: none"> • Local patient health groups (Patient Reference Groups (PRG), Patient Participation Group (PPG)) • Service users and carers • Patient groups • Resident Associations in Surrey Downs, Sutton and Merton • Residents in Merton CCG, Sutton CCG and Surrey Downs CCG • Residents in wider and neighbouring South West London boroughs and CCGs • Residents in wider and neighbouring Surrey Boroughs and CCGs 	<p>Sutton and Surrey Downs. Including those in neighbouring South West London and Surrey boroughs</p> <ul style="list-style-type: none"> • Scrutiny & democracy officers - including JHOSC & OSC officers in Merton, Sutton and Surrey Downs. Including those in neighbouring South West London and Surrey boroughs • Local authority communications lead in Merton, Sutton and Surrey Downs. Including those in neighbouring South West London and Surrey borough • Libraries Surrey Downs, Sutton and Merton • Parish councils (Surrey) 	<ul style="list-style-type: none"> • Parish councillors (Surrey) • South West London and Surrey Joint Health Overview and Scrutiny Committee (JHOSC) Chairs and members • Overview and Scrutiny Committees (OSC) Chairs and members in Merton, Sutton and Surrey Downs, and in wider and neighbouring CCGs and boroughs across South West London and Surrey • Health & Wellbeing Boards chairs & members in Surrey Downs, Sutton and Merton CCGs and wider and neighbouring CCGs and boroughs in South West London and Surrey • Surrey Downs, Sutton and Merton CCG MPs 		

Clinicians and staff	Patients and public (including representatives)	Local and regional government - officers	Local and regional government- politicians	Health and care partners and providers	Health and care regulators
			<ul style="list-style-type: none"> • MPs from wider and neighbouring CCGs and boroughs across South West London and Surrey • South West London London Assembly Members • Mayor of London • Mayor of London Health Adviser 		

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B. Draft patient, equality and seldom hear groups stakeholder map

This matrix is not exhaustive and indicative only – many other groups will be consulted plus groups which are still being scoped.

Cohort:	Surrey Downs CCG	Sutton CCG	Merton CCG
People over 65	Age UK Surrey Age Concern - Mole Valley Tuesday Club – Banstead	South Sutton Hello Age UK Sutton Beddington & Wallington Senior Citizens Club	Merton Seniors Forum Age UK Merton Asian Elderly Group
Black and minority ethnic communities	Surrey Minority Ethnic Forum Elmbridge Council - Multi-Faith and Race & Equality Forums	Sangam African and Caribbean Heritage Association Muslim & Cultural Welfare Association of Sutton	BAME Voice Polish Family Association South London Tamil Welfare Group Baitul Futuh Mosque
People with learning impairments	Sunnybank Trust The Grange Ashtead Learning Disability Action Group	Sutton Mencap Speak Up Sutton Clusters	Merton Mencap Merton Centre for Independent Living Act Too
People with physical impairments	Surrey Coalition for Disabled People Mid-Surrey Disability Alliance Network Surrey CC: Valuing People Groups	The Dreaming Tree (visual impairments) Sutton Lodge Day Centre Oaks Way Centre	Merton Vision All Saints Resource Centre Medical Engineering Resource Unit
People in poor mental health	The Old Moat – Richmond Fellowship Mary Frances Trust Surrey and Borders Partnership FT	Sutton Mental Health Foundation Cheam Priory Day Centre Alzheimer's Society - Sutton	Imagine Independence Hearts and Minds Wimbledon Guild Counselling Service Focus 4-1
Children and Young People	Bfree: North Leatherhead Youth Council Phoenix Youth Centre (Tadworth) YMCA - Banstead	Street Doctors (youth reparation scheme) Sutton Youth Commissioners Young carers	Merton Youth Centre South Thames College Ashdon Jazz Academy
Maternity, Pregnancy and Parents	Family Voice Surrey Riverview Children's Centre Home Start – Elmbridge, Epsom & Ewell	Home Start – Sutton Sutton Parents Forum Jigsaw4u	Gooseberry Bush Centre Merton Council - Childrens Centres National Autistic Society Merton Group (autism)

LGBT	Outline Surrey	LGBT Forum	LGBT Forum
Carers	Action for Carers Surrey Young Carers	Sutton Carers Centre The Carers Trust	Merton Carers Support Help for Carers
Gypsy, Roma and Traveller community	Surrey Gypsy Forum Gypsy community in Epsom	Merton and Sutton Traveller and Education Service	Merton and Sutton Traveller Education Service
Deprived communities	Epsom and Ewell Food Bank	Riverside Centre Refugee and Migrant Network	Commonside Development Trust South Mitcham Community Association
Patient groups	Patient Participation Groups (PPGs) Stroke Association - Sutton	Patient Participation Groups (PPGs) Patient Reference Group (PRG) Sutton Family Diabetes Group	Patient Participation Groups (PPGs) Patient Reference Group (PRG) Patient Engagement Group (PEG) Breathe Easy – Merton & Sutton group
Seldom heard groups	Catalyst (drug and alcohol mis-use) LeatherHEAD Start (the homeless)	Children in Care Council Refugee and Migrant Network	South London HIV Partnership Circle Housing – Merton Priory

C. Equalities engagement opportunities for consultation

Please note: 'Y' – Yes; 'N' – No.

Protected characteristic/ Other characteristic	Relevant group	Identified by IIA as having a disproportionate impact	Listening events	Roadshows	Pop-ups	Deliberative events Representative sample/ (also recorded)	Focus groups: Protected characteristics/ other recorded characteristics)	In-depth interviews (showing prioritised characteristic only)	Telephone survey: Prioritised characteristic / (also collected)	CVS scheme: showing prioritised groups only	CCG outreach: Likely priority groups	Online questionnaire captures
Age	Children up to age 16	Y	Y	Y	Y	N	N	N	N	Y	Y	Y
	Children up to age 16 - parent/carers of under 16s	N	Y	Y	Y	N (Y)	Y	N	Y	Y	Y	Y
	Young people 16-24	Y	Y	Y	Y	Y (recruit 18+)	Y	N	Y	Y		Y
	People aged 65+	Y	Y	Y	Y	Y	Y	N	Y	Y		Y
	People of working age	N	Y		Y	Y	N	N	Y	N		Y

Protected characteristic/ Other characteristic	Relevant group	Identified by IIA as having a disproportionate impact	Listening events	Roadshows	Pop-ups	Deliberative events Representative sample/ (also recorded)	Focus groups: Protected characteristics/ other recorded characteristics)	In-depth interviews (showing prioritised characteristic only)	Telephone survey: Prioritised characteristic / (also collected)	CVS scheme: showing prioritised groups only	CCG outreach: Likely priority groups	Online questionnaire captures
Gender reassignment	Trans men and trans women	Y	Y	Y	Y	N	N	Y	N	Y		N
Ethnicity	People from BME communities	Y	Y	Y	Y	Y	N (Y recruit mix)	N	Y	Y		Y
Disability	Physical disability, mobility issues and sensory impairments	Y	Y	Y	Y	N (Y)	N (Y record)	N	N (Y)	Y		Y
	Long term condition	Y	Y	Y	Y	N (Y)	Y for age 55+	N	N (Y)	Y		Y
	Mental health concern	Y	Y	Y	Y	N (Y)	N (Y record)	N	N (Y)	Y		Y

Protected characteristic/ Other characteristic	Relevant group	Identified by IIA as having a disproportionate impact	Listening events	Roadshows	Pop-ups	Deliberative events Representative sample/ (also recorded)	Focus groups: Protected characteristics/ other recorded characteristics)	In-depth interviews (showing prioritised characteristic only)	Telephone survey: Prioritised characteristic / (also collected)	CVS scheme: showing prioritised groups only	CCG outreach: Likely priority groups	Online questionnaire captures
	Learning or neurological disability including autism	Y	(Y)	Y	Y	N (Y)	N (Y record)	N	N (Y)	Y	Y	Y
Pregnancy or maternity	Pregnant women/had a child in last year / adolescent mothers and fathers	Y	Y	Y	Y	N (Y)	Y	N	N (Y)	Y		Y
Sexual orientation	LGBQ+ population	Y	Y	Y	Y	N (Y)	N (Y include some LGB)	N	N	Y		Y
Gender	Women	N	Y	Y	Y	Y	N (Y recruit mix)	N	N (Y)	N		Y
	Men	N	Y	Y	Y	Y	N (Y recruit mix)	N	N (Y)	N		Y

Protected characteristic/ Other characteristic	Relevant group	Identified by IIA as having a disproportionate impact	Listening events	Roadshows	Pop-ups	Deliberative events Representative sample/ (also recorded)	Focus groups: Protected characteristics/ other recorded characteristics)	In-depth interviews (showing prioritised characteristic only)	Telephone survey: Prioritised characteristic / (also collected)	CVS scheme: showing prioritised groups only	CCG outreach: Likely priority groups	Online questionnaire captures
Marital status		N	Y	Y	Y	N (Y)	N (Y record)	N	N	N		Y
Religion or belief		N	Y	Y	Y	N (Y)	N (Y record)	N	N (Y)	Y	Y	Y
Carers	Young, adult, parent carers	Y	Y	Y	Y	N (Y)	N (Y record)	N	N (Y)	Y		Y
People living in deprived areas/low income households		Y	Y	Y	Y	Y	N (Y recruit mix)	N	Y	Y		Y
Seldom heard	Gypsy, Roma and traveller community	Y	(Y)	Y	Y	N	N	Y	N	Y		N
	Homeless people	N	(Y)	(Y)	Y	N	N	N	N	Y		N

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	Refugees, migrants and asylum seekers	N	(Y)	Y	Y	N	N	N	N	Y		N
	Substance misuse difficulties	N	(Y)	Y	Y	N	N	N	N	Y		N
	Housebound people	N	N	N	N	N	N	N	N	Y		N