

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**Venue: Sheffield Clinical
Commissioning Group
(CCG) Headquarters, 722
Prince of Wales Road,
Sheffield, S9 4EU**

Date: Monday, 23rd May, 2016

Time: 2.00 p.m.

A G E N D A

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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MEETING NOTICE

NOTICE IS HEREBY GIVEN of a meeting of the Joint Health Overview and Scrutiny Committee in relation to the Commissioners Working Together collaborative and health service change in South and Mid Yorkshire, Bassetlaw and North Derbyshire. The meeting can be attended by members of the public and will take place at **Sheffield Clinical Commissioning Group (CCG) Headquarters, 722 Prince of Wales Road, Sheffield, S9 4EU**, on the date and time listed below:-

DAY	DATE	TIME
Monday	23 rd May 2016	2:00 p.m.

For any queries please contact Anna Morley, Scrutiny Officer, on 01226 775794 or annamorley@barnsley.gov.uk

Please display this notice from Monday 16th May 2016 until Monday 23rd May 2016

MEETING:	Commissioners Working Together Joint Health Overview and Scrutiny Committee
DATE:	Monday, 23 May 2016
TIME:	2.00 pm
VENUE:	Sheffield CCG Headquarters, 722 Prince of Wales Road, Sheffield, S9 4EU

AGENDA

Administrative and Governance Issues for the Committee

1 Apologies for Absence

To receive apologies for absence.

2 Declarations of Pecuniary and Non-Pecuniary Interest

To invite Members of the Committee to make any declarations of pecuniary and non-pecuniary interest in connection with the items on this agenda.

3 Minutes of the Previous Meeting (Pages 3 - 4)

To approve the minutes of the previous Committee meeting held on 12th October 2015 (Item 3 attached).

4 Committee Terms of Reference (Pages 5 - 6)

To consider and approve the proposed Terms of Reference for the Committee (Item 4 attached).

Overview and Scrutiny Issues for the Committee

5 Commissioners Working Together Programme Briefing

To receive a verbal briefing in relation to an update and overview of the Commissioners Working Together Programme.

6 Pre-consultation Report for Children's Surgery and Anaesthesia and Hyper Acute Stroke Services (Pages 7 - 22)

To consider the pre-consultation report for children's surgery and anaesthesia and hyper acute stroke services (Item 6 attached).

7 Draft Strategy and Plans for Consultation for Children's Surgery and Anaesthesia and Hyper Acute Stroke Services (Pages 23 - 58)

To consider the draft strategy and plans for consultation for children's surgery and anaesthesia and hyper acute stroke services (Item 7 attached).

Enquiries to Anna Morley on 01226 775794 or annamorley@barnsley.gov.uk

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Commissioning Working Together

Meeting of Overview and Scrutiny Representatives

12 October, 3:30, Oak House, Rotherham

Attended	Apologies
Cllr Bambrick – Derbyshire County Council	Cate Mc Donald – Sheffield City Council
Cllr Ennis – Barnsley Council	Cllr Rhodes – Wakefield Council
Will Cleary-Gray – Working Together Programme	Jo Webster – Wakefield CCG
Chris Edwards – Rotherham CCG	Andy Wood – Wakefield Council
Martin Gately – Nottinghamshire County Council	
Cllr Harwood – Nottinghamshire County Council	
Alison Knowles – NHS England (Chair)	
Phil Mettam – Bassetlaw CCG	
Anne Morley – Barnsley Council	
Jackie Pendleton – North Derbyshire CCG	
Cllr Revell – Doncaster Council	
Maddy Ruff – Sheffield CCG	
Cllr Sansome – Rotherham Council	
Lesley Smith – Barnsley CCG	
Chris Stainforth – Doncaster CCG	
Emily standbrook- Shaw – Sheffield City Council	
Helen Stevens - Working Together Programme	
Jackie Wardle – Derbyshire County Council	
Kate Woods – Working Together Programme	

Joint OSC meeting

12 October 2015

1. Introduction to Working Together

AK introduced the Commissioning Working Together Programme (WTP), noting that this was a collaboration across the health service to consider how we improve the health of communities and health services across a geographical footprint wider than individual CCGs. WTP includes the areas covered by the following CCGs: Barnsley, Bassetlaw, Doncaster, Hardwick, North Derbyshire, Rotherham, Sheffield and Wakefield. The purpose of the meeting was to introduce the Programme to OSCs at an early stage and before formal public consultation was required, and to request the formation of a joint scrutiny committee (as set out in regulations and DH guidance).

2. Hyper Acute Stroke Services – the Case for Change and the next steps

Programme Director, Will Cleary-Gray delivered a presentation, detailing the background to the programme and the reasons for undertaking collaborative commissioning, as well as focusing on detail behind the Stroke project.

The following comments were noted:

- Query noted around whether there had been a decision made on a centralised unit for Stroke – AK confirmed that a clinical case for change had been developed, but the programme was not yet at an option appraisal stage. It was anticipated that a joint scrutiny committee would be established to help shape that option appraisal and to consider the programme of engagement and then formal consultation.
- Concerns raised around duplication of the work of the Yorkshire and Humber joint OSC (a LA led model working with YAS and involved what Children’s cardiac service) - AK confirmed that the WTP geographical footprint included areas not represented on the Y&H group noting there may be an opportunity to utilise this existing panel in some capacity
- There would be a need for clear governance and structure and the objectives and aims of the proposed joint committee. The Committee would be established and led by local government
- The officer from Derbyshire County Council highlighted work involved in establishing a joint scrutiny committee for the Greater Manchester Healthier Together programme and offered to share the learning from this (including terms of reference and membership).

ACTION: JACKIE WARDLE

- Cllr Harwood from Nottinghamshire County Council welcomed the proposal as a way of improving their engagement and scrutiny of services provided by Doncaster & Bassetlaw Hospitals NHS FT. Phil Mettam noted the concerns of Cllr Harwood and agreed to discuss further outside of the meeting.
- A query was raised around managing differing views across the patch. AK noted that a joint Scrutiny would be established under the remit of democracy and would be bound by regulations. It would be an opportunity for individual councils to take a democratic view

3. Development of joint Overview and Scrutiny Committee arrangements

It was agreed that the WTP would produce a formal request to scrutiny committees to consider formation of joint health and scrutiny panel for the purposes of the WTP, recognising this would need to go through individual democratic processes for agreement. The request would also come via the Chief Executives of each Council.

ACTION: WCG

Meeting closed.

Terms of Reference for the Joint Health Overview and Scrutiny Committee in Relation to Health Service Change in South and Mid Yorkshire, Bassetlaw and North Derbyshire

The **South and Mid Yorkshire, Bassetlaw and North Derbyshire Joint Health Overview and Scrutiny Committee** is a joint committee appointed under Regulation 30 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218 and is authorised to discharge the following health overview and scrutiny functions of the authority (in accordance with regulations issued under Section 244 National Health Service Act 2006) in relation to the Commissioners Working Together programme or any other health related issues covering the same geographical footprint:

- a) To review and scrutinise any matter relating to the planning, provision and operation of the health service in its area, pursuant to Regulation 21 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- b) To make reports and recommendations on any matter it has reviewed or scrutinised, and request responses to the same pursuant to Regulation 22 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- c) To comment on, make recommendations about, or report to the Secretary of State in writing about proposals in respect of which a relevant NHS body or a relevant health service provider is required to consult, pursuant to Regulation 23 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- d) To require a relevant NHS body or relevant health service provider to provide such information about the planning, provision and operation of the health service in its area as may be reasonably required in order to discharge its relevant functions, pursuant to Regulation 26 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2014.
- e) To require any member or employee of a relevant NHS body or relevant health service provider to attend meetings to answer such questions as appear to be necessary for discharging its relevant functions, pursuant to Regulation 27 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Principles

- The purpose of the committee is to ensure that the needs of local people are considered as an integral part of the delivery and development of health services across this geographical footprint.
- All Members, officers, members of the public and patient representatives involved in improving health and health services through this scrutiny committee will be treated with courtesy and respect at all times.

Membership

- The Joint Committee shall be made up of seven (non-executive) members, one from each of the constituent authorities.
- A constituent authority may appoint a substitute to attend in the place of the named member on the Joint Committee who will have voting rights in place of the absent member.
- Quorum for meetings of the Joint Committee will be three members, with one from at least three of the seven local authorities present.

The 7 Committee Member Authorities are:

Barnsley Metropolitan Borough Council
Derbyshire County Council
Doncaster Metropolitan Borough Council
Nottinghamshire County Council
Rotherham Metropolitan Borough Council
Sheffield City Council
Wakefield Metropolitan District Council

Covering NHS England and the following 8 NHS Clinical Commissioning Groups (CCGs):

Barnsley CCG
Bassetlaw CCG
Doncaster CCG
Hardwick CCG
North Derbyshire CCG
Rotherham CCG
Sheffield CCG
Wakefield CCG

Working Arrangements:

- The Committee will meet on an ad-hoc basis as topics require scrutiny.
- On a rotating basis for each meeting, each local authority will Chair and provide administrative support to that meeting.
- Agenda, minutes and committee papers will be published on the websites of all the local authorities 5 working days before the meeting.

Communications and engagement report: pre-consultation for children's surgery and anaesthesia and hyper acute stroke services



April 2016

1. Introduction

As Commissioners Working Together (CWT), we are a collaborative of eight clinical commissioning groups (CCGs) across South and Mid Yorkshire, Bassetlaw and North Derbyshire and NHS England.

Some people have better experiences, better outcomes and better access to services than others – and to ensure that everyone experiences the highest quality and safest service possible, we are working with all local hospitals and care providers, staff and patient groups to understand how best to do this for the benefit of everyone in the region.

Over the last year, we have focused on four key areas – reviewing both hyper acute stroke and children's surgery and anaesthesia services, urgent and emergency care and have also developed a partnership with Macmillan for people living with and beyond cancer.

Between January and April 2016, we held an open pre-consultation for the review of children's surgery and anaesthesia services and also hyper acute critical care services across the region.

The purpose of the pre-consultation communications and engagement work was to gather views and input to inform plans and the development of the options for future service configuration. These options will inform our consultation that will be opening to the public in September 2016.

2. Methods and approach

During pre-consultation, we focused our efforts on three key groups:

- Patients, carers, families and the wider public
- Clinicians and staff working in the services
- Place-based stakeholders such as Overview and Scrutiny Committees (OSCs), Health and Wellbeing Boards, MPs and other interested groups.

A comprehensive stakeholder map – developed with input from all CCGs – helped to shape and inform the approach and develop appropriate methods and ways of connecting with our identified audiences.

We followed the NHS England Planning, Assuring and Delivering Service Change for Patients Guidance (November 2015) and had conversations with and learned from colleagues in parts of the country where successful, large-scale engagement has already taken place (eg Manchester and Wakefield).

Our approach was inclusive and included:

- Overarching strategic communications and engagement from the Commissioners Working Together team
- CCG-led local conversations and awareness raising based on comprehensive, place-based communications and engagement plans
- Regionally-led clinical and managerial engagement
- Clinically informed materials
- Clinically led communications materials
- Patient and public involvement in development of materials

Our methods have included:

- Digital communications and engagement through our website, with background about why changes are being considered and materials. This was the central point for signposting and survey responses
- An online survey, asking the questions:
[What matters to you when accessing children's surgery and anaesthesia services?](#)
[What matters to you when accessing critical care for people who have had a stroke?](#)
- Social media – Twitter and Facebook led
- Events, supported by the same toolkit (presentation, topline messages and Q&A)
- Broadcast and print media releases and conversations
- One to one briefings and updates with place-based stakeholders, via regular chief officer briefings
- Briefings with Healthwatch
- Setting up a Joint Health Overview and Scrutiny Committee

A working group with all communications and engagement leads from our eight CCG's, along with communications leads from the region's acute provider organisations and NHS England has been meeting regularly since June 2015. As well as helping to shape the communications and engagement approach, the group has met to discuss what materials were needed to support local conversations (which were subsequently developed by the core team) and update on engagement progress.

As well as promoting the pre-consultation, each CCG has been leading on local conversations with local groups and communities – ranging from established patient and public participation groups to health ambassadors (representing community and interest groups such as the homeless, asylum seekers and the deaf community), parent and carer groups (including a group for parents with children who have autism), stroke groups, disability networks and local employers. These have been complemented by regional events with clinicians, staff involved in the services and patient and public representatives.

3. Overview of communications and engagement activity

The pre-consultation period started in January 2016 and since early February, the website has seen a significant increase in traffic, with 6,756 page views between 1 February and 15 April. The top three page destinations throughout pre-consultation were:

- /what-we-do/childrens-surgery/share-your-thoughts
- /what-we-do/critical-care-stroke-patients
- /what-we-do/children's-surgery

Interest in the Commissioners Working Together Twitter and Facebook presence has also grown – with Twitter followers increasing at a rate of around 50 a month and tweet impressions averaging around 15,000. Profile visits reached almost 1,300 in February and over 1,100 in March. Facebook has also helped raise awareness of the pre-consultations, with videos of the clinical leads and patients reaching more than 700 users. A blog from the clinical lead for children's surgery services was read by 140 individual users with Twitter being the main source of traffic.

For further awareness raising, contact was made with the region's key media with briefings given and a press release issued. This also resulted in an article in the Health Service Journal (HSJ) – a national trade publication.

Collectively, as a core team and as individual CCG's we have held, attended and shared information at 22 events. This includes patient and public participation groups, parent and carer forums and stroke support groups. Attendance at the events has varied from audiences of 15 to over 200.

We have also been gathering views on a one-to-one basis in outpatient clinics, local authority settings, sixth form colleges, stroke groups and parent and carer forums.

By the end of the pre-consultation phase, we received 247 online responses as well as written feedback from each of the events. We estimate that more than 500 face to face conversations have taken place; though the awareness of the need to look at changing the two service areas has reached many thousands.

3.1 Overview of clinical engagement

In establishing the workstreams and subsequent pre-consultations, clinical spokespeople were identified and have been involved in helping shape the messaging for our various communications and engagement methods and materials.

At least five clinical workshops were held centrally throughout the pre-consultation phase and Commissioners Working Together workstream leads continue to work with clinical representatives from each commissioning and provider organisation in South and Mid Yorkshire, Bassetlaw and North Derbyshire to ensure all plans and developments are clinically-sound and sustainable.

We have also actively engaged with and worked alongside a number regional clinical experts from the Yorkshire and Humber Strategic Clinical Network throughout this process, where they have attended events, acted as spokespeople and been kept informed through regular e-bulletins and face to face meetings.

3.2 Overview of MP engagement

Building on existing relationships, each individual clinical commissioning group held the responsibility for communicating and engaging with their local MPs through regular briefings with the respective Chief Officers.

4. Overview of communications and engagement activity by area

Complementing the overarching communications and engagement activity and support from the core team, local CCG based activity was also carried out. Each CCG followed similar methods and approaches for engaging with their respective stakeholders and local populations.

4.1 NHS Barnsley Clinical Commissioning Group

NHS Barnsley Clinical Commissioning Group (Barnsley CCG) carried out various communications and engagement activity for the two workstreams, alongside promoting the pre-consultations, and how to get involved, via their website which was supported by social media signposting from their Facebook and Twitter accounts (over 9,700 followers).

Quantitative communications included the promotion of the pre-consultations via e-bulletins to various partner organisations and patient and public groups from across Barnsley. This included information being distributed to their patient council, OPEN (a public engagement network of around 200 members), GP patient reference groups (PRG's) and to local partners from across health and social care, as well as their local authority and voluntary sector organisations.

Patient and public communications and engagement

Qualitative engagement in Barnsley with patients and the public included the pre-consultations being discussed at the Barnsley Patient Council meeting on 24 February 2016. The meeting was attended by members of local GP patient reference groups from across Barnsley with a presentation given by a member of the CWT core team alongside open,

participatory discussion on the pre-consultations. Feedback from this meeting has been incorporated into the overall themes.

Further qualitative engagement for the pre-consultation into hyper acute stroke services included attendance at an Afternoon Tea Party and Dance held by the Rotary Clubs of Barnsley, which provided an afternoon of company, discussions and entertainment for lonely, elderly and socially isolated people from across the borough. Over 200 people were in attendance and took part in a number of informal, face to face discussions. Again, the feedback was then incorporated centrally.

Staff and partner communications and engagement

Qualitative engagement with partner organisations, which did also include some patient groups and representatives, was the presentation of and discussions on the work of Commissioners Working Together and the pre-consultations at Barnsley CCG's Commissioning Plans Event on 12 February 2016. As well as having a stand with information to take away, round table discussions on the workstreams were had with the 50+ people in attendance.

Barnsley CCG built on their strong relationships with their partner and provider organisations for further quantitative communications and engagement activity. Promotion of the pre-consultations and the opportunities to get involved was included in:

- Voluntary Action Barnsley's weekly e-bulletin as well as through social and digital media (their own website and Facebook and Twitter accounts)
- South West Yorkshire Partnership NHS Foundation Trust circulated the information to all practice governance coaches in Barnsley, including physical and community services as well as mental health. Information was also sent widely to staff within physical and community services, including district nurses.
- Barnsley Hospital NHS Foundation Trust promoted the pre-consultations via their own existing networks, including Barnsley Parents and Carers Forum.
- Via their volunteering and engagement team, Barnsley Metropolitan Council promoted the pre-consultations to their staff, area teams and through their Service User and Carer Groups database (of which there are over 200 members).

Communications and engagement with seldom heard groups and those in protected characteristics

As well as qualitative engagement at the Rotary Club event for elderly and socially isolated people, Barnsley CCG targeted the following groups for promotion of and involvement in the pre-consultations:

- Barnsley BME Women and Children Forum
- Healthwatch Children and Young People
- Barnsley Maternity Service User Group

4.2 NHS Bassetlaw Clinical Commissioning Group

NHS Bassetlaw Clinical Commissioning Group (Bassetlaw CCG) posted information on the pre-consultations and the links to the central online surveys on their own website and supported the awareness raising via their social media accounts (over 2,900 followers on Twitter and 50 on Facebook).

Patient and public communications and engagement

Qualitative engagement by Bassetlaw CCG throughout the pre-consultation phase included attendance at their Patient Experience Steering Group. The group, consisting of patient representatives from across Bassetlaw, received a presentation on the two pre-consultations with the opportunity for follow up, participatory discussion.

Quantitative communications and engagement included the dissemination of pre-consultation information through various community and voluntary sector organisations in the area. These included:

- Bassetlaw Action Centre
- Advice Bureau, and;
- Bassetlaw Community Voluntary Services.

Staff and partner communications and engagement

Further awareness raising included the dissemination of information through Bassetlaw CCG's Working Voices project. This is an ongoing partnership project between the CCG and the workforce of five local employers – Eatons Electrical, Ryton Park Primary School, BPL, North Nottinghamshire College and Bassetlaw CAB.

Regular updates on the work of Commissioners Working Together and the pre-consultations were also given at Bassetlaw CCG's Governing Body meetings throughout the phase.

4.3 NHS Doncaster Clinical Commissioning Group

NHS Doncaster Clinical Commissioning Group (Doncaster CCG) actively promoted the pre-consultations, engaging with a wide range of local communities for involvement in the two pre-consultations. This was complemented by hosting locally tailored online surveys on their website which was signposted to from their own Twitter account of over 9,500 followers

The former chair of Doncaster CCG also promoted the pre-consultations through his regular comment piece in the Doncaster Star.

Patient and public communications and engagement

Qualitative engagement for the pre-consultation into children's surgery and anaesthesia services included attendance at seven participatory events with various patient and public groups including; two local colleges, Doncaster Parent's Voice, Doncaster's patient and participation group network and Happy Hands, Doncaster's Deaf Parent Group.

Similarly, qualitative engagement for the hyper acute stroke services pre-consultation included attendance at three participatory events with a local stroke group, Doncaster Speakability and the Doncaster Stroke Support Group.

Vox pop sessions were also carried out at the Civic Building in Doncaster, engaging members of the public in 1:1 conversations about the two pre-consultations and feeding their views into the overall feedback.

Quantitative engagement on the two workstreams included the distribution of information, including how to get involved to targeted patient and public groups across Doncaster, including children's centres, parent partnerships, carers' services and charities.

Staff and partner communications and engagement

Quantitative communications and engagement activity was carried out with Doncaster CCG's partner organisations through the distribution of information and survey questions for all internal and external publications of the following:

- Doncaster Metropolitan Borough Council
- Public Health
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- The Doncaster Chamber of Commerce
- St Leger Homes (who provide housing services for the 21,000 council-owned homes in Doncaster)

The online survey was also distributed to a number of BME community groups and to the CCG's Health Ambassadors who represent a range of seldom heard community groups such as the homeless and asylum seekers.

Communications and engagement with seldom heard groups and those in protected characteristics

Through their various communications and engagement activity, Doncaster CCG also targeted the below groups with information and opportunities to get involved:

- Doncaster Men's Group
- Doncaster Age UK
- Doncaster Mencap
- Doncaster Mind
- Doncaster Autistic Society
- Doncaster Deaf Parent and Toddler Group

- The LADDER group (supporting young people across Doncaster with a range of disabilities)

4.4 NHS Hardwick and NHS North Derbyshire Clinical Commissioning Groups

NHS Hardwick and NHS North Derbyshire Clinical Commissioning Groups (CCGs) submitted joint communications and engagement activity plans and reports and worked jointly to target their respective populations and audiences.

Information on the pre-consultations was posted on their individual websites and supported by social media signposting through their respective Twitter accounts (over 3,700 combined followers).

Patient and public communications and engagement

Qualitative engagement covering the two CCGs included attendance at two participatory events and meetings where information was shared and discussions had on the two pre-consultations. This included a focus group at the Derbyshire Stroke Centre on Thursday 17 March 2016. Feedback from this group has been incorporated into the central themes.

Quantitative communications and engagement by the two CCGs included the contacting of and dissemination of information to at least ten specific patient and public groups relevant to each service. The opportunity to have a face to face discussion with a member of either Hardwick or North Derbyshire CCG was also offered to these groups, which included, the North Derbyshire Stroke Club, Dales and High Peak Council for Voluntary Service, the Derbyshire Parent forum and Cypress Parent Support Group.

Staff and partner communications and engagement

Quantitative communications and engagement across the two areas included the mass communication of pre-consultation information through each CCG's internal and external publications, chief officer blogs, GP newsletters and information shared with the provider organisations in the region, Chesterfield Royal Hospitals NHS Foundation Trust and Derbyshire Community Health Services.

Due to the engagement with and by building on their relationships with partners, information was then cascaded independently via the local Healthwatch and NVDA (a registered charity supporting health related voluntary organisations across Derbyshire) to their own stakeholders and audiences.

The executive teams of each CCG provided regular updates to the region's Health and Wellbeing Board and information was also shared amongst all Patient Participation Groups (PPGs) and practice managers in the region.

4.5 NHS Rotherham Clinical Commissioning Group

Overarching communications and engagement methods carried out by NHS Rotherham Clinical Commissioning Group (Rotherham CCG) included the publishing of the pre-consultations on their website with links to the central feedback surveys on the Commissioners Working Together site. This was supported by further digital and social

media engagement with signposting from the CCG's Twitter account (to over 7000 followers).

Quantitative communications also included the inclusion of the pre-consultations in emails out to all 31 Rotherham GP practices as part of their regular GP e-bulletin, alongside articles printed in internal and external partner publications and newsletters, for example, those of The Rotherham NHS Foundation Trust and Rotherham Metropolitan Borough Council.

Patient and public communications and engagement

Rotherham CCG had a strong focus on qualitative engagement with various face to face conversations having taken place throughout the pre-consultation phase. These conversations included targeted engagement with local groups for stroke survivors and those having suffered from other neurological conditions. Presentations on the two workstreams were given to these individual groups in February and March 2016 with discussions then feeding into the overall pre-consultation feedback.

For the children's surgery and anaesthesia workstream, qualitative engagement was carried out with the Rotherham Parent's Forum. The forum is an active group of parents and carers who work with health and care organisations who provide services for disabled children and their families in Rotherham.

Further qualitative engagement with patients and the public included presentations to and discussions with the Rotherham PPG network, made up of patient and public representatives from across all GP practices in the area. Workstream leads from the central Commissioners Working Together team also attended this participatory event and were able to discuss the pre-consultations and also answer any questions the audience had.

Staff and partner communications and engagement

Information on the work of Commissioners Working Together and how to get involved with the two pre-consultations was also shared via qualitative engagement with a number of Rotherham CCG's partner organisations. For example, the CCG had regular catch ups with Healthwatch Rotherham throughout the pre-consultation period as well as chief officer and chair conversations with the local health overview and scrutiny committee.

Communications and engagement with seldom heard groups and those in protected characteristics

Communications and engagement targeted to groups as identified in the protected characteristics included the sending of information, including how to get involved and respond to the pre-consultations, to the Rotherham Disability Network and Older People's Forum with an offer of attendance at participatory events and focus groups.

4.6 NHS Sheffield Clinical Commissioning Group

Complementing the various methods used by NHS Sheffield Clinical Commissioning Group (Sheffield CCG) during the pre-consultation phase was their overarching use of digital engagement and social media. Information on both Commissioners Working Together workstreams was published on the CCG's website which included links and information on

how to get involved via the CWT main site. This was supported by signposting from their Twitter account (to over 9,500 followers).

Patient and public communications and engagement

In terms of qualitative engagement, Sheffield CCG built on their strong links with their largest provider organisation, Sheffield Teaching Hospitals NHS Foundation Trust (STH) where the pre-consultation questions for hyper acute stroke services were incorporated into the stroke service's own patient feedback survey. A dedicated volunteer attended the hospital based six-week review clinic and talked through the questionnaire and pre-consultation information with all patients and carers who accessed the stroke service within the pre-consultation phase. From this, 63 1:1 patient conversations were had by STH's stroke service and fed into our patient and public feedback.

Qualitative engagement for the children's surgery pre-consultation included attendance at and conversations with the Sheffield Parent Carer forum and attendance at Sheffield Children's Hospital NHS Foundation Trust's outpatient department for 1:1 conversations with parents and carers of children who either needed or had gone for a follow up appointment following elective surgery.

Quantitative communications and engagement activity in Sheffield for both pre-consultations included the signposting to the central online surveys in multiple and various online forums including; Involve Me, Citizen Space, Mumsnet, the Health and Wellbeing Board, Healthwatch and a mail out to Voluntary Action Sheffield and members of various voluntary and community groups in the city.

Staff and partner communications and engagement

Qualitative engagement with Sheffield CCG's partner organisation's boards included regular updates to Sheffield's Health and Wellbeing Board with partners providing support and feedback. Ongoing, face to face updates and information on the pre-consultations, with opportunities for feedback, were also given to the joint overview and scrutiny committee. Information and plans for the pre-consultations were also shared by the CCG at the Sheffield Engagement Leads Group which includes communications and engagement representatives from Sheffield City Council, NHS provider organisations and Healthwatch. It was from linking with this group that STH then incorporated the pre-consultation questions into their stroke service patient feedback survey.

Sheffield CCG also contacted each of the GP practices (of which there are 88 in Sheffield), practice managers and patient participation groups across the city to raise awareness of Commissioners Working Together, our work and how to get involved in the pre-consultations.

Communications and engagement with seldom heard groups and those in protected characteristics

In Sheffield, information on the pre-consultations, including how to get involved, was disseminated through the Equality Hub Network representing the following groups across the city:

- Age hub for younger and older people
- BME hub
- Carers' hub
- Disability hub
- LGBT hub
- Religion/belief hub (including those of no religion)
- Women's hub

4.7 NHS Wakefield Clinical Commissioning Group

NHS Wakefield Clinical Commissioning Group (Wakefield CCG) also supported their more targeted communications and engagement activity through the use of social and digital media. The online surveys, and links to the Commissioners Working Together site, were posted on their website and signposted to via their own Twitter account of over 8,400 followers.

Patient and public communications and engagement

Qualitative engagement with patients and the public included the attendance at two participatory events, one of PIPEC (the CCG's patient group) and the other, a patient reference group network meeting with representatives from across Wakefield's patient groups. Presentations were given on the two pre-consultations, followed by discussions with the groups and feedback given centrally.

Quantitative patient and public communications and engagement included contact being made with and the dissemination of pre-consultation information to a number of targeted groups relevant to each workstream. These included:

- Individual members of a former Wakefield Stroke Group
- St George's Stroke Survivor Group
- Age UK
- Carers Wakefield
- Healthwatch
- Young Lives consortium
- NOVA (an umbrella voluntary and community sector forum)

Staff and partner communications and engagement

Staff and partners of Wakefield CCG were also targeted through a variety of communications and engagement methods. This included CCG staff briefings, internal and external bulletins, including GP newsletters and information on the pre-consultations was

shared with the CCG's provider organisations, public health colleagues and board updates to the overview and scrutiny committee.

Communications and engagement with seldom heard groups and those in protected characteristics

In terms of targeted communications and engagement activity to seldom heard groups and those within protected characteristics, Wakefield CCG's stakeholder engagement database is based on the nine protected characteristics with information cascaded to all groups, including voluntary, community and other interested groups and sectors. Information on the pre-consultations and how to get involved was also sent specifically to:

- The Wakefield District Disabled Patient Partnership Support group, and;
- DIAL – the disabled information and advice service.

5. Themes emerging throughout the pre-consultation

5.1 Children's surgery and anaesthesia pre-consultation

The following points were consistent in the feedback in terms of what people said mattered to them. The top three strongest themes are highlighted:

- **Safe, caring, quality care and treatment.**
- **Access to specialist care.**
- **Care close to home.**
- Communication – between children, parents, carers and their clinicians – and also between hospitals.
- Being seen as soon as possible.

The following points were also raised:

- Having appropriate facilities, especially for parents and carers who need to stay over.
- Successful operations.
- A willingness to travel for specialist care.
- Consideration for children with complex needs – especially around pre-surgery service.

5.2 Critical care for people who have had a stroke pre-consultation

The following points were consistent in the feedback in terms of what people said mattered to them. The top three strongest themes are highlighted:

- **Being seen quickly when get to a hospital.**
- **Being seen and treated by knowledgeable staff.**
- **Safety and quality of the service.**
- Fast ambulance response times / travel times.
- Good access to rehabilitation services locally.

The following points were also raised:

- More education on the prevention of strokes.
- Involving family and carers (as they know the patient best and can advise while in critical condition).

The detailed verbatim patient and public feedback received in the online survey and during conversations is available on request.

Patient and public sample quotes when asked what mattered to them when accessing care:

Feedback from patients/public	Service area
“A service of the highest quality ensuring that the wishes and feelings of the child and family come first and professional help and guidance is given in the simplest of terms.”	Children’s surgery and anaesthesia
“Good outcome and excellent quality care, choice of hospitals”	Children’s surgery and anaesthesia
“That they’ll have the best possible care, that they wouldn’t be frightened and could have mum, dad or relative with them as much as possible, that they suffered as little discomfort as possible before, during and after surgery.”	Children’s surgery and anaesthesia
“If my child was havin an op, I’d probably say id want to know the risks, I want to know information about the procedure, is it the best staff possible and the best location”	Children’s surgery and anaesthesia
“Prompt treatment, good rehabilitation and robust care plans and referrals where appropriate to other services and an overall seamless package of care.”	Hyper acute stroke services
“Person centred care, support for patient and family”	Hyper acute stroke services
“experienced caring staff, rapid treatment and aftercare”	Hyper acute stroke services
“fast quality service, information and advice for me and my family”	Hyper acute stroke services

6. Evaluation and next steps for consultations

During this pre-consultation phase, through various qualitative and quantitative communications and engagement methods and activities, we provided multiple opportunities for the communities of South and Mid Yorkshire, Bassetlaw and North Derbyshire to get involved and help shape the future of hyper acute stroke and children's surgery and anaesthesia services.

All feedback from the pre-consultation communications and engagement activity and conversations will be used to help inform the development of the two business cases for change which are due to be developed and agreed by June 2016 prior to options for consultations being considered. We will clearly state how the views of people have been taken into consideration within the options, appraisal, business case and consultation materials.

The methods and approach of communications and engagement activity will also be built on to produce a full communications and engagement strategy and plans for public consultations which are due to open in September 2016.

In the meantime, we will continue to have an open, honest and accessible approach to communications and engagement and will continue to keep all our stakeholders and those involved so far, up to date with the work and progress of Commissioners Working Together and its' individual workstreams.

Commissioners Working Together Stakeholder map: Power/influence and interest level

	Little or no interest	Moderate interest	High interest
High Power/Influence	<ul style="list-style-type: none"> All media: (currently at low interest, high power but some titles will shift right as the programme progresses and will require watching brief): BBC online, BBC Look North, BBC East Midlands, ITV Calendar, ITV Central East BBC Radio Leeds, BBC Radio Sheffield, BBC Radio Derby, Dearne FM, Hallam FM, Trax FM, Sine FM, Rother FM, Capital FM, Derbyshire Times, Worksop Guardian, Gainsborough Standard, The Star, Sheffield Telegraph, Barnsley Chronicle, Doncaster Star, Doncaster Free Press, Wakefield Express, Pontefract and Castleford Express, Yorkshire Evening Post, Rotherham Advertiser 	<ul style="list-style-type: none"> Regulators (Monitor, CQC). Monitor is currently working with Rotherham Hospital trust on an action plan and may also be involved in discussions with other hospitals. All of the hospitals will be subject to CQC inspections NHS England area teams:(East Midlands, Yorkshire and the Humber) Clinical Senates: (East Midlands, Yorkshire and the Humber) Health and Wellbeing Boards: Barnsley, Derbyshire, Doncaster, Nottinghamshire, Rotherham, Sheffield, Wakefield 	<ul style="list-style-type: none"> MPs: Sarah Champion, Kevin Barron and John Healey (Rotherham); John Mann (Bassetlaw); Harry Harpham, Paul Blomfield, Nick Clegg, Louise Haigh, Clive Betts, Angela Smith (Sheffield); Rosie Winterton, Ed Miliband, Jon Trickett, Caroline Flint (Doncaster); Mary Creagh, Yvette Cooper, Paul Sherriff (Mid Yorks); Natascha Engel, Toby Perkins, Dennis Skinner (NE Derbyshire, Hardwick); Dan Jarvis, Michael Dugher (Barnsley) Council cabinet members with relevant portfolio: Sheffield - Jackie Drayton (CYP), Mazher Iqbal (public health), Mary Lea (health, care independent living). Doncaster – Nuala Fennelly (CYP), Pat Knight (public health and wellbeing), Chris McGuinness (vol sector). Chesterfield – Chris Ludlow (health and wellbeing), Helen Bagley (health and wellbeing). Barnsley – Margaret Bruff (children and safeguarding), Jenny Platts (communities). Wakefield – O M Rowley (CYP), P A Garbutt (adults and health). N E Derbyshire – Lilian Robinson (community safety and health). Bassetlaw – none listed for health. Rotherham – currently decisions taken by government appointed commissioners. Joint OSC members: Clinical staff working in the services where change may happen (Barnsley Hospital, Chesterfield Royal Hospital. Doncaster and Bassetlaw Hospitals, Mid Yorkshire Hospitals, Rotherham Hospital, Sheffield Children’s Hospital, Sheffield Teaching Hospital) Chairs and chief officers of all CCGs: Barnsley – Nick Balac, Lesley Smith. Bassetlaw – Steve Kell, Phil Metham. Doncaster – Nick Tupper, Chris Stainforth. Hardwick – Steven Lloyd, Andy Gregory. North Derbyshire – Ben Milton, Jackie Pendleton. Rotherham – Julie Kitlowski, Chris Edwards. Sheffield – Tim Moorhead, Maddy Ruff. Wakefield – Phillip Earnshaw, Jo Webster. Members of all CCGS, via the governing body and comms teams in each CCG.

Moderate Power/Influence

- **Local Authority commissioners**
- **All mental health provider trust boards:** (via chairs and chief executives) Rotherham, Doncaster and South Humber – Lawson Pater, Kathryn Singh. South West Yorkshire Partnership – Ian Black, Steven Michael. Sheffield Health and Social Care – Alan Walker, Kevan Taylor. Nottinghamshire Healthcare – Professor Dean Fathers, Ruth Hawkins.
- **Voluntary organisations working with people who may be affected by changes**
- **Healthwatch:** Sheffield – Carrie McKenzie (chief officer). Barnsley – Carriane Stones (chief officer). Rotherham – Tony Clabby (chief officer). Doncaster – Philip Kerr (chief officer). Bassetlaw – Christine Watson (chief officer). Derbyshire – Karen Ritchie (chief officer). Wakefield – Nicholas Esmond (chief officer). Nottinghamshire – Joe Pidgeon (chief officer).
- **Patient groups related to any potential service changes** (will move up the grid if become organised)
- **Working Together Provider Partnership**
- **All foundation trust governors:** (via membership offices in trusts). Barnsley, Sheffield Teaching, Sheffield Children’s, Rotherham, Doncaster and Bassetlaw, Chesterfield.
- **All acute hospital trust boards:** (via chairs and chief executives). Barnsley – Stephen Wragg, Diane Wake. Doncaster and Bassetlaw – Chris Scholey, Mike Pinkerton. Chesterfield – Helen Phillips, Gavin Boyle. Mid Yorkshire – Jules Preston, Stephen Eames. Rotherham – Martin Havenhand, Louise Barnett. Sheffield Children’s – Nicholas Jeffrey, Simon Morrit. Sheffield Teaching – Tony Pedder, Sir Andrew Cash.
- **Ambulance service trust boards:** (via chairs and chief executives). East Midlands – Pauline Tagg, Sue Noyes. Yorkshire – Della Cummings, Rod Barnes.
- **Unions** representing staff where changes could be made. Regional reps for Unite, Royal Colleges, MiP, Unison, GMB.

<p>Little or no power/influence</p>	<ul style="list-style-type: none"> • Staff at NHS Greater East Midlands Commissioning Support unit 	<ul style="list-style-type: none"> • Staff in CCGs • Staff in NHS provider organisations (acute, mental health, ambulance) • Staff in GP practices • Voluntary groups (could move up and right) • Communities and community groups (could move up and right) • All foundation trust members (via membership offices in trusts). Barnsley, Sheffield Teaching, Sheffield Children’s, Rotherham, Doncaster and Bassetlaw, Chesterfield.
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Communications and engagement strategy and plans for public consultation

April 2016

Contents:

- Commissioners Working Together overarching communications and engagement strategy for public consultation
- Communications and engagement plan for public consultation on children's surgery and anaesthesia services
- Communications and engagement plan for public consultation on hyper acute stroke services

Communications and engagement strategy for public consultation

Introduction

As Commissioners Working Together, we are a collaborative of eight NHS clinical commissioning groups across South and Mid Yorkshire, Bassetlaw and North Derbyshire and NHS England. Some people have better experiences, better outcomes and better access to services than others – and to ensure that everyone experiences the highest quality and safest services possible, we are working with all local hospitals and care providers, staff and patient groups to understand how best to do this for the benefit of our combined population of 2.8 million. Our key partners are:

- NHS Barnsley Clinical Commissioning Group
- NHS Bassetlaw Clinical Commissioning Group
- NHS Doncaster Clinical Commissioning Group
- NHS England
- NHS Hardwick Clinical Commissioning Group
- NHS North Derbyshire Clinical Commissioning Group
- NHS Rotherham Clinical Commissioning Group
- NHS Sheffield Clinical Commissioning Group
- NHS Wakefield Clinical Commissioning Group

We also work with voluntary and community sector partners as well as gaining assurance and input from national and regional clinical advisors and experts.

Between January and April 2016 we held an open pre-consultation for the review of children's surgery and anaesthesia and hyper acute stroke services. During this phase we gathered the views of our key stakeholders to inform plans for future service configuration and consultation. We are now preparing to enter XX week public consultations on the options for reconfiguring children's

surgery and anaesthesia and hyper acute stroke services across our commissioning and provider partners in the region.

Effective communication and engagement is a two-way process. Our activity will focus on informing, sharing, listening and responding. Being proactive is central to our communications and engagement strategy of:

- Proactively and effectively communicating our purpose, priorities, messages and values.
- Developing effective, two-way mechanisms where we share news, we listen and respond whilst being open and transparent.
- Identifying relevant and effective methods for audience and stakeholder engagement.

In all communications and engagement activity, we will work with all our local partners and tailor our messages and methods accordingly to each individual group to ensure we maximise all opportunities for connecting with, informing and engaging with our target audiences.

Aims and Objectives

- Raise awareness and understanding of the current provision and need for changes to children's surgery and anaesthesia and hyper acute stroke services in South and Mid Yorkshire, Bassetlaw and North Derbyshire
- Ensure patients, families, carers and the public are involved, are able to share their views on the proposed options and are listened to
- Inform key staff and clinicians in each locality about proposed change options and keep them updated throughout the consultation process
- Ensure existing patients, family and carers have the information they need about any changes to services
- Inform all stakeholders of new proposed models of care and opportunities to have their say in the consultations
- Provide high quality support, advice and updates on consultation activity to the Commissioners Working Together board, partners and staff within each member organisation.

Key Messages

Alongside service and consultation specific messages, underpinning all our communications will be the following overarching messages of Commissioners Working Together:

- We know that there's variation in people's experiences of services across our region, with some people getting better access and outcomes than others.
- We know that many people are treated in hospital when their needs could be better met elsewhere or closer to home.
- If we are to continue providing high quality, safe and sustainable NHS services – we need to change, together.

- Our ambition is to develop excellent healthcare together by reconsidering how services are delivered, redefining how we work together as commissioners, and coming together with all our partners and stakeholders to find the best solutions for our populations.
- Planning and commissioning across a larger area is becoming increasingly urgent as more and more people use NHS services, are living longer and using more advanced technology to improve care.
- For some services, there won't be enough trained and experienced staff in the future if we continue to provide services the way we do today, with the quality and accessibility of services being reduced.
- At the same time, costs are increasing. If we don't act now, more people will suffer from unnecessary poor health.

Target Audiences

Prior to the pre-consultation phase, a full stakeholder mapping exercise was carried out to identify all stakeholders involved in and affected by any proposed changes to the services reviewed (Appendix 1).

Through various and tailored communications and engagement methods, the following groups have been identified for targeted communications and engagement activity:

- Patients and the public - including seldom heard groups and those identified in the following protected characteristics (Equality Act 2010):
 - Age
 - Disability
 - Gender reassignment
 - Pregnancy and maternity
 - Race (Appendix 2: BME breakdown per population)
 - Religion or belief
 - Sex
 - Sexual orientation
- National and local patient groups
- Local Authorities, MPs and councillors
- Public health
- Governing body members of all CCGs
- Executive board members of all providers

- Clinicians – acute, primary and community care
- Foundation trust and CCG members
- Clinical Senates
- Healthwatch
- Voluntary sector organisations
- Health and Wellbeing boards
- Local, regional and trade media

Communications Approach

Overall communications and engagement activity will be pro-actively co-ordinated by the Commissioners Working Together communications team who will work with the programme management team, workstream leads and communications and engagement leads from our commissioner and provider partners to ensure all activity is joined up, timely and appropriate.

After evaluating the communications and engagement activity carried out during the pre-consultation phase, we agreed that our activity for consultations will follow and build on the approach already taken and in place. Our inclusive approach will include:

- Overarching strategic communications and engagement planning and support from the Commissioners Working Together team.
- CCG-led local conversation and awareness raising based on comprehensive, place-based communications and engagement plans.
- Regionally-led clinical and managerial engagement.
- Clinically informed communication materials.
- Clinically led conversations.
- Patient and public involvement in the development of communication materials.

We have established a working group with all communications and engagement leads from our CCG partners, along with communications leads from the region's acute provider organisations and NHS England, which has been meeting regularly since June 2015. As well as helping to shape and evaluate our communications and engagement approach, the group will meet to discuss and update on consultation feedback and progress.

Our communications and engagement approach for consultation has been further developed from patient and public response during our pre-consultation phase in terms of which methods were most favoured - which we will now use as a focus for our approach eg, website, social media, e-bulletins (Appendix 3).

To further strengthen our communications and engagement working group and activity we will build on our relationships with our public health and also local authority communications colleagues – allowing us to work together to disseminate messages and target existing networks, eg, for seldom heard groups and those included in the protected characteristics.

Communications Principles

All communications and engagement activity carried out by and on behalf of Commissioners Working Together will be:

- **Accessible and inclusive** – to all our audiences
- **Clear and concise** – allowing messages to be easily understood by all
- **Consistent and accountable** – in line with our vision, messages and purpose
- **Flexible** – ensuring communications and engagement activity follows a variety of formats, tailored to and appropriate for each audience
- **Open, honest and transparent** – we will be clear from the start of the consultations what our plans are, what is and what isn't negotiable, the reasons why and ultimately, how decisions will be made
- **Targeted** – making sure we get messages to the right people and in the right way
- **Timely** – making sure people have enough time to respond and are kept updated on a regular basis
- **Two-way** – we will listen and respond accordingly, letting people know the outcome of all conversations.

Methods

No single communications channel will be effective in reaching and engaging all our audiences, therefore it is important that a variety of different communications and engagement methods are used, presenting relevant information in a timely and proactive way that best meets the needs of our individual stakeholders (as identified during pre-consultation).

Although full details of communications and engagement methods for individual audiences will be included in the communications and engagement planners for each of the consultations, some of our quantitative, qualitative and participatory methods will include the following:

- Stakeholder briefings
- Attendance at partner and stakeholder meetings and events
- Focus groups
- Flyers
- Newsletters and e-bulletins
- Local, regional and trade print and broadcast media
- Internal bulletins
- Public website
- Online surveys
- Deliberative events

- Videos and vox pops

Alongside these methods, a key mechanism for consultation communications and engagement activity will be through the use of **social media**. We know from the Commissioners Working Together pre-consultations and also by identifying key trends and best practice from similar health and care transformation projects in other regions, that social media is an effective way of communicating and engaging with a variety of audiences.

Social media is a useful way of:

- Disseminating information and signposting
- Raising awareness
- Collecting demographic data
- Demonstrating willingness to engage in dialogue with a target audience
- Speaking to a large number and variety of audiences in real-time.

By developing and creating a number of communications materials and assets, through social media we will listen and respond to and motivate our audience to both share the information we are communicating and also engage with us by taking part in the consultations.

Branding

Brand identity is important – particularly when multiple partners are involved. As a partnership we want to be seen as joined up, open and honest, approachable, clinically sound and responsive.

We have developed a Commissioners Working Together logo and identity that will be used on all communications and engagement materials for the two public consultations. Based on feedback from the pre-consultations, a single logo avoids confusion between the eight partners and will be clear to anyone across the region that the consultations are being delivered on behalf of all partners and organisations in the Commissioners Working Together partnership.

Consultation and engagement legislation

Throughout our communications and engagement activity for consultations into children's surgery and anaesthesia and hyper acute stroke services, we as a collaborative of clinical commissioning groups will abide by the following legislation:

Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (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 – and to promote awareness of the NHS Constitution.

Health Commissioners must involve and consult patients and the public:

- in their planning of commissioning arrangements

- in 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
- In 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.

The NHS Constitution

The NHS Constitution 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.

Commissioners will ensure that the duties required in legislation are met and that patient, the public and stakeholders have the opportunity to have meaningful input in shaping future health services within the scope of the programme.

In undertaking public consultation commissioners we ensure that it is clear to public, patients and stakeholders what they are able to shape or influence and what areas are set due to national policy or safety reasons.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. The characteristics that are protected by the Act are: 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 all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'equality of opportunity,' and c) foster good relations between persons who share a relevant protected characteristics and persons who do not share it.

The Gunning Principals of Consultation

The four 'Gunning Principals' are recommended as a framework for all engagement activity but are particularly relevant for consultation and would be used, in the event of a judicial review, to measure whether the process followed was appropriate. The Gunning Principles state that:

Consultation must take place when the proposal is still at a formative stage: Decision-makers cannot consult on a decision that has already been made. If the outcome has been pre-determined, the consultation is not only unfair, but it is also pointless.

This principle does not mean that the decision-maker has to consult on all possible options of achieving a particular objective. A decision-maker can consult on a 'preferred option', and even a 'decision in principle', so long as its mind is genuinely open - 'to have an open mind does not mean an empty mind.'

If a decision-maker has formed a provisional view as to the course to be adopted, or is 'minded' to take a particular course subject to the outcome of consultations, those being consulted should be informed of this 'so as to better focus their responses'.

Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response: Consultees should be made aware of the basis on which a proposal for consultation has been considered and will thereafter be considered. Those consulted should be aware of the criteria that will be applied when considering proposals and what factors will be considered 'decisive' or 'of substantial importance' at the end of the process.

Adequate time must be given for consideration and response: Unless statutory time requirements are prescribed, there is no necessary time frame within which the consultation must take place. The decision-maker may adopt a policy as to the necessary time-frame (e.g. Cabinet Office guidance, or compact with the voluntary sector), and if it wishes to depart from that policy it should have a good reason for doing so. Otherwise, it may be guilty of a breach of a legitimate expectation that the policy will be adhered to.

The product of consultation must be conscientiously taken into account: If the decision-maker does not properly consider the material produced by the consultation, then it can be accused of having made up its mind; or of failing to take into account a relevant consideration.

Evaluation and Monitoring

Evaluation will play an important part in our communications and engagement activity, evidencing whether we have achieved our objectives by engaging with our target audiences successfully. We will monitor our activity throughout the consultation period to ensure we are reaching our audiences effectively and providing equal and appropriate opportunities for involvement and feedback.

Through monitoring and evaluation we will be able to learn lessons and gain valuable insight into public and stakeholder sentiment and behaviour, allowing us to tailor our methods appropriately. Examples of how we will monitor our activity include:

- Media and social media monitoring
- Stakeholder meetings for discussions and feedback (particularly Healthwatch and OSC)
- Staff feedback via briefings
- Patient and public feedback via our various methods

Where necessary we will update the strategy to adapt to staff, clinical, patient, public and stakeholder feedback. It is vital that we are able to demonstrate that we listen to comments and suggestions from all our stakeholders, including seeking assurance from independent advisors, in order that they are fully involved and engaged in the reconfiguration of services.



DRAFT Communications and engagement plan for public consultation on children's surgery and anaesthesia services

Introduction

As Commissioners Working Together, we are a collaborative of eight clinical commissioning groups across South and Mid Yorkshire, Bassetlaw and North Derbyshire and NHS England. Some people have better experiences, better outcomes and better access to services than others – and to ensure that everyone experiences the highest quality and safest services possible, we are working with all local hospitals and care providers, staff and patient groups to understand how best to do this for the benefit of our combined population of 2.8 million.

Between January and April 2016 we held an open pre-consultation for the review of children's surgery and anaesthesia services. During this phase we gathered the views of our key stakeholders to inform plans for future service configuration and consultation. We are now preparing to enter a XX week public consultation on the options for reconfiguring children's surgery and anaesthesia services across our commissioning and provider partners in the region:

- NHS Barnsley Clinical Commissioning Group
- NHS Bassetlaw Clinical Commissioning Group
- NHS Doncaster Clinical Commissioning Group
- NHS Hardwick Clinical Commissioning Group
- NHS North Derbyshire Clinical Commissioning Group
- NHS Rotherham Clinical Commissioning Group
- NHS Sheffield Clinical Commissioning Group
- NHS Wakefield Clinical Commissioning Group
- Barnsley Hospital NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust
- Sheffield Children's Hospital NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- The Mid Yorkshire Hospitals NHS Trust
- The Rotherham NHS Foundation Trust

We will be consulting on the following options: XXX

Aims and objectives

- Raise awareness and understanding of the current provision and need for changes to children's surgery and anaesthesia services in South and Mid Yorkshire, Bassetlaw and North Derbyshire
- Ensure patients, families, carers and the public are involved, able to have their say on the proposed options, and are listened to
- Inform key staff and clinicians in each locality about proposed change options
- Ensure patients, family and carers have the information they need about any changes to children's services
- Inform all stakeholders of new proposed models of care and opportunities to be involved

Target audiences

The following audiences will be targeted through tailored communications activity. We will use a variety of methods to connect with each of our key stakeholders, ensuring our messages remain consistent and appropriate for each.

- Patients and the public (including parent and carer forums, seldom heard groups and identified protected characteristics)
- Local Authorities, MPs and councillors
- Governing body members of all CCGs
- Executive board members of all providers
- Clinicians – acute, primary and community care
- Foundation trust and CCG members
- Clinical Senate
- Healthwatch
- Health and Wellbeing boards
- Local, regional and trade media
- Public health

Key messages

As with pre-consultation, our key messages will focus on the reasons why changes are needed to children's surgery and anaesthesia services whilst highlighting the importance of, and opportunities to get involved in, and take part in the consultation. These messages include:

- We know that across our region some people have better experiences, better outcomes and better access to services than others. We want everyone to experience the highest quality and safest service possible.

- We improving children's surgery services for everyone across South and Mid Yorkshire, Bassetlaw and North Derbyshire – and we need your help!

Why are we changing services? At the moment:

- Different hospitals refer children in different ways
- Doctors in our smaller hospitals don't treat as many children as our bigger ones
- Nationally, there aren't enough health care professionals qualified to treat children, and;
- Some people have better experiences than others – we want this to change.

Note: Key messages will be tailored and confirmed once the business case for change is agreed and there are definite options for consultation.

Communications and engagement methods

To deliver the aims of our communications and engagement plan, we will carry out a range of activity across all geographic areas covered by the Working Together partnership, including both providers and commissioners. The methods and messages used to communicate will be tailored for each audience to maximise every opportunity for public and stakeholder involvement.

A key mechanism for consultation communications and engagement activity will be through the use of **social media**. We know from the Commissioners Working Together pre-consultations and also by identifying key trends and best practice from similar health and care transformation projects in other regions, that social media is an effective way of communicating and engaging with a variety of audiences.

Social media is a useful way of:

- Disseminating information and signposting
- Raising awareness
- Collecting demographic data
- Demonstrating willingness to engage in dialogue with a target audience

- Speaking to a large number and variety of audiences in real-time.

By developing and creating a number of communications materials and assets, through social media we will listen and respond to and motivate our audience to both share the information we are communicating and also engage with us by taking part in the consultations.

Further details of specific qualitative, quantitative and participatory communications and engagement methods for individual audiences are included in the planners below.

Engagement planner

Type of engagement	Audience	Method examples	Responsibility
Qualitative	Patients and the public, parent and carer forums, MPs, Local Authorities	<ul style="list-style-type: none"> • Focus groups • Attendance at relevant groups/events • Stakeholder briefings • Vox pops 	CCG and provider partners supported by the Commissioners Working Together team
	Seldom heard groups and protected characteristics	<ul style="list-style-type: none"> • Attendance at existing groups eg, parents with children with learning disabilities, Mosques, homeless charities, LGBT forums, sixth form colleges • Disseminate information through existing networks for 1:1 and group 	

		conversations (eg, via public health colleagues to reach rural communities, BME groups, gypsy and traveller communities, asylum seekers, refugees, mental health support groups)	
Quantitative	Patients and the public, healthcare staff	<ul style="list-style-type: none"> • Online survey • Flyers in various locations: GP practices, outpatient departments, libraries, supermarkets, children's centres, schools and nurseries 	Commissioners Working Together team
	Seldom heard groups and protected characteristics	<ul style="list-style-type: none"> • Flyers translated into most popular languages (identified through census data in Appendix 2) and disseminated in various locations 	
Participatory	Patients and the public, parent and carer forums, seldom heard groups, healthcare staff and clinicians	<ul style="list-style-type: none"> • Deliberative events (x8) • Listening events • Focus groups 	Commissioners Working Together team supported by CCG and provider partners
	Seldom heard groups and protected	<ul style="list-style-type: none"> • Attendance at existing groups and 	

	characteristics	events	
		<ul style="list-style-type: none"> • Focus groups 	
Social media	All	<ul style="list-style-type: none"> • Twitter and Facebook – blanket and targeted posts to various groups, including health and care organisations, patient groups, Healthwatch organisations, local authorities, press accounts, LGBT networks, youth groups, high profile local/regional businesses, activity centres, schools, parent and carer groups (eg, Mumsnet) 	Commissioners Working Together team supported by CCG and provider partners

Communications planner

Communication Type	Audience	Method examples	Responsibility
Promotion/ Participation	Patients and the public including targeted to parents and carers, voluntary sector organisations and staff	<ul style="list-style-type: none"> • Newsletters • Social media • Media • Blogs/case studies • Event presence 	Commissioners Working Together team supported by CCG and provider partners

	Seldom heard groups and protected characteristics	<ul style="list-style-type: none"> • 'Market stalls' • Attendance at partners AGMs • Submissions to targeted publications and newsletters, eg, parent's assembly, BME community newspapers 	
Updates and briefings	Staff from all partners, members of all organisations, GPs, practice staff, Local Authorities, MPs, councillors, board and governing body members, OSC	<ul style="list-style-type: none"> • NHS internal comms • E-bulletins • Briefing papers • Verbal briefings/attendance at partner and stakeholder meetings 	Commissioners Working Together team supported by CCG and provider partners as appropriate
Media	Patients, the public and staff including trade publications	<ul style="list-style-type: none"> • Press releases • Media interviews • Media briefings 	Commissioners Working Together team supported by CCG and provider partners
	Seldom heard groups and	<ul style="list-style-type: none"> • Submissions to targeted publications and 	

	protected characteristics	newsletters, eg, BME community newspapers	
Social media	All	<ul style="list-style-type: none">• Twitter and Facebook – blanket and targeted posts to various groups, including health and care organisations, patient groups, Healthwatch organisations, local authorities, press accounts, LGBT networks, youth groups, high profile local/regional businesses, activity centres, schools, parent and carer groups (eg, Mumsnet)	Commissioners Working Together team supported by CCG and provider partners

DRAFT Communications and engagement plan for public consultation on hyper acute stroke services

Introduction

As Commissioners Working Together, we are a collaborative of eight clinical commissioning groups across South Yorkshire and Bassetlaw and North Derbyshire and NHS England. Some people have better experiences, better outcomes and better access to services than others – and to ensure that everyone experiences the highest quality and safest services possible, we are working with all local hospitals and care providers, staff and patient groups to understand how best to do this for the benefit of our combined population of 2.8 million.

Between January and April 2016 we held an open pre-consultation for the review of critical care for people who have had a stroke (hyper acute stroke services). During this phase we gathered the views of our key stakeholders to inform plans for future service configuration and consultation. We are now preparing to enter a XX week public consultation on the options for reconfiguring hyper acute stroke services across our commissioning and provider partners in the region:

- NHS Barnsley Clinical Commissioning Group
- NHS Bassetlaw Clinical Commissioning Group
- NHS Doncaster Clinical Commissioning Group
- NHS Hardwick Clinical Commissioning Group
- NHS North Derbyshire Clinical Commissioning Group
- NHS Rotherham Clinical Commissioning Group
- NHS Sheffield Clinical Commissioning Group
- Barnsley Hospital NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust
- Sheffield Children’s Hospital NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- The Rotherham NHS Foundation Trust

Our consultation has also been informed by the review into hyper acute stroke services by the Yorkshire and the Humber Strategic Clinical Network which made the recommendation, based on current and projected activity, that the number of hyper acute stroke services (HASUs) should be reduced from five to three or four in South Yorkshire and Bassetlaw.

We will be consulting on the following options: XXX

Aims and objectives

- Raise awareness and understanding of the current provision and need for changes to hyper acute stroke services across South Yorkshire, Bassetlaw and North Derbyshire
- Ensure patients, families, carers and the public are involved, able to have their say on the proposed options, and are listened to
- Inform key staff and clinicians in each locality about proposed change options
- Ensure patients, family and carers have the information they need about any changes to hyper acute stroke services
- Inform all stakeholders of new proposed models of care and opportunities to be involved

Target audiences

The following audiences will be targeted through tailored communications activity. We will use a very of methods to connect with each of our key stakeholders, ensuring our messages remain consistent and appropriate for each.

- Patients and the public (including stroke support groups, seldom heard groups and identified protected characteristics)
- Local Authorities, MPs and councillors
- Governing body members of all CCGs
- Executive board members of all providers
- Clinicians – acute, primary and community care
- Foundation trust and CCG members
- Clinical Senate
- Healthwatch
- Health and Wellbeing boards
- Local, regional and trade media
- Public health

Key messages

As with pre-consultation, our key messages will focus on the reasons why changes are needed to hyper acute stroke services whilst highlighting the importance of and opportunities to get involved in and taking part in the consultation. These messages include:

- We know that across our region some people have better experiences, better outcomes and better access to services than others. We want everyone to experience the highest quality and safest service possible.

- We are improving critical care stroke services for everyone across South Yorkshire, Bassetlaw and North Derbyshire – and we need your help!

Why do we need to change services? At the moment:

- We need more stroke doctors and nurses to run our services – but there aren't enough locally or nationally
- Not all stroke patients are seen by a stroke doctor or admitted onto a stroke unit as quickly as they should be
- There is also a shortage of speech and language and occupational therapists who help rehabilitate people who have had a stroke
- How fast tests are done, which helps to diagnose patients, varies from hospital to hospital

For the above reasons, it is getting harder to provide high quality services and doctors, nurses and healthcare staff all agree that this needs to change.

Note: Key messages will be tailored and confirmed once the business case for change is agreed and there are agreed options for consultation.

Communications and engagement methods

To deliver the aims of our communications and engagement plan, we will carry out a range of activity across all geographic areas covered by the Working Together partnership, including both providers and commissioners. The methods and messages used to communicate will be tailored for each audience to maximise every opportunity for public and stakeholder involvement.

A key mechanism for consultation communications and engagement activity will be through the use of **social media**. We know from the Commissioners Working Together pre-consultations and also by identifying key trends and best practice from similar health and care transformation projects in other regions, that social media is an effective way of communicating and engaging with a variety of audiences.

Social media is a useful way of:

- Disseminating information and signposting
- Raising awareness
- Collecting demographic data
- Demonstrating willingness to engage in dialogue with a target audience

- Speaking to a large number and variety of audiences in real-time.

By developing and creating a number of communications materials and assets, through social media we will listen and respond to and motivate our audience to both share the information we are communicating and also engage with us by taking part in the consultations.

Further details of specific qualitative, quantitative and participatory communications and engagement methods for individual audiences are included in the planners below.

Engagement planner

Type of engagement	Audience	Method examples	Responsibility
Qualitative	Patients and the public, parent and carer forums, MPs, Local Authorities	<ul style="list-style-type: none"> • Focus groups • Attendance at relevant groups/events • Stakeholder briefings • Vox pops 	CCG and provider partners supported by the Commissioners Working Together team
	Seldom heard groups and protected characteristics	<ul style="list-style-type: none"> • Attendance at existing groups eg, Mosques, homeless charities, LGBT forums, social network groups • Disseminate information through existing networks for 1:1 and group conversations (eg, via public health colleagues to reach rural communities, BME groups, gypsy and traveller communities, asylum seekers, 	

refugees, mental health support groups)

Quantitative

Patients and the public, healthcare staff

- Online survey
- Flyers in various locations: GP practices, outpatient departments, libraries, supermarkets, stroke support groups, post offices, social network groups
- Flyers translated into most popular languages (identified through census data in Appendix 2) and disseminated in various locations, eg social network groups, Women's Institute, Mosques, LGBT groups/events, activity centres (eg for people with learning disabilities).

Commissioners Working Together team

Seldom heard groups and protected characteristics

Participatory

Patients and the public, parent and carer forums, seldom heard groups, healthcare staff and clinicians

- Deliberative events (x8)
- Listening events
- Focus groups

Commissioners Working Together team supported by CCG and provider partners

Seldom heard groups and protected characteristics

- Attendance at existing groups and events

		<ul style="list-style-type: none"> • Focus groups 	
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Social media	All	<ul style="list-style-type: none"> • Twitter and Facebook – blanket and targeted posts to various groups, including health and care organisations, patient groups, Healthwatch organisations, local authorities, press accounts, LGBT networks, youth groups, high profile local/regional businesses, activity centres, the Stroke Association, Patient Opinion etc 	Commissioners Working Together team supported by CCG and provider partners
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Communications planner

Communication Type	Audience	Method examples	Responsibility
Promotion/ Participation	Patients and the public including targeted to parents and carers and staff	<ul style="list-style-type: none"> • Newsletters • Social media • Media • Blogs/case studies • Event presence • 'Market stalls' 	Commissioners Working Together team supported by CCG and provider partners

	Seldom heard groups and protected characteristics	<ul style="list-style-type: none"> • Attendance at partners AGMs • Submissions to targeted publications and newsletters, eg, parent's assembly, BME community newspapers 	
Updates and briefings	Staff from all partners, members of all organisations, GPs, practice staff, Local Authorities, MPs, councillors, board and governing body members, OSC	<ul style="list-style-type: none"> • NHS internal comms • E-bulletins • Briefing papers • Verbal briefings/attendance at partner and stakeholder meetings 	Commissioners Working Together team supported by CCG and provider partners as appropriate
Media	Patients, the public and staff including trade publications	<ul style="list-style-type: none"> • Press releases • Media interviews • Media briefings 	Commissioners Working Together team supported by CCG and provider partners
	Seldom heard groups and protected characteristics	<ul style="list-style-type: none"> • Submissions to targeted publications and newsletters, eg, parent's assembly, BME 	

		community newspapers	
Social media	All	<ul style="list-style-type: none">• Twitter and Facebook – blanket and targeted posts to various groups, including health and care organisations, patient groups, Healthwatch organisations, local authorities, press accounts, LGBT networks, youth groups, high profile local/regional businesses, activity centres, the Stroke Association, Patient Opinion etc	Commissioners Working Together team supported by CCG and provider partners

List of appendices:

Appendix 1 – Stakeholder map

Appendix 2 – Population demographics per area

Appendix 3 – Favoured methods of communication as outlined in pre-consultation feedback

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Commissioners Working Together Stakeholder map: Power/influence and interest level

	Little or no interest	Moderate interest	High interest
High Power/Influence	<ul style="list-style-type: none"> All media: (currently at low interest, high power but some titles will shift right as the programme progresses and will require watching brief): BBC online, BBC Look North, BBC East Midlands, ITV Calendar, ITV Central East BBC Radio Leeds, BBC Radio Sheffield, BBC Radio Derby, Dearne FM, Hallam FM, Trax FM, Sine FM, Rother FM, Capital FM, Derbyshire Times, Worksop Guardian, Gainsborough Standard, The Star, Sheffield Telegraph, Barnsley Chronicle, Doncaster Star, Doncaster Free Press, Wakefield Express, Pontefract and Castleford Express, Yorkshire Evening Post, Rotherham Advertiser 	<ul style="list-style-type: none"> Regulators (Monitor, CQC). Monitor is currently working with Rotherham Hospital trust on an action plan and may also be involved in discussions with other hospitals. All of the hospitals will be subject to CQC inspections NHS England area teams:(East Midlands, Yorkshire and the Humber) Clinical Senates: (East Midlands, Yorkshire and the Humber) Health and Wellbeing Boards: Barnsley, Derbyshire, Doncaster, Nottinghamshire, Rotherham, Sheffield, Wakefield 	<ul style="list-style-type: none"> MPs: Sarah Champion, Kevin Barron and John Healey (Rotherham); John Mann (Bassetlaw); Harry Harpham, Paul Blomfield, Nick Clegg, Louise Haigh, Clive Betts, Angela Smith (Sheffield); Rosie Winterton, Ed Miliband, Jon Trickett, Caroline Flint (Doncaster); Mary Creagh, Yvette Cooper, Paul Sherriff (Mid Yorks); Natascha Engel, Toby Perkins, Dennis Skinner (NE Derbyshire, Hardwick); Dan Jarvis, Michael Dugher (Barnsley) Council cabinet members with relevant portfolio : Sheffield - Jackie Drayton (CYP), Mazher Iqbal (public health), Mary Lea (health, care independent living). Doncaster – Nuala Fennelly (CYP), Pat Knight (public health and wellbeing), Chris McGuinness (vol sector). Chesterfield – Chris Ludlow (health and wellbeing), Helen Bagley (health and wellbeing). Barnsley – Margaret Bruff (children and safeguarding), Jenny Platts (communities). Wakefield – O M Rowley (CYP), P A Garbutt (adults and health). N E Derbyshire – Lilian Robinson (community safety and health). Bassetlaw – none listed for health. Rotherham – currently decisions taken by government appointed commissioners. Joint OSC members: Clinical staff working in the services where change may happen (Barnsley Hospital, Chesterfield Royal Hospital. Doncaster and Bassetlaw Hospitals, Mid Yorkshire Hospitals, Rotherham Hospital, Sheffield Children’s Hospital, Sheffield Teaching Hospital) Chairs and chief officers of all CCGs: Barnsley – Nick Balac, Lesley Smith. Bassetlaw – Steve Kell, Phil Metham. Doncaster – Nick Tupper, Chris Stainforth. Hardwick – Steven Lloyd, Andy Gregory. North Derbyshire – Ben Milton, Jackie Pendleton. Rotherham – Julie Kitlowski, Chris Edwards. Sheffield – Tim Moorhead, Maddy Ruff. Wakefield – Phillip Earnshaw, Jo Webster. Members of all CCGS, via the governing body and comms teams in each CCG.

**Moderate
Power/Influence**

- **Local Authority commissioners**
- **All mental health provider trust boards:** (via chairs and chief executives) Rotherham, Doncaster and South Humber – Lawson Pater, Kathryn Singh. South West Yorkshire Partnership – Ian Black, Steven Michael. Sheffield Health and Social Care – Alan Walker, Kevan Taylor. Nottinghamshire Healthcare – Professor Dean Fathers, Ruth Hawkins.
- **Voluntary organisations working with people who may be affected by changes**
- **Healthwatch:** Sheffield – Carrie McKenzie (chief officer). Barnsley – Carriane Stones (chief officer). Rotherham – Tony Clabby (chief officer). Doncaster – Philip Kerr (chief officer). Bassetlaw – Christine Watson (chief officer). Derbyshire – Karen Ritchie (chief officer). Wakefield – Nicholas Esmond (chief officer). Nottinghamshire – Joe Pidgeon (chief officer).
- **Patient groups related to any potential service changes** (will move up the grid if become organised)
- **Working Together Provider Partnership**
- **All foundation trust governors:** (via membership offices in trusts). Barnsley, Sheffield Teaching, Sheffield Children’s, Rotherham, Doncaster and Bassetlaw, Chesterfield.
- **All acute hospital trust boards:** (via chairs and chief executives). Barnsley – Stephen Wragg, Diane Wake. Doncaster and Bassetlaw – Chris Scholey, Mike Pinkerton. Chesterfield – Helen Phillips, Gavin Boyle. Mid Yorkshire – Jules Preston, Stephen Eames. Rotherham – Martin Havenhand, Louise Barnett. Sheffield Children’s – Nicholas Jeffrey, Simon Morrit. Sheffield Teaching – Tony Pedder, Sir Andrew Cash.
- **Ambulance service trust boards:** (via chairs and chief executives). East Midlands – Pauline Tagg, Sue Noyes. Yorkshire – Della Cummings, Rod Barnes.
- **Unions** representing staff where changes could be made. Regional reps for Unite, Royal Colleges, MiP, Unison, GMB.

**Little or no
power/influence**

- Staff at NHS Greater East Midlands Commissioning Support unit
- Staff in CCGs
- Staff in NHS provider organisations (acute, mental health, ambulance)
- Staff in GP practices
- Voluntary groups (could move up and right)
- Communities and community groups (could move up and right)
- **All foundation trust members** (via membership offices in trusts). Barnsley, Sheffield Teaching, Sheffield Children’s, Rotherham, Doncaster and Bassetlaw, Chesterfield.

General stakeholder list for reference:

NHS Organisations/ Partnerships

NHS England – Area Teams
NHS Rotherham CCG
NHS Doncaster CCG
NHS Sheffield CCG
NHS Barnsley CCG
NHS Bassetlaw CCG
NHS North Derbyshire CCG
NHS Hardwick CCG
NHS Wakefield CCG
Yorkshire and Humber Clinical Senate
East Midlands Clinical Senate
The Working Together Provider Partnership
Barnsley Hospital NHS Foundation Trust
Chesterfield Royal Hospital NHS Foundation Trust
Doncaster and Bassetlaw Hospitals NHS Foundation Trust
The Mid Yorkshire Hospitals NHS Trust
The Rotherham NHS Foundation Trust
Sheffield Children’s NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust
Yorkshire Ambulance Service
East Midlands Ambulance Service
Public Health England
NHS Yorkshire & Humber Commissioning Support Unit
NHS Greater East Midlands Commissioning Support Unit
Acute Clinical Care Operational Delivery Network

Wider Public Sector Organisations/ Partnerships

Healthwatch
Health and Wellbeing Boards
MPs
Local Overview and Scrutiny Committees
Council members and staff

Public/ Patients and Groups

Public
Patients
National & local patient/ pressure groups
Voluntary groups
Community groups
BME groups

Staff and Members

Staff at all of the provider and commissioner organisations
GP Members of the CCGs
Senior teams and Boards/ Governing Bodies at each of the commissioner organisations
Unions

Demographic data per area**Barnsley**

231,221 total population

49.1% male

50.9% female

White: 96.03%

White Irish: 0.24%

White gypsy or Irish traveller: 0.07%

White other: 1.46%

Mixed /multiple ethnic groups – white and black Caribbean – 0.27%

Mixed /multiple ethnic groups – white and black African – 0.07%

Mixed /multiple ethnic groups – white and Asian – 0.18%

Mixed /multiple ethnic groups – other mixed – 0.16%

Asian/Asian British – Indian – 0.19%

Asian/Asian British – Pakistani – 0.09%

Asian/Asian British- Bangladeshi – 0.02%

Asian/Asian British – Chinese – 0.19%

Asian/Asian British – other Asian – 0.21%

Black/African/Caribbean/Black British: African – 0.43%

Black/African/Caribbean/Black British – Caribbean – 0.06%

Black/African/Caribbean/Black British – Other black –0.03%

Other ethnic group – Arab – 0.07%

Other ethnic group – any other ethnic group – 0.11%

Bassetlaw:

112,863 total population

56,024 male

56,839 female

White: 94.5%

White Irish: 0.33%

White gypsy or Irish traveller: 0.08%

White other: 2.44%

Mixed /multiple ethnic groups – white and black Caribbean – 0.4%

Mixed /multiple ethnic groups – white and black African – 0.07%

Mixed /multiple ethnic groups – white and Asian – 0.2%

Mixed /multiple ethnic groups – other mixed – 0.2%

Asian/Asian British – Indian – 0.38%

Asian/Asian British – Pakistani – 0.25%

Asian/Asian British- Bangladeshi – 0.06%

Asian/Asian British – Chinese – 0.16%

Asian/Asian British – other Asian – 0.24%

Black/African/Caribbean/Black British: African – 0.19%

Black/African/Caribbean/Black British – Caribbean – 0.21%

Black/African/Caribbean/Black British – Other black – 0.05%

Other ethnic group – Arab – 0.04%

Other ethnic group – any other ethnic group – 0.13%

Doncaster:

302,402 population

149,230 male

153,172 female

White: 91.8%

White Irish: 0.39%

White gypsy or Irish traveller: 0.19%

White other: 2.82%

Mixed /multiple ethnic groups – white and black Caribbean – 0.46%

Mixed /multiple ethnic groups – white and black African – 0.15%

Mixed /multiple ethnic groups – white and Asian – 0.29%

Mixed /multiple ethnic groups – other mixed – 0.2%

Asian/Asian British – Indian – 0.6%

Asian/Asian British – Pakistani – 0.9%

Asian/Asian British- Bangladeshi – 0.04%

Asian/Asian British – Chinese – 0.37%

Asian/Asian British – other Asian – 0.58%

Black/African/Caribbean/Black British: African – 0.43%

Black/African/Caribbean/Black British – Caribbean – 0.25%

Black/African/Caribbean/Black British – Other black – 0.08%

Other ethnic group – Arab – 0.07%

Other ethnic group – any other ethnic group – 0.27%

NE Derbyshire:

99,023 total population

48,564 male

50,459 female

White: 96.9%

White Irish: 0.26%

White gypsy or Irish traveller: 0.07%

White other: 0.79%

Mixed /multiple ethnic groups – white and black Caribbean – 0.32%

Mixed /multiple ethnic groups – white and black African – 0.1%

Mixed /multiple ethnic groups – white and Asian – 0.25%

Mixed /multiple ethnic groups – other mixed – 0.11%

Asian/Asian British – Indian – 0.35%

Asian/Asian British – Pakistani – 0.08%

Asian/Asian British- Bangladeshi – 0.03%

Asian/Asian British – Chinese – 0.18%

Asian/Asian British – other Asian – 0.15%

Black/African/Caribbean/Black British: African – 0.15%

Black/African/Caribbean/Black British – Caribbean – 0.06%

Black/African/Caribbean/Black British – Other black – 0.02

Other ethnic group – Arab – 0.04%

Other ethnic group – any other ethnic group – 0.08%

Chesterfield

103,788 total population

50,900 male

52,888 female

White: 94.8%

White Irish: 0.37%

White gypsy or Irish traveller: 0.004%

White other: 1.2%

Mixed /multiple ethnic groups – white and black Caribbean – 0.5%

Mixed /multiple ethnic groups – white and black African – 0.09%

Mixed /multiple ethnic groups – white and Asian – 0.27%

Mixed /multiple ethnic groups – other mixed – 0.17%

Asian/Asian British – Indian – 0.47%

Asian/Asian British – Pakistani – 0.32%

Asian/Asian British- Bangladeshi – 0.13%

Asian/Asian British – Chinese – 0.35%

Asian/Asian British – other Asian – 0.25

Black/African/Caribbean/Black British: African – 0.41%

Black/African/Caribbean/Black British – Caribbean – 0.26%

Black/African/Caribbean/Black British – Other black –0.07%

Other ethnic group – Arab – 0.06%

Other ethnic group – any other ethnic group – 0.08%

Rotherham

257,280 total population

126,247 male

131,033

White: 91.9%

White Irish: 0.3%

White gypsy or Irish traveller: 0.05%

White other: 1.3%

Mixed /multiple ethnic groups – white and black Caribbean – 0.3%

Mixed /multiple ethnic groups – white and black African – 0.11%

Mixed /multiple ethnic groups – white and Asian – 0.33%

Mixed /multiple ethnic groups – other mixed – 0.23%

Asian/Asian British – Indian – 0.37%

Asian/Asian British – Pakistani – 2.96%

Asian/Asian British- Bangladeshi – 0.04%

Asian/Asian British – Chinese – 0.23%

Asian/Asian British – other Asian – 0.5%

Black/African/Caribbean/Black British: African – 0.65%

Black/African/Caribbean/Black British – Caribbean – 0.11%

Black/African/Caribbean/Black British – Other black – 0.06%

Other ethnic group – Arab – 0.22%

Other ethnic group – any other ethnic group – 0.28%

Sheffield

552,698 population

272,661 male

280,037 female

White: 80.84%

White Irish: 0.5%

White gypsy or Irish traveller: 0.06%

White other: 2.25%

Mixed /multiple ethnic groups – white and black Caribbean – 0.98%

Mixed /multiple ethnic groups – white and black African – 0.23%

Mixed /multiple ethnic groups – white and Asian – 0.63%

Mixed /multiple ethnic groups – other mixed – 0.55%

Asian/Asian British – Indian – 1.06%

Asian/Asian British – Pakistani – 3.97%

Asian/Asian British- Bangladeshi – 0.6%

Asian/Asian British – Chinese – 1.33%

Asian/Asian British – other Asian – 1.04%

Black/African/Caribbean/Black British: African – 2.0%

Black/African/Caribbean/Black British – Caribbean – 0.99%

Black/African/Caribbean/Black British – Other black – 0.54%

Other ethnic group – Arab – 1.52%

Other ethnic group – any other ethnic group – 0.7%

Wakefield

325,832 total population

159,913 male

165,924 female

White: 92.76%

White Irish – 0.27%

White gypsy or Irish traveller: 0.09%

White other: 2.27%

Mixed /multiple ethnic groups – white and black Caribbean – 0.33%

Mixed /multiple ethnic groups – white and black African – 0.11%

Mixed /multiple ethnic groups – white and Asian – 0.27%

Mixed /multiple ethnic groups – other mixed – 0.17%

Asian/Asian British – Indian – 0.47%

Asian/Asian British – Pakistani – 1.5%

Asian/Asian British- Bangladeshi – 0.009%

Asian/Asian British – Chinese – 0.26%

Asian/Asian British – other Asian – 0.36%

Black/African/Caribbean/Black British: African – 0.6%

Black/African/Caribbean/Black British – Caribbean – 0.1%

Black/African/Caribbean/Black British – Other black –0.07%

Other ethnic group – Arab – 0.11%

Other ethnic group – any other ethnic group – 0.17%

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During the pre-consultation phase we asked people, “How would you want to see/read/hear about the formal consultation?”

Summary of responses:

By email: 42.7% (82 out of 192 responses)

Online (social and digital media): 34.9% (67 out of 192 responses)

Local media (print and broadcast): 12.5 % (24 out of 192 responses)

Face to face meetings and events: 9.9% (19 out of 192 responses)

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