Appendix B

Eradicating dormitory wards

Our consultation plan

Plan for formal public consultation activity

Working draft document

02 June 2021 v0.1

1 Introduction

As part of the Government's scheme to eradicate out-of-date dormitory wards, Kent and Medway Health and Social Care Partnership NHS Trust (KMPT) is delighted to have successfully secured £12.6 million Government capital funding to develop new and modern, purpose-built accommodation for older adults with mental health issues, including dementia, in Kent and Medway.

The investment in a new purpose-built building for these inpatient mental health services provides the opportunity to release Ruby ward, KPMT's only remaining dormitory ward (at Medway Maritime Hospital in Gillingham). This means patients would no longer need to be cared for in an outdated ward which compromises their privacy, dignity and safety and is not suitable for their needs.

Since being awarded the funding KMPT have worked with local health and care system partners in Medway to consider potential site options for a redevelopment of Ruby ward. The criteria used to identify a suitable location for a new capital build or redevelopment was for sufficiently sized KMPT owned or leased building space/land, available within the short-term, and ideally located with other mental health and general acute hospital support.

A comprehensive multi-agency review of accommodation options for a specialist mental health unit for older people did not identify a suitable location in Medway. This means our preferred way forward is to develop a new purpose-built facility on the Maidstone site. Pre-consultation engagement with patients, the public, NHS staff and other key stakeholders is underway and continues to take place during Spring 2021. We have shortlisted one option for the proposed new location of Ruby ward and are now preparing for formal public consultation to make sure insights, views and concerns about the proposal can be fully considered as part of the CCG's decision-making on this issue. We are aiming to run a six-week consultation during summer/early autumn 2021. The pre-consultation business case (PCBC) setting out the proposal in detail will be published at a governing body meeting of Kent and Medway CCG when a decision is made to formally consult on the proposed option, based on that business case. The consultation document and supporting consultation materials will be based on the technical detail within the PCBC.

No final decision will be taken on the future location of new accommodation for older adults with mental health issues until the consultation has closed and independent analysis is completed and presented to Kent and Medway CCG governing body. The governing body will consider the responses to the consultation along with other related evidence and data for consideration as part of a 'decision-making business case (DMBC)'.

More background to the proposals is available at [insert link].

1.1 Transforming mental health in Kent and Medway

Our proposals should be seen in the context of some exciting times ahead for improving mental health services in Kent and Medway. Unprecedented levels of funding and investment are available (£51m) to transform mental health services and support over the next five years. Working together as a health and care system, the Kent and Medway

Mental Health Learning Disability and Autism Improvement Board – which includes representation from the NHS, local authorities, social care, and other partners - has big ambitions for mental health services. They include:

- Reducing the need for people to be admitted to an acute ward by improving community based support
- Improving psychiatric intensive care for women
- Developing specialist dementia services for people with complex needs
- Eradicating outdated and unsafe dormitory wards for inpatient mental health care
- Redesigning community mental health services.

We have a significant opportunity over the next five-year period, with investment in and focus on mental health, to provide better mental health services, and care which is fit for the future. Mental health care needs to be more easily accessible, provide a greater range of services and support, and be more joined-up between all those involved in planning and delivering services. Our intention is to engage widely with people in Kent and Medway about their experiences, hopes and ambitions for mental health services in general, later this year as we shape and start to deliver our five year plan.

1.2 Pre-consultation engagement

[DN: updated review of pre-consultation engagement to follow in final plan]

2 About this plan

This is a working document and will continue to be developed as we progress towards the consultation. This plan sets out how we will approach a formal consultation on proposals to eradicate dormitory wards for mental health patients and build a new purpose-built facility for older adults in Kent and Medway with mental health needs. It has been informed by best practice principles and guidelines from NHS England and NHS Improvement, the Cabinet Office, and the Consultation Institute. We are also building on the experience and feedback from previous engagement and consultation programmes in Kent and Medway and from our pre-consultation engagement work.

Our plan has been developed in the context of the coronavirus pandemic and as the government is currently easing restrictions. There are currently concerns about variants of the virus, notably a new variant first identified in India, and this has the potential to impact restrictions fully easing in June 2021.

The pandemic has seen an unprecedented shift to digital and online communication and engagement, with a significant rise in people using new technologies such as Zoom to keep in contact for work and with loved ones. However, we also know some of our local communities cannot access the internet, and some are digitally excluded, through lack of skill, access to technology or not having the desire to engage in that way. However, these people's views are just as vital as those that can engage digitally, and our consultation will seek to get a range of views using different channels and methodologies beyond just a digital approach.

Public confidence remains an issue. Whilst there is optimism about the prospects of emerging from the pandemic, as the vaccine programme continues, the latest data from Ipsos MORI found that this optimism is tempered with caution. Not everyone, for example, is comfortable not wearing masks in public places, meeting new people, or being in public indoor spaces – 'as people appreciate that we aren't completely out of the woods yet'.[1]

We have taken this into account in terms of planning and delivering activity, recognising for some groups, engagement preferences may have permanently changed. We recognise the current pandemic context presents challenges and opportunities and is likely to require a different mindset for consultation planning. We have reviewed our proposed activities, channels, and materials to ensure they are suitable and adaptable for this unique period.

KMCCG has undertaken successful targeted engagement work with patients, their families and loved ones, carers, and staff during the pandemic. This has resulted in detailed engagement outputs on experiences of dementia care and support, responses to changes to health and care services during the pandemic and work with mental health services users on inpatient care. We have taken on board the experience of conducting this sort of targeted engagement work and have applied the learning to the proposals outlined within this consultation plan.

3 Consultation process

3.1 Statutory duties and legislation

This consultation plan has been designed to ensure we deliver effective patient and public engagement, involvement, and consultation as part of our obligations and legal duties. Appendix 1 provides further information.

In addition to meeting statutory duties, our plan has been developed with sufficient flexibility to ensure we can adapt to the uncertainties that Covid-19 brings. Discussions with stakeholders and our own review of activity and emerging thinking about consulting and engaging within the context of Covid-19 means we will particularly:

- exploit and expand digital and online engagement
- focus on how to engage with people who are digitally excluded
- ensure we make significant effort to engage with those who are seldom heard, including any new groups such as those who have previously shielded (under Covid rules) who are perhaps still finding their usual ways of engaging in community discussions restricted. We will use trusted channels and effective networks such as those found within the community and voluntary sector to reach these audiences as well as commissioning specific, focused research during the consultation period.

[1] Only half of Britons would be comfortable greeting people with handshakes and hugs in the same way they did before the pandemic, Ipsos Mori, 17 May 2021 https://www.ipsos.com/ipsos-mori/en-uk/only-half-britons-would-be-comfortable-greeting-people-handshakes-and-hugs-same-way-they-did

3.2 Consultation principles and priorities

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

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

More detail on each principle is provided in appendix B.

3.3 Consultation length

We are proposing to undertake a proportionate 6-week public consultation on our proposals to eradicate the single remaining mental health dormitory ward in Kent and Medway.

Following discussion with Medway HASC, we consider a 6-week public consultation to be sufficient to effectively engage with patients, service users, carers, local communities, staff, and stakeholders most affected by our proposals. Our plans for consultation are set out in further detail in this plan and are based on being able to meet a demanding timeline to build the new facility, to, nationally, eradicate outdated and old-fashioned dormitory wards for mental health patients, by November 2022. The proposals are being made in the context of:

- £12.6m national capital investment agreed for a new, purpose-built facility with single en-suite rooms to provide the safety, privacy, and dignity our patients have every right to expect
- a demanding national timeline to eradicate dormitory wards which requires the building work to start in October 2021
- the provision of two additional beds in the new purpose-built unit, increasing the number of beds in the unit from 14 to 16 to care for older adults with mental health needs, including dementia
- releasing Ruby ward back to Medway NHS Foundation Trust which will allow some general surgical and diagnostic services, currently provided by independent providers, to be brought back to Medway and onto the Medway Maritime Hospital site
- KMPT will continue to provide inpatient beds on a Kent and Medway-wide basis, with different specialist facilities and different specialist teams caring for patients in different places. There is not a concept of 'local' specialist inpatient beds designated for particular communities – all inpatient services are provided for all Kent and Medway residents. This means that patients requiring admission may not be admitted to a unit closest to their home, but they will be admitted to the most appropriate facility to meet their needs. Bed occupancy demonstrates that the current unit receives patients from across the Kent and Medway area

- the national and local strategic priority is to continue to enhance mental health community-based services, support people close to and in their own homes and avoid hospital admission wherever possible, and there is unprecedented levels of funding and investment available in Kent and Medway to transform these services over the next five years.

During the consultation we will be seeking to fully understand the impact of the proposal to move the unit 12 miles from Gillingham to Maidstone. In particular, we will be seeking to understand from the consultation responses the impacts (positive and negative) that people believe the proposal will have. We will want to understand how any negative impacts might be mitigated, and provide an opportunity for any additional evidence, data or alternative proposals and solutions to be put forward that would meet our case for change.

3.4 Consultation aims and SMART objectives

Aims

We will deliver a formal public consultation in line with best practice that complies with our legal requirements and duties. We will also reflect the circumstances and restrictions imposed by the ongoing response to Covid-19. Our aims for the consultation are to:

- raise awareness of the public consultation and how to contribute across the affected geography
- collect views from the full spectrum of people who may be affected – including staff, patients, service users, carers, stakeholders, and the public - gathering feedback from individuals and representatives
- ensure we use a range of methods to reach different audiences including activities that target specific groups with protected characteristics and seldom heard communities
- ensure those methods reflect the physical and attitudinal changes to consultation and engagement as a result of the Covid-19 pandemic
- explain how the proposals have been developed and what they could mean in practice, so people can give informed responses to the consultation
- ensure that we preserve the integrity and legality of the consultation to the best of our ability should Covid-related circumstances threaten to undermine, or derail planned activity
- meet or exceed our reach and response targets within the timeframe and budget allocated
- ensure the CCG governing body consider fully the consultation responses and take them into account in decision-making, with sufficient time allocated to give them thorough consideration.

SMART objectives

Specific, measurable, achievable, realistic and time-bound (SMART) objectives are key to ensuring that communications and engagement activity can be accurately assessed and measured. This is particularly important within the context of consultation activity where the results of our work will inform the development of the decision-making business case and play an integral part in the assurance process.

Whilst we want to hear from as many people as possible, what is important is that we seek and get a broad, representative, and diverse range of views to give rich insights to support our decision-making. If we set our targets for reach too high, we will need to use a lot more resource to generate higher response numbers in the limited timeframe of the consultation, which may not then result in a very different outcome or feedback. The quality of feedback to our consultation is important alongside the quantity.

Our SMART objectives for the consultation are:

SMART objective	Measure/assessment
Raising awareness through opportunities to see or hear about the consultation* - informing a minimum of 186,000 people (approximately 10 per cent of the population identified in the integrated impact assessment study area – the Kent and Medway population of 1,860,156 (ref)) about the proposals during the consultation period. [DN: exact numbers to be decided and dependent on outcome of discussions with Kent HOSC].	To be achieved through activity set out within this plan for example, advertising and leaflet drops etc. in addition to more personalised and interactive engagement including evaluation of social media, research, face-to-face and virtual events, focus groups etc. **NB: We recognise that 'opportunities to see or hear' do not necessarily equate to people reading or listening and are a relatively superficial measurement, so will put more focus on and weight into the engagement and response figures below.*
Target for active and direct engagements – X,XXX people (approximately 0.5 per cent of the population identified in the integrated impact assessment study area).	To be achieved through mailings to staff and stakeholder distribution lists, meetings and events, social media interactions, focus groups, targeted outreach work etc.
Target for responses – X,XXX separate responses to the consultation (approximately 0.3 per cent of the population identified in the integrated impact assessment study area).	Collecting responses to the consultation including consultation questionnaire, focus groups, emails, social media interactions, phone calls, letters, comments at events etc.
Focus on demographic 'hot spots' - e.g., groups and areas that have a higher reliance on/likelihood of being impacted most by the proposed changes to health services will have the opportunity to engage and respond during the consultation period. [DN: metric to be identified/agreed so objective can be SMART].	Informed by the programme's Integrated Impact Assessment, this will be achieved by working with partner organisations involved in the programme as well as Healthwatch, local patient groups, community networks and outreach activity to seek out opportunities to engage, and consultation responses.

SMART objective	Measure/assessment
	Assessment will be through demonstrating opportunities to engage and feedback received from identified groups and areas.
Protected characteristics, seldom-heard/hard-to-reach groups – targeted engagement work through focus groups, surveys, links with local networks to demonstrate that all protected characteristics are represented within the consultation feedback, and that seldom heard voices are represented in the consultation responses. [DN: number to be identified and included so objective can be SMART]	Activity will be based on information drawn from the Equalities Impact Assessment as well as existing intelligence and information from Healthwatch and its groups and networks as well as local commissioners and providers. Assessment will be through demonstrating opportunities to engage and feedback received from identified groups.
Staff involvement – all affected staff have the opportunity to complete a survey/access information on the proposals and/or join an event during the consultation period. [DN: number of staff to be included so objective can be SMART].	Using a variety of appropriate channels (as set out within this plan) to ensure all affected staff have the opportunity to provide feedback. Assessment will be based on the opportunities to engage and responses received from affected staff and/or their representatives.
Patients, families, and carers involvement - patients in affected services and their families/carers have the opportunity to respond to the consultation.	Using a variety of appropriate channels (as set out within this plan) to ensure affected patients, and/or their families/carers have the opportunity to respond to the consultation. We will look to achieve direct engagement with affected patients and their families. Assessment will be based on the opportunities to engage and responses received.
Stakeholder attitudes – we will deliver proactive engagement with key groups and influencers during the consultation period.	Positive attitude feedback about the consultation process from **at least three different stakeholder groups** by the end of the consultation period, to include: voluntary and community sector, democratic representatives, patient representatives (e.g.,

SMART objective	Measure/assessment
	Healthwatch/PPGs/other patient fora), clinical/staff representation or group. Demonstration of proactive engagement with staff, elected representatives and patient representative groups at least twice throughout the consultation period.
Delivery within an agreed budget	TBC once amount is agreed/identified.

4 Stakeholder mapping

This consultation plan describes the formal consultation that we are required to undertake with relevant local authorities under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (see sections X). We will formally consult our local authorities via Medway HASC and Kent HOSC [DN: add note re Kent decision re substantial variation after meeting in June] (see section X). Local authorities, their leaders, officers, and councillors are also an integral part of our stakeholder engagement activity (see table below) and partners in developing modern mental health services for the people of Kent and Medway.

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

Our consultation audiences	
Patients, public, community and business groups	**Staff**
• Residents in Medway and Kent • KMPT patients, service users and carers (DN: to be finalised – we anticipate the consultation population is the whole of K&M with greatest focus on Medway and Swale and those identified in IIA as most impacted) • Patient and carer support groups • Resident, voluntary, community and local business groups • Local Healthwatch (Medway and Kent) • Those who are seldom heard	• KMPT (particularly Ruby ward staff, and including staffside and trade unions) • Provider trusts – Medway NHS Foundation Trust, Medway Community Health CIC, Maidstone and Tunbridge Wells NHS Trust, Dartford and Gravesham NHS Trust, East Kent Hospitals University NHS Foundation Trust, Kent Community Health Foundation NHS Trust • South East Coast Ambulance Service NHS Foundation Trust • Kent and Medway CCG

• Protected characteristic groups (under equalities legislation) including age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity • MFT, KMPT and SECAmb governors and membership • Known campaigners (groups and individuals) • CCG's local health/community engagement networks • GP patient participation groups • Chamber of Commerce • Faith groups	• CCG local area teams – particularly Medway, north and west Kent • Kent and Medway Integrated Care System • Dartford, Gravesham and Swanley; east Kent; Medway and Swale; and west Kent ICPs. • Provider Alliance – tbc • General practice (including primary care network clinical directors and primary care teams) • Medway Council and Kent County Council (including social care and public health teams)
Elected representatives	**Regulators/scrutiny**
• MPs in Medway and Kent • Medway and Kent councillors	• Department for Health and Social Care • NHS England and NHS Improvement • Care Quality Commission • Healthwatch Medway, Healthwatch Kent • Medway HASC, Kent HOSC [DN: or JHOSC if one is formed]
System leaders	**Clinical experts and professional bodies**
• Kent and Medway CCG governing body (including as decision-makers for this consultation) • Kent and Medway NHS and Social Care Partnership Trust • K&M ICS • Dartford, Gravesham and Swanley; east Kent; Medway and Swale; and west Kent ICPs Medway and Kent Health and Wellbeing Boards • Provider trust boards (community, acute, ambulance) • Medway and Kent Council executive teams	• South East Clinical Senate • K&M local medical and pharmacy committees • The Royal College of Psychiatrists • The Royal College of Physicians • British Geriatrics Society • KSS Academic Health Science Network
Media	**Out of area stakeholders**
• Local and regional print, broadcast and online media • Trade media	• Tbc

[DN: add section on any particularly impacted groups from the IIA]

5 Consultation activities and materials

At the core of our consultation will be a consultation document which clearly lays out the basis on which we are consulting, the background to the consultation, a summary of the data upon which options have been developed and what the proposals/options are, and signposting for more detailed technical information if needed. This document will be presented in language which is easy to understand by the public, will seek feedback and will also promote the various other methods by which people can engage in the consultation.

The consultation document, associated materials and consultation questionnaire will be published on a dedicated section of the K&M CCG website. This will be clearly signposted from the CCG website and system partner websites. It will host general information about the programme and consultation, including the case for change; meeting papers and other key decision documents; evidence and data used to inform the design of proposals and decisions, etc.

We will ensure that we target, and cater for, groups and individuals with additional requirements, those responding on behalf of another individual and those who are less familiar with the subject matter. To best meet the needs of people with additional requirements we will:

- Produce documents in plain English
- Produce our consultation document in accessible formats, such as Easy Read, and in different print formats on request e.g., small and large print, audio, foreign language translation, braille etc.

Throughout the consultation period we will receive regular response monitoring reports from the independent consultation analysis agency (which we will use to analyse the responses). We will monitor this information closely to identify any demographic trends which may indicate a need to adapt our approach regarding consultation activity. An example would be under representation from a particular demographic group or geographic area, particularly where there is a demonstrable disproportionate impact upon individuals within that group.

6 Overview of planned consultation methods

Consultation method	Approach overview/description	Objective/target responses/reach
General publicity and information sharing	Public information promoted via a mix of physical and digital channels (with use of physical channels adapted to reflect changes in response to Covid-19) e.g., advertising in local media, video showing current challenges and potential opportunities for providing care for older adults, posters in high footfall areas, raising awareness on social media, as	10% of the consultation population i.e., 186,000 people

Consultation method	Approach overview/description	Objective/target responses/reach
	well as via NHS organisations and established stakeholder and community channels. This will include proactive and tailored information to be communicated or shared with specific communities or groups.	
Website/online media	Designated webpage with comprehensive guide to consultation, events and activities people can get involved with, regularly updated. Including consultation information to help the public to understand the impact of the proposed changes on them individually. Consideration of online exhibition to interactively share information in an accessible and engaging way and to seek feedback.	To go live on launch date of consultation
Telephone and freepost	To support open and accessible communications between the programme and interested parties, the consultation team will be directly accessible via telephone and post mechanisms in addition to online contact information. This will ensure the opportunity to give feedback is available to those who may be digitally excluded or less digitally experienced.	Phone number and freepost to be in place by launch date of consultation
Online and hard copy consultation questionnaire	This would comprise a self-selecting sample who complete the questionnaire in response to general publicity, specific outreach or after attending events.	Total responses = > X,XXX
Public exhibitions x2 tbc	These in-person drop-in sessions will provide an opportunity for information giving and detailed conversations with local communities.	Total engagement = > 60
Public online listening events	Online event via Zoom with panel-led plenary and break-out rooms for facilitated 'table discussions' to ensure	Total engagement > 60

Consultation method	Approach overview/description	Objective/target responses/reach
	everyone has an opportunity to give feedback on the proposals	
Patient and voluntary group meetings	These sessions would take a lead from patient and voluntary group organisations already very active in the community. We will attend existing meetings to raise awareness of our plans and to provide an opportunity for detailed conversations with patient and voluntary group representatives. Feedback from each meeting will feed into the consultation process.	Attend > 5 meetings
Qualitative focus groups x5 tbc	We will hold a number of targeted focus groups to better understand the impact of our proposals on those individuals and groups identified in the IIA as likely to be disproportionately impacted.	Total engagement > 30
Staff engagement	Before and during the public consultation there will be specific, focused staff engagement meetings organised for those staff directly impacted by the proposals. The format will likely be a blend of in-person and digital engagement methods. It is expected that further staff engagement will take place up to and once the Decision Making Business Case is approved. Any employer-led formal HR-led consultation with employees, on potential changes to individual job roles to support the implementation of proposed changes, would happen at this stage and is outside the scope and remit of this consultation plan.	All directly impacted staff

7 Media approach

We will work with the media on a proactive and reactive basis – updating them proactively with key updates and milestones and responding to any of their enquiries as they arise.

We will actively promote consultation events and opportunities through the local news media and social media, and will also consider, where required, advertising in local press

(print, online and radio) and on social media to further amplify messages about the consultation and encourage involvement. We will provide clinical spokespeople wherever possible to explain the reasons for change and our proposals, recognising that people have high levels of confidence and trust in clinicians and health professionals.

Specific handling plans will be created for significant milestones throughout the consultation, including in each case, key messages, detailed questions and answers, targeted media (and other key stakeholders), arrangements to offer interviews and photograph/filming opportunities, a record of who has been approached and the briefings offered.

Detailed and sequenced communications plans will be put in place to cover the launch, mid-point and close of the consultation with proactive public relations activity with all our stakeholders and reactive communications. Patient stories and case studies that illustrate the case for change and the expected benefits of the proposals will be developed. An efficient and effective approvals process will also be important in terms of reacting quickly to requests for information/responses, rebutting any inaccurate media articles, and signing off any new content to respond to issues and themes as they develop through the consultation. To facilitate this, we will develop and agree a media handling protocol that will ensure all partner organisations are able to respond and react appropriately to queries from the media.

We will evaluate all media coverage to assess its effectiveness, and the inclusion of our key messages, adapting our approach as appropriate.

8 Impact of consultation on outcomes and decision-making

A public consultation is not a referendum. What we will be seeking from the consultation responses is to fully understand the impacts (positive and negative) that people believe the proposals will have. As well as understanding what people might like about our proposals, we will want to understand how any negative impacts might be mitigated, and provide an opportunity for any additional evidence, data or alternative proposals and solutions to be put forward that would meet our case for change. Feedback will be used to shape the final proposals and allow us to consider mitigating actions for concerns that are raised.

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

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

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

After the consultation has closed, and the independent report analysing responses has been carefully considered by Kent and Medway CCG, the consultation team will publish formal response and activity reports for the public consultation.

8.1 Measure of a successful consultation

The success of our consultation will be measured against the aims and SMART objectives set out in section 5.1 of this plan, including:

- the depth and breadth of responses/feedback on the proposals
- the targets for reach set out in this plan
- feedback from respondents on the process of the consultation, including their views on how the consultation has been conducted within the context of the pandemic
- feedback from HASC, (HOSC/JHOSC – tbc), Healthwatch, and NHS England and NHS Improvement post consultation
- whether we meet our statutory and legal duties associated with consultation.

9 Resourcing plan

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

It is recommended that investment is secured so that the process may be run properly, effectively, and robustly. An effective consultation will produce rich feedback and insights to improve the overall quality of decision-making and service design, and in turn, the quality of patient outcomes and experience in the future. This approach will not only make sure we meet our statutory duties around involvement and consultation, it will also help mitigate the risk of successful legal or other challenge to the consultation process at a later stage, which then incurs further cost and time delays.

It is important to note that consultations tend to be challenged on process which can lead to long delays, potential re-consultation and increased costs. Most importantly, successful challenge to a programme such as this also has opportunity costs for patients in delays to making improvements to services.

9.1 A dedicated consultation team

Running a public consultation exercise is challenging and requires a core team that has sufficient capacity, experience, is resilient, professional, and ideally consistent to take the programme through from start to finish. This team will consist of

- clinical leaders from Kent and Medway CCG and KMPT
- executive and programme leaders from Kent and Medway CCG and KMPT
- project management office and administrative support
- communications, engagement and consultation resource with additional capacity and expertise commissioned as needed from external suppliers.

Spokespeople and programme representatives
A core team of spokespeople and programme representatives will act as the official voices for the consultation, offering a recognisable and human face to the proposals. We know that clinical representatives are considered to be especially trusted and credible with members of the public, patients, carers, and wider stakeholders. Wherever possible, we will front local clinicians to explain why they believe the proposals for change will improve services and meet the challenges and opportunities described in the case for change.

Planning and delivery
Planning, developing and delivering the consultation activities/materials will be led by the communications and engagement workstream of the programme with input from the wider consultation team. Project management office and administrative support will be essential in ensuring the smooth running of the consultation and ensuring alignment with ongoing programme activities.

9.2 Non-pay resources

Identifying the costs for non-pay materials and resources, ranging from design of, typesetting and printing documents and designing and producing other collateral, distribution, and advertising, to venue hire and independent analysis of consultation responses is a work in progress. We will use the experience our team has working on other similar consultations as a realistic benchmark. We will also factor in increased costs as a result of dual-running some activities, for example in-person and online engagement because of Covid-19 and people's changing preferences for receiving information and engaging with us, to arrive at a realistic budget for consultation activity.

10 Conclusion

Our consultation plan considers the current Covid-19 context to allow us to deliver a best practice consultation and fulfil our statutory consultation duties. We will make the most of appropriate new technologies, methodologies and mechanisms to respond to the constraints of consulting within the 'new normal' as they emerge. Whether events are remote or in-person is dependent on our ability to hold face-to-face meetings in the summer of 2021 because of the Covid-19 pandemic, which we will assess nearer the time. We will also be mindful of recent social research which demonstrates that digital engagement may continue to be a preferred option for engagement for some. Our plan means that we will have effective ways to communicate, engage and consult with a wide spectrum of groups and individuals.

Once consultation is underway, we will maintain a flexible approach to assessing the effectiveness of the activities identified in this plan, especially in light of the easing of Covid-19 restrictions and will amend our approach as appropriate. Significant changes to the approach, including the need to protect the integrity of the consultation because of Covid-related requirements would be discussed and approved through the programme governance, and briefings provided to Medway HASC, Kent HOSC, and NHS England and NHS Improvement.

Appendix A – Statutory duties and legislation
Appendix B – Our consultation principles
Appendix C – Developing our consultation plan
Appendix D – Activity plan for consultation period

Appendix A: Statutory duties and legislation

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

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

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

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

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

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

- **The Equality Act 2010** - requires the NHS to demonstrate how it is meeting the Public Sector Equality Duty, and how it takes account of the nine protected characteristics of: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The 'Gunning Principles'

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

public consultation, and making decisions following it, there are four important legal principles to adhere to in terms of demonstrating a 'fair' consultation.

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

The Gunning principles are that:

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

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

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

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

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

Defining service change

Broadly speaking, service change is any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered. There is no legal definition of 'substantial development or variation' and for any

particular proposed service change, commissioners and providers should work with the local authority or local authorities' Overview and Scrutiny Committee (OSC) to determine whether the change proposed is substantial. If the change is substantial, it will trigger the duty to consult with the local authority under the s.244 regulations. It is this that can trigger a referral to the Secretary of State and the Independent Reconfiguration Panel.

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

Appendix B: Our consultation principles

Consulting with people who may be impacted by our proposals

- We will reach out to people where they are, in their local neighbourhoods and in local networks.
- We will cover the geography, demography and diversity of our consultation population.
- We will identify groups more affected by mental health issues in particular, and what it is about these groups of people that may make it more likely that they will have a mental health issue. Particular reference will be given to protected characteristics and consideration of health inequalities across Medway and Kent, in line with the Public Sector Equality Duty.

Consulting in an accessible way

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

Consulting well through a robust process

- We will help to make sure local people, and staff working in KMPT affected by the proposals, have confidence in our consultation process, by ensuring it is open, transparent, and accessible.
- We will be clear and up front about how views can influence decision-making, explaining it will not be possible to accommodate all views or to do everything everyone wants and why difficult decisions have to be made.
- We will make sure a wide range of people are aware of our consultation even if they choose not to participate.
- The consultation will run for a sufficient length of time to allow people to give their views and we will provide regular reminders about progress and the closing date.
- We will use a mix of qualitative and quantitative methodologies to allow for both volume and richness of response.
- We will strive to ensure we are acknowledged locally and nationally to have undertaken a meaningful and effective consultation process and will seek support for our consultation plan and process from the HASC (or JHOSC – tbc) in our ongoing engagement with them.

- The results of our consultation and the feedback received will be thoroughly and conscientiously considered and used to inform decision-making.

Consulting collaboratively

- We will work collaboratively with individuals, stakeholders, and partner organisations to make the most of the opportunities of partnership working to reach out to as many people as we can in Medway and Kent in a meaningful way.
- We will make sure our information is relevant to local groups, by being clear about what the proposals mean for each geographical area and for core groups of people taking account of their interests, diverse needs, and preferences.

Consulting cost-effectively

- We will assign an appropriate budget to enable an effective consultation and will strive to ensure our consultation budget is spent wisely and used effectively in terms of reach and response, delivering good value for money.

Independent evaluation feedback

- We will monitor and evaluate our consultation process consistently and in a systematic way, including capturing feedback and comments from events, meetings, our consultation questionnaire, discussions, and individual responses.
- We will commission an interim report in terms of consultation response analysis, to assess progress on where, how and from whom we are receiving feedback and responses, so we can target our activity to address gaps in feedback geographically or demographically.
- The analysis of feedback will be done independently, and the independent report will be shared publicly, including on our KMCCG website.

Appendix C – Developing our consultation plan

Internal development and sign-off

[To be inserted]

Patient and public advice

[To be inserted]

Healthwatch

[To be inserted]

HASC

XXX

NHS England and NHS Improvement

DRAFT statement for inclusion once assessed and assured by NHSE SE:
[The communications and engagement team for NHS England South East have reviewed and commented on our consultation plan as we have developed it and will continue to have further input and review as part of the overall PCBC submission at key points in the process during June and July 2021. A comprehensive and robust plan for consultation is one of the requirements for a successful 'Stage two Gateway' assurance conducted by NHS England and NHS Improvement.]

DHSC re capital funding

Appendix D - Activity plan for the consultation period

The table below provides a provisional timetable for core consultation activity.

Our current timescales anticipate a launch of formal public consultation during August 2021, running for an anticipated 6-week period. We are planning a mid-point review of responses so that the second half of the consultation period can focus on eliciting responses from any sectors, communities, and groups where response rates have been low.

Once consultation is underway, we will maintain a flexible approach to assessing the effectiveness of the activities identified in this plan, especially as a result of Covid-19; and will adapt our approach as appropriate.

Consultation phase	Activity summary
Preparation for formal consultation	• Development and final sign off for all consultation materials and preparation ready for printing, production, and distribution • Planning and booking advertising for consultation publicity • Planning and booking of consultation events – both physical and virtual • Preparation of consultation online on K&M CCG's website • Final development of distribution list for print and electronic delivery of consultation materials • Establish process for providing consultation materials in alternative formats/languages
Pre-launch of formal consultation	• Ongoing stakeholder engagement to ensure there are no surprises with key audiences such as MPs, councillors, staff, and patient representative groups. We will use our pre-consultation activity and ongoing stakeholder relations to raise awareness of the option(s) that we will consult on and make sure there is widespread understanding of the consultation when it happens (share consultation activity overview) • Informal meetings with staff who may be directly affected by the proposals (including staffside and trade unions) • Publication of virtual and face-to-face venues/timings of public exhibition drop-in sessions and virtual public listening

	events/exhibition during consultation period • Print and distribution of hard copy materials to start once final content approved
Launch day	• Online publication of consultation document, core consultation materials and consultation questionnaire • Media release issued to local and regional media • E-bulletin to full stakeholder list announcing consultation launch and linking to online materials including details of public exhibitions/events
Weeks 1-6	• Print advert (in local papers) and social media advertising to promote consultation (weeks 1-6 tbc) • Display stands in place at NHS/community sites (weeks 1-6) • Poster advertising in community and high footfall areas (weeks 1-6) • Focus groups with patients, service users, carers, including those specifically impacted by the proposals, seldom heard, and protected characteristic groups (weeks 1-4) • Attendance at existing meetings of stakeholder groups (virtual and face-to-face weeks 1-6) • Staff events (virtual, weeks 2, 4) • E-bulletin to full stakeholder list with reminder of public events (both virtual and face-to-face) and encouraging responses to formal questionnaire (week 3) • HASC (JHOSC -tbc) update and mid-point review (week 3) • Mid-point media releases to encourage further editorial coverage of the consultation (in addition to paid advertising) (week 3-4 tbc) • Consultation mid-point review report to programme team and informal briefing to KMPT trust board and CCG governing body (week 3). • Review of engagement and feedback from seldom heard/protected characteristic groups to confirm if further targeted activity is needed (week 4)

	• Email and telephone reminders to key partner/stakeholder organisations encouraging submission of formal responses to the consultation (week 4) • Review of feedback and engagement activity to consider if extension to consultation period is needed (week 5) • E-bulletin to full stakeholder list and social media activity to encourage responses before consultation closes (week 5)
Consultation close	• Media release on close of consultation (end of week 6) • Removal of consultation displays from hospital sites (end of week 6) • Update website to confirm consultation closure (end of week 6) • Closure of online questionnaire (end of week 6) • Email to partners where hard copies of consultation materials were delivered requesting displays to be removed (end of week 6) • E-bulletin to full stakeholder list with high level summary of consultation activities and details of next steps to analyse and publish results (week 7)
Post consultation	• Independent analysis of consultation feedback and drafting of reports • Consultation responses report to feed into decision-making business case for CCG GB decision on proposed change