



Future Fit Consultation Plan

May 2018



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1.0 Introduction

The purpose of the consultation plan is to describe our approach to communications and engagement for the formal public consultation on the transformation of hospital services in Shropshire and Telford & Wrekin. Telford & Wrekin CCG and Shropshire CCG are reviewing the way hospital services are delivered for the populations Shropshire, Telford & Wrekin and mid Wales.

The aim of this communications and engagement plan is to ensure activity clearly informs the development of a new model of urgent and emergency care, combined with local planned care services. It aims to ensure that the services that will be delivered will appropriately meet the needs of the population now and into the future. This plan draws on feedback received to date from the public and key stakeholders and will be shared with the Future Fit Communications and Engagement Stakeholder Reference Group.

The plan describes mechanisms that are already in place and what else we intend to do to consult with staff, the public, patient, carers and key stakeholders.

1.1 Background

In November 2013 a major engagement exercise took place in Shropshire and Telford & Wrekin with public and clinicians under the NHS England's Call to Action. The response of local people was very clear. They said they wanted full engagement in thinking through options for the future and that nothing should be predetermined. It was agreed there was a compelling case to review the way hospital services are provided for future generations to benefit. Citizens called for more accessible and connected care which is closer to home and responds to the needs of the local population. Clinicians called for safe care that brings together specialist expertise in the best way to offer patients the best outcomes and a great experience. Building on this, an agreement was made to deliver new models of care which are fit for the future.

This Call to Action event resulted in the launch of the NHS Future Fit programme. This programme agreed it would bring together patients, NHS leaders and local authority partners to look at how services are currently used in detail and compare this with the best clinical practice across the UK and beyond. The outcomes from this were used to develop options for how services can be improved in order to deliver excellence for the future.

In Shropshire and Telford & Wrekin we currently have two major hospitals serving the local population, consisting of around 500,000 patients accessing services of which around 70,000 are from mid Wales. It is recognised that having predominantly the same hospital services provided across two sites, set less than 20 miles apart, is not sustainable now or in the future.

The clinical and financial sustainability of local acute hospital services has been a concern for more than a decade. Shropshire and Telford & Wrekin has a large enough population to support a full range of acute general hospital services, but splitting these services over two sites is increasingly difficult to maintain without compromising the quality and safety of services.

More pressingly, we need 20 consultant doctors to run our two A&E departments, 24-hours a day, seven days a week. Currently we only have five permanently employed consultants in post. This means that we have had to rely on a high number of temporary consultants. We have not successfully recruited a consultant to work in one of our A&E departments since 2012.

Therefore, SaTH currently has particular medical workforce recruitment and retention issues around A&E and critical care services. Most of these services are currently delivered on two sites, although stroke services were brought together on an interim basis at Princess Royal Hospital to address workforce issues. The single site stroke service must stay with the Emergency Care site and forms part of the Future Fit consultation.

SaTH has developed its Sustainable Services Programme to address these challenges. It has produced a Strategic Outline Case (SOC) which has now been developed into a Draft Outline Business Case (OBC).

The clinician-led work over the last four years forms the basis of what we will be consulting on. The options developed in the programme have gone through an appraisal process to analyse certain factors such as distance and quality. An Integrated Impact Assessment and an Equalities Impact Assessment were carried out in 2016. A further IIA was conducted into the impact of any potential move of women's and children's services from Telford to Shrewsbury in 2017. This was conducted at the same time as an Independent Review into the process so far, conducted by KPMG. You can read these on our website www.nhsfuturefit.org.

Throughout the development of the Future Fit options there has been extensive engagement and communication with the key stakeholders and the general public; this engagement has informed the options and subsequent consultation and engagement planning. A 'mind map' of activity to date (as at Nov 2016) and a stakeholder map are available in Appendices 1 and 2 at the end of this document. Activity has involved stakeholders in mid Wales to ensure that correct processes are followed in line with Welsh guidance and legislation.

1.2 Current context

As of early 2018, NHS Shropshire and Telford & Wrekin CCGs are preparing to launch a formal public consultation which will ask for the views of people across Shropshire, Telford & Wrekin and mid Wales on two options:

Option 1: The Royal Shrewsbury Hospital becomes an Emergency Care site and the Princess Royal Hospital becomes a Planned Care site.
(This is the CCGs' preferred option)

Option 2: The Princess Royal Hospital becomes an Emergency Care site and the Royal Shrewsbury Hospital becomes a Planned Care site

Under either option, both hospitals would have an Urgent Care Centre that is open 24 hours a day, seven days a week.

2.0 The purpose of the consultation plan

The purpose of the consultation plan is to describe our process for formal consultation and how we will reach stakeholders including patients, their carers, families and members of the public across Shropshire, Telford & Wrekin and mid Wales. This process will ensure that our methods and approaches are inclusive and tailored to the people we want to reach so that they can have their say. These include:

- Public, patients, carers and their representatives
- Key stakeholders including partner organisations
- Voluntary, community and social enterprise sector organisations
- Staff across all partner organisations of the Sustainability and Transformation Partnership
- Local Councillors, MPs and AMs
- Joint Health Overview and Scrutiny Committee, Healthwatch Shropshire, Healthwatch Telford & Wrekin and Powys Community Health Council
- Particular interest groups, including seldom heard groups and nine protected characteristics

The plan sets out the activity which will take place and the timelines involved, including the resources required to deliver the plan. The intention of the plan is to help people understand what to expect from the formal consultation, how they can be involved and how long the process will take. The purpose of the consultation communications and engagement activity is to:

- Raise awareness of and provide information on the changes being proposed
- Involve stakeholders in discussions about the proposed changes and draw out any issues and concerns
- Support us to pay 'due regard' to our equality duty in our decision making
- Work with stakeholders to consider potential solutions to any issues raised
- Gather feedback which will inform the decision about the future model of hospital services
- Ensure we meet our statutory duties as set out later in this document

3.0 Aims and objectives

We will deliver a best practice consultation (advised and assessed by The Consultation Institute), which is founded on the commitment to inform and listen. The Consultation Institute is undertaking a Quality Assurance role and has provided feedback on the consultation document, consultation summary document and the consultation plan, which have now been approved by both CCG Boards, the Future Fit Programme Board and NHS England assurance panel.

We will work with our stakeholders to deliver key consultation activities and to collate and analyse the results to ensure an objective outcome. We will use an approach that allows for volume and richness of response.

To help us achieve this aim, we have the following high-level objectives:

- To ensure that the consultation is transparent and that it meets its statutory requirements through sufficient inclusiveness, breadth, and depth
- To create a significant and meaningful amount of engagement with local stakeholders, ensuring that the consultation is accessible, that they are aware of the survey and documents and have the opportunity to participate
- To capture, collate, analyse and consider the feedback we receive to make an informed decision
- To ensure a thorough audit trail and evidence base of feedback

3.1 Principles for consultation

- Make sure our methods and approaches are tailored to specific audiences as required.
- Identify and use the best ways of reaching the largest amount of people and providing opportunities for those within the nine protected characteristics.
- Provide accessible documentation, including EasyRead, large print Word documents and Word documents for use with screen readers.
- Ensure that Welsh language versions of all materials are produced.
- Offer accessible formats including translated versions or interpreter facilities where required
- Have due regard for Equality and Diversity, ensuring that the consultation works to understand how people's differences, cultural expectations and social status can affect their experiences, health outcomes and quality of care.
- Monitor consultation responses to ensure the views reflect the whole population and adapt activity as required.
- Use different methods or direct activity to reach certain communities where we become aware of any under-representation.
- Arrange our meetings so they cover the local geographical areas that make up Shropshire, Telford & Wrekin and mid Wales.
- Arrange meetings in accessible venues and offer interpreters, translators and hearing loops where required.
- Purchase our resources for delivering consultation activity from the local community wherever it is possible.
- Inform our partners of our consultation activity and share our plans.

Consultation is the formal process of asking the public their views on any proposals to change the way services are provided and delivered. This process is supported by our legal obligations. Any formal consultation process requires us to follow a

legal process so that we can ensure local people have a voice and an opportunity to provide us with their view. Consultations will be based on what we already know and should only take place when we have already engaged with the public.

We have made sure that key stakeholders have fed into this document, which has taken into account the different methods for consulting. We have taken their advice on the needs of local people and, budget permitting, their advice is reflected in the methodology used for this consultation.

4.0 Consultation: mid-point review

As part of our consultation procedure, The Consultation Institute (tCI) will conduct a mid-point review half way through the consultation period. This will look at how well we have engaged to make sure we are providing the best opportunities for people to have their say. TCI will assess if there has been sufficient feedback from seldom heard or minority groups so that we can adapt our activities to reach groups of people who have not yet been involved. We will also, as required, adapt our methods and channels used so far, to ensure that we make the best use of the most effective channels and that our resources are directed accordingly. If the consultation period falls over a holiday period, we will adjust/extend the consultation length to accommodate for those times when people are less likely to be able to be involved in the process. We are not aware of any pre-election periods that will occur at the time of the consultation.

5.0 Legislation and guidance on consultation

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

- Section 242, of the NHS Act 2006, places a duty on the NHS to make arrangements to involve patients and the public in planning services, developing and considering proposals for changes in the way services are provided and decisions to be made that affect how those services operate.
- Section 244 requires NHS bodies to consult relevant OSCs 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 OSCs).
- The NHS Act 2012, introduced a new duty on the Secretary of State, NHS England and clinical commissioning groups to ‘have regard to the need to reduce inequalities’ in access to care and outcomes of care; additionally:
 - Section 14Z2 updated for Clinical Commissioning Groups places a duty on CCGs to make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):
 - in the planning of the commissioning arrangements by the group,
 - in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them,
 - in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.
- Section 183 of the National Health Services (Wales) Act 2006 requires LHBs, with regard to services they provide or procure, to involve and consult citizens in:
 - planning to provide services for which they are responsible
 - developing and considering proposals for changes in the way those services are provided;
 - and making decisions that affect how those services operate.

- Section 242 of the National Health Service Act 2006 extends this requirement to NHS Trusts.
- Regulation 27(2) and 27(3) from the Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010 which places a duty on NHS Trusts in England to consult with Community Health Councils in Wales on substantial variation in health services

You can read the full guidance from NHS Wales on engagement and consultation please use the following link [here](#)
Our approach to public involvement and consultation is also informed by legal case law which has established some key principles (commonly referred to as The Gunning Principles). In summary these are:

- A consultation must be held “when proposals are still at a formative stage”
- There must be “sufficient reasons for proposals to permit ‘intelligent consideration’”
- There must be “adequate time for consideration & response” of proposals
- Responses “must be conscientiously taken into account”

The Equality Act 2010

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

Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance ‘Equality of Opportunity’, and c) foster good relations. All public authorities have this duty so the partners will need to be assured that “due regard” has been paid through the delivery of this formal consultation.

To help support organisations to meet these duties a set of principles have been detailed in case law. These are called the Brown Principles:

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

We note the additional duties to consult in Wales and refer to guidance set out in the ‘The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011’

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 in England 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.

6.0 Findings from pre-consultation engagement activity

Our approach is formed on the basis of work already carried during the pre-consultation period of engagement which ran from November 2013. This process involved the Call to Action event, deliberative events, pop up events, social media and regular newsletters, alongside a communications and media programme led by The Shrewsbury and Telford Hospital NHS Trust. Patient representatives have contributed at every stage of the programme, attending work stream meetings and events, and so have helped to shape the proposals. See Appendix 1 for summary of engagement to date.

The following themes have been identified and have fed into the proposals on during the engagement and communications activity:

- NHS services should be more 'joined up'
- Help me understand how to access the right urgent care services
- Assess and treat me promptly and in the right place
- Admit me to hospital only when necessary
- Make my stay in hospital short, safe and effective
- Try to care for me at home, even when I am ill

In accordance with Guidance for Engagement and consultation on changes to Health Services this draft consultation plan has been shared with Powys CHC for its feedback prior to the start of the formal consultation. More information on the pre-engagement activity can be found in the Pre-Consultation Engagement Report at www.nhsfuturefit.org

7.0 Consultation mandate

The CCGs have decided that change is necessary to deliver safe, sustainable services that improve outcomes for patients. They now need to make an informed decision on progressing the future shape of hospital services. To do this they need to ensure that these are high quality, safe, sustainable and affordable and result in the best possible outcome and experience for patients. Therefore they need to understand the views of all patients, public, stakeholders and staff who live and work in Shropshire, Telford & Wrekin and mid Wales. This includes those directly impacted by the proposals (which may include patients, public and stakeholders in surrounding areas) which may lead to a change in the future to the way we provide emergency and planned care, including urgent care.

8.0 Process for consultation

8.1 What we already have in place

There are a number of mechanisms in place which help us provide information and communicate with a range of stakeholders. These mechanisms have and will continue to be utilised throughout this process.

- Staff are already being engaged through a number of methods including briefings, newsletters etc.

- Local councillors and MPs are updated through discussions at scrutiny and Health & Wellbeing Boards and with briefings at committees and forums. In addition face to face meetings with MPs and AMs provide an opportunity for regular briefings. We also respond to requests from the Parliamentary Hub ahead of ministerial briefings or questions in Westminster.
- Joint Health Overview and Scrutiny Committees (HOSC), Health & Wellbeing Boards and Powys Community Health Council (CHC) are kept up to date with our plans through presentations and briefings.
- We have a dedicated NHS Future Fit consultation website which will be signposted to from all local NHS and partner websites. These pages contain a range of information including the consultation documents and supporting information. We will continue to use existing social media we have in place as a communication tool to promote the consultation. The new website will go live prior to the start of consultation and has been developed alongside the Future Fit Stakeholder Reference Group.
- Close working with Healthwatch and CHC colleagues to ensure we provide consistent messages to the public.
- We engage with local GP practices to make sure they are aware of any involvement activities and promote participation via surgeries, for example through patient reference groups.
- We review existing websites including those attached to the local media to gather feedback.
- We work closely with the local voluntary, community and social enterprise sector to share information and deliver activities to obtain feedback on our behalf.
- Patient groups and representatives are informed and opportunities to engage in conversations are promoted.
- We circulate information widely to our existing stakeholder database which includes a range of local community, voluntary, statutory and other organisations and members of the public.
- Regular discussions with stakeholders in mid Wales have allowed us to be advised and guided to ensure our communications and engagement approach to residents in Powys is robust.
- We have Integrated Impact Assessment and supporting documentation to help direct consultation. We have refreshed the Equality Impact Assessment in May 2018 to inform all activity.

8.2 What else do we need to do

To ensure formal consultation can take place we will need to provide more opportunities for communication and information sharing and discussion, offer stakeholders the chance to host conversations and directly reach identified groups. The consultation plan has been co-produced overtime with key stakeholders through a number of workshops, focus groups and surveys in order to understand the methods and approaches that are appropriate. We will continue to work with people to refine our approach up to and throughout consultation.

The formal consultation will be delivered over a 14 week period using a number of mechanisms. This will need full commitment from all partners to provide staff and appropriate key speakers as required. We are in the process of identifying key stakeholders who can attend meetings during the consultation period. We will aim to have a range of experienced engagement staff, clinicians and managers at our main public exhibition events, wherever possible, to ensure that questions can be answered and feedback gathered.

9.0 Consultation activities

Pre-launch

Stakeholder engagement - We continue with a thorough programme of key stakeholder engagement leading up to the start of the consultation. This includes ongoing dialogue with the Joint HOSC, PTHB and Powys CHC, formal attendance at Future

Fit Programme Board, CCG and SaTH boards, regular MP briefings, updates to communications colleagues and regular liaison with the local media.

Future Fit Communications and Engagement Stakeholder Reference Group and sub groups - We have a Future Fit Communications and Engagement Stakeholder Reference Group which includes representation of patient groups and partner organisations from across Shropshire, Telford & Wrekin and mid Wales. The purpose of this group is to support and guide the Future Fit communications and engagement team on how it informs and engages with patients, carers and the public during the consultation. Subgroups covering Telford & Wrekin, Shropshire and Powys have been set up to support the consultation planning and delivery in each area.

Voluntary, Community and Social Enterprise sector engagement – we continue to involve the VCSE and have written to members of VCSA, the Chief Officers' Group and PAVO offering to provide speakers for events and materials for distribution. The VCSE has representatives on our Stakeholder Reference Groups. A stakeholder briefing event has been planned to fully inform and involve VCSE stakeholders about the consultation.

Launch

We will announce the launch of the consultation through a range of communication channels, including local media, website, social media, letters to key stakeholders and articles for partner and staff newsletters.

Website – A new Future Fit website has been developed and will go live at the beginning of the consultation. The website will contain more information about the consultation, including links to the consultation documents, Equality and Diversity, and supporting information. The website will provide information on how to respond to the consultation. This will include a survey which can either be completed and submitted online or downloaded and printed. It will also include videos, Q&As and a schedule of planned events and activities which will continue to be updated.

Media – We will work with the local media to develop a series of articles, adverts features and interviews to fully inform people about the consultation, the changes we are proposing and how they can get involved. For more information see Appendix 4 - Future Fit Media Plan

During consultation

During the 14-week consultation period we are planning a series of face-to-face engagement events across Shropshire, Telford & Wrekin and mid Wales.

Public Exhibition events – We are planning to hold a series of drop-in public exhibition events at key locations across Shropshire, Telford & Wrekin and mid Wales. These 'marketplace' style events will be an opportunity for people to find out more about the consultation, meet our doctors, nurses and other healthcare staff, ask questions and have their say. We will have several videos playing on a loop, featuring senior decision makers and many clinicians, explaining the changes we are proposing. We will capture feedback at events and encourage people to fill out our survey. We currently have eight events planned with a number of 'stalls' for people to find out more. In addition, Healthwatch Shropshire, Healthwatch Telford and Wrekin and Powys Community Health Council are invited to attend relevant events.

Pop-up Roadshow events – we are working with an engagement organisation to deliver up to 50 roadshows at high footfall and targeted venues across Shropshire, Telford & Wrekin and mid Wales throughout the consultation period. Venues will include shopping centres, supermarkets, sports and leisure facilities etc. This will allow people to find out more about the proposed changes and access the consultation documents and survey.

Existing networks – We will capture people's views through face to face conversation using our existing relationships with the voluntary, community and third sector. We will use our networks and existing platforms to host conversations and ensure comments and views are captured by circulating the consultation documents and survey for community groups. This

will include alternative versions including Welsh, EasyRead and large print, with additional formats and translated documents available on request. This approach will ensure we gather view from the widest possible range of groups and individuals.

Staff communications – We will build on existing platforms in organisations and utilise notice boards, websites, staff briefings and local intranets. We will work with the communications leads of SaTH and the CCGs to ensure that staff are fully briefed and encouraged to take part in the consultation.

Elected representatives - We will continue to engage with elected members (MPs, Councillors, Parish and Town Councillors) and use face to face meetings and regular written briefings to ensure these key stakeholders are informed and involved. In addition the Joint Health Overview and Scrutiny Committee (JHOSC) and Powys Community Health Council (CHC) will continue to be formally consulted on our plans.

Existing meetings – We will continue to attend board meetings of partners and key stakeholders group meetings to provide updates on the consultation. We are also building a schedule of regular meetings and events attended by local people. These may be organised by the voluntary sector, community groups or patient/ carer groups and will offer opportunities for spokespeople to attend and share information, answer questions and gather feedback.

Seldom heard groups - We will continue to aim to reach groups that have been identified by the Equalities Impact Assessment with a focus on the nine protected characteristics. We will target groups within each of the nine protected characteristics and attend their meeting/ event. Alternatively, we will provide community groups with a resource pack to host a focus group/ meeting on our behalf. Through the consultation process we will continue to review and update our Equalities Impact Assessment, remaining open to identifying groups and impacts that have not been identified by the work to date.

Business – We will work to engage local businesses throughout the consultation phase to ensure we are capturing views of the working age population in Shropshire, Telford & Wrekin and mid-Wales. We are working alongside colleagues to identify key employers to plan this activity.

Mid-point review – At the mid-point during the consultation, the Consultation Institute will support us in delivering a mid-point review to understand progress on the consultation and provide assurance that we have consulted as broadly as possible. Any gaps will be highlighted at this point and appropriate mechanisms will be used to fill any gaps.

Dates of all meetings and events that we are either hosting or attending will be finalised once the dates of the public consultation are confirmed. All events will be publicised on our website, in the local media and promoted through our partners and networks.

10.0 Key messages

Below are the key messages to our stakeholders:

Service area	Key messages
General	<ul style="list-style-type: none">• We have listened and continue to listen to the views and concerns of our communities• No change is not an option. Staying as we is not safe or sustainable for the future• The changes we are proposing will ensure that patients will receive safe, high quality care• These changes mean that our two hospitals can continue to serve the people of Shropshire, Telford and Wrekin and mid Wales for a long time to come• Under either option, both hospitals would have a 24-hour Urgent Care Centre,

	<p>midwife-led unit, outpatient services and access to a range of tests</p> <ul style="list-style-type: none"> • Under our proposed model of hospital care, the majority of people will continue to go to the same hospital as they do now. • Around 80% of people would continue to receive emergency and urgent care at the same hospital as they do now • We want to hear the views of our population across Shropshire, Telford & Wrekin and mid Wales. No decision will be made until we have listened to everyone's views, considered and taken into account feedback • It will take around five years for any changes to be fully implemented post a decision being made after the consultation and we will continue to involve patients and the public in the coming years • This consultation forms part of the wider work known as the Sustainability and Transformation Partnership (STP). Alongside this consultation, STP work is taking place which focuses on developing out of hospital care services across Shropshire and Telford & Wrekin
The proposed model of hospital care	<ul style="list-style-type: none"> • The proposed model of hospital care would help make sure that we have the right level of highly skilled doctors, nurses and other healthcare staff at both our hospitals to meet the needs of all our patients • Having a single emergency care site with a dedicated emergency department where specialist doctors treat the most serious cases is proven to be safer • It also provides better results for patients and reduces the amount of time they have to stay in hospital • It would make sure that doctors, nurses and other healthcare staff have the very best facilities and equipment available to them in one place • It means we can be more efficient with our resources so our money goes further and our staff are able to work more efficiently • It takes into account the expected changes in our population over the coming years and how the best care can be provided for everyone • It will allow us to improve our existing buildings and create some new buildings, with new facilities that are better designed to meet the needs of our patients, their families and staff. • It means we would be able attract the very best doctors and nurses to work at both our hospitals in the future
The preferred option	<ul style="list-style-type: none"> • Our preferred option is for the Emergency Care site to be the Royal Shrewsbury Hospital and the Planned Care site to be the Princess Royal Hospital • The main reasons for this are: <ul style="list-style-type: none"> ○ RSH can continue to be a Trauma Unit ○ Fewer people would have to travel further for emergency care ○ It better meets the future needs of our older population, especially in Shropshire and mid Wales ○ It offers the best value for money over the long term
Emergency care site	<ul style="list-style-type: none"> • Emergency care is unplanned care that patients receive in a life or limb-threatening situation • A new purpose-built emergency department would provide high quality, life-saving treatment to adults and children • It would also have a state-of-the-art critical care unit and larger Ambulatory Emergency Care department where they can be assessed, diagnosed, treated by our specialist teams and go home the same day

	<ul style="list-style-type: none"> Ambulances would take patients to the emergency department if paramedics assessed this was the right place for them to be treated All emergency surgery and complex planned surgery would take place here Both women and children's consultant-led inpatient services and stroke services have to be based alongside the emergency department. Under option 1, this would mean moving the services to Shrewsbury Both sites would have a 24-hour urgent care centre, outpatient department, access to tests and a Day Case Renal Unit
Planned care site	<ul style="list-style-type: none"> Most planned inpatient surgeries would take place here Day case surgery would take place at a day case unit here Endoscopy facility, medical beds for those needing ongoing hospital care and breast inpatient services would also be based here Having a single planned care site would mean that patients would not have to wait as long for their operation It would be highly unlikely that an operation is cancelled because a bed is unavailable due to a patient being admitted in an emergency By being separate from emergency patients, there would be less risk of patients getting an infection, due to pre-planned care tests Both sites would have a 24-hour urgent care centre, outpatient department, access to tests and a Day Case Renal Unit Most women and children's services would still be provided here, including midwife-led unit, maternity outpatients and scanning, Early Pregnancy Assessment Service (EPAS) and antenatal day assessment. In addition, there would be gynaecology, children's and neonatal outpatients
Urgent care	<ul style="list-style-type: none"> Urgent care is care for illnesses and injuries that are not life or limb-threatening but require urgent attention New urgent care centres would be based at both hospitals that are open 24/7 They would be staffed by highly skilled senior health professionals who are trained to deliver urgent care for adults and children Patients would be able to walk in and be quickly assessed and treated for a wide range of minor injuries and illnesses, such as a minor eye injury or chest infection They would also receive treatment for a range of accidents and illnesses that may currently be treated at an A&E department, e.g. suspected broken arm, minor burn or scald, a cut that needs stitches or a sporting injury If a patient became critically unwell in a centre, they would be quickly assessed and cared for by skilled clinical staff. If needed they would be quickly and safely transferred to the emergency department or out of county to a trauma centre, as now Ambulances would take patients to their nearest urgent care centre if paramedics assessed this was the right place for them to be treated There would be a dedicated waiting area for children and a mental health assessment room with 24-hour access to a psychiatric liaison team

11.0 Communication material

We have produced a range of communication materials to support the consultation process including:

- Full consultation document with a pull-out survey, including equality monitoring.

- A summary document with a pull-out survey. Both documents will be on the website and distributed to key outlets, for example hospitals, Council buildings, libraries, sport centres, GP practices and community venues.
- Accessible Easy Read materials.
- Word documents for use with screen readers and large format text documents.
- Other versions to be made available on request.
- Documents will signpost to how people can request materials in alternative formats and languages if required.
- Hard copy surveys for use at events.
- Online survey.
- Posters and flyers for distribution.
- Electronic materials for partner websites.
- A resource pack for community/ voluntary groups to use at their meeting or focus group. This will include presentation slides, FAQs, consultation documents, surveys and a feedback form.
- Displays and stands for use at public events and roadshows.
- A briefing pack for all CCG and Sath staff supporting the public events.
- The consultation documents, survey, posters and flyers have been translated into the Welsh language in accordance with the Welsh Language Act.

11.1 Consultation documents and survey

The consultation documents and survey have been developed in conjunction with the Consultation Institute with feedback from key stakeholders. Two workshops have been held with a reading group of patient representatives from Shropshire, Telford & Wrekin and mid Wales. The documents include:

- What the consultation is about and what is not included, in a clear and simple way
- Description of the proposed model of hospital care and the two options we are asking for people's views on
- Why change is needed
- Information about what hospital services will be at the Emergency Care and Planned Care site
- What these changes would mean for people and their families
- What impact these changes would have on patient choice
- How doctors, nurses, other staff and patients have been involved in reaching the options we are consulting on
- Our preferred option and how we reached this decision
- How to give your views and deadline for submitting responses
- Survey
- Equality monitoring and analysis
- The assurance process we have followed
- Improving out of hospital care in Shropshire and Telford & Wrekin
- How to access alternative versions
- When and how a decision will be made
- Next steps after consultation

12.0 Reaching the right audiences

We will use a number of key channels to reach identified target audiences. A stakeholder matrix is included in appendix 4.

Target Audience	Delivery Method
Service users, general public, voluntary, community and social enterprise sector,	<ul style="list-style-type: none"> - Events - Printed material

including seldom heard groups	<ul style="list-style-type: none"> - Mailshots/posters etc. - Media/social media - Advertising - Partner channels, including VCSA, Council of Governors, PAVO etc - Existing meetings and forums - Via GP surgeries - Patient groups - Carers groups
Joint HOSC, Health and Wellbeing Boards, Powys CHC	<ul style="list-style-type: none"> - Meetings - Written briefings
Staff (hospital and community health services staff, including CCGs, PTHB, Shropshire Council, Telford & Wrekin Council, Powys County Council, SSSFT, SaTH, Shropcom, ShropDoc, WMAS, WAS, neighbouring STPs)	<ul style="list-style-type: none"> - Via communications and engagement teams. To include: - Updates in Chief Exec/ team briefings - Posters/ flyers - Consultation materials in key staff areas - Intranet
Healthwatch Shropshire and Healthwatch Telford & Wrekin	<ul style="list-style-type: none"> - Written briefings - Face-to-face meetings
Elected members / Councillors/MPs/AMs (Shropshire Council, Telford & Wrekin Council, Powys County Council)	<ul style="list-style-type: none"> - Written letters/ briefings - Face to face meetings - Public events - Website - Media/social media - Advertising - JHOSC/Health and Wellbeing Board
Local Professional Committees, PTHB Partnership Forum	<ul style="list-style-type: none"> - Written briefings - Face to face meetings
Media, including BBC Radio Shropshire, Shropshire Star, Telford journal, Shrewsbury Chronicle, Powys County Times, BBC Midlands Today, Central News	<ul style="list-style-type: none"> - See Future Fit Media Handling plan in Appendix 4
GPs	<ul style="list-style-type: none"> - Existing meetings - Intranet - Bulletins
Campaign groups, including Defend our NHS, Shropshire and Telford NHS Alliance.	<ul style="list-style-type: none"> - Face to face meetings - Events - CCG and SaTH board meeting attendees

12.1 Capturing feedback

- Feedback will be gathered from our public, stakeholder, staff meetings and events.
- Feedback through face to face contact will be recorded on data capture sheets.
- Feedback from surveys will be gathered electronically and via a FREEPOST response address.
- All feedback will be collated in line with the Data Protection Act 1998 and analysed by external consultation specialists, Participate Limited
- We recognise that Powys CHC reserves the right to request copies of all comments received from mid Wales residents and will gather data to ensure this right can be met.
- Questions and Answers (Q&As): We will monitor feedback received via surveys at events and through the media and other mechanisms on an ongoing basis. We will update our Q&As on our website and use other communications mechanisms to clarify any factual information or correct inaccuracies. Where required we will aim to respond to stakeholders directly, however our aim is to use resource effectively to deliver thorough consultation activity.

12.2 Equality

To ensure the consultation process has due regard for equality duties, the Future Fit programme will use the feedback gathered through pre-consultation engagement, the Integrated Impact Assessment, the Equality and Diversity Impact Assessment (in draft May 2018), as well as guidance from stakeholders and voluntary sector to develop plans and activities for the consultation. The consultation activity will be monitored routinely to assess the representativeness of the views gathered during the formal consultation process. Where it is not possible to gather such data, such as complaints and social media we will record any information provided. Half way through the consultation we will review responses so far and adapt our approach to seek more feedback from any groups that might not so far have fed back.

We will ensure that our consultation process targets protected groups as above using information from our Integrated Impact Assessment and Equality & Diversity Impact Assessment, community assets, and relationship matrix via the voluntary sector and local authority colleagues. We will ensure all adjustments and arrangements are made to enable protected groups to participate fully in the consultation process.

Advice has been sought to create accessible and easy read copies of the consultation documents. We will look at translators and British Sign Language (BSL) interpreters for events. In accordance with the Welsh language consultation materials have been translated into the Welsh language.

Once gathered the consultation data will be independently analysed. At a mid-point in the consultation, equalities data will be analysed to highlight any under-representation of patients who we believe could be potentially affected by any change in services, and if this is demonstrated further work will be undertaken to address any gaps.

Once complete the analysis will consider if any groups have responded significantly differently to the consultation or whether any trends have emerged which need to be addressed in the implementation stage. This data will also be used as part of the evidence to support the equality impact assessment process which will be carried out simultaneously.

12.3 Analysis of data and reporting of findings

Consultations can be sensitive and controversial. We have secured the services of independent consultation specialists, Participate Limited (Members of the Consultation Institute) to assist with the design of the consultation survey, undertake the collation and analysis of all data and feedback and provide content for the final public consultation report. We recognise that the format for responses will be varied and analysis may be required on data collected from a number of sources, this is not an exhaustive list:

- Hard copy and online surveys
- Qualitative feedback from meetings and events
- Letters and emails
- Petitions

At the mid-point review the Consultation Institute will analyse the equalities data to date (including Powys segmentation) to support the identification of any further engagement activity required during the remaining consultation period (including assessing whether such additional action can be completed adequately during the remaining period). We will bring these findings to our Stakeholder Reference Group and to the Joint HOSC and Powys CHC for discussion.

Participate Limited will help produce the final report into the feedback received throughout the consultation period and the demographic data. We propose to share an early draft report with commissioners with our stakeholder reference group, the Joint Health Overview and Scrutiny Committee and Powys CHC. This process needs to be confirmed by the Future Fit Programme Board and this open and transparent approach will allow us to consider feedback and undertake any additional activity as required before finalising the draft report.

To provide additional assurance The Consultation Institute will undertake a quality assurance of the consultation process and will advise whether the consultation meets our required standards of good or best practice

12.4 Decision-making process

Post-consultation, the public consultation report will be received through internal reporting mechanisms and due consideration will be given to the findings to determine the next steps. This reporting process will include CCG boards, Future Fit Programme Board and a final decision will be made by a Joint Committee of the Shropshire and Telford & Wrekin CCGs. The report will be received alongside additional activity planned to take place during the consultation, such as ambulance activity modelling, travel and transport workstream activity etc.

The final consultation report and other reports will be made publicly available as soon as possible after the consultation period has ended. This period is subject to confirmation, depending on the volume and complexity of the responses received. No decision will be taken until full consideration has been given to the responses and the analysis.

All reports on the decision-making process will be available on our website www.nhsfuturefit.org

13.0 Stakeholder communications

<p>We will engage with the following key stakeholders either via letter or where possible face to face:</p> <ul style="list-style-type: none"> • GP members and practices • Chairs of patient engagement groups at GP practices • Powys Teaching Health Board (PTHB) • Chairs of PTHB Health Forums in Powys • MPs and AMs • Councillors • Health and Wellbeing Board members (via chair) • Powys Community Health Council • Scrutiny panel members (via chair) • Bordering CCGs and Healthwatch- to inform them that a formal consultation is imminent and to seek their views on an informal basis • NHS staff and local authority staff • Professional bodies such as Royal Colleges • Unions and trade bodies • Healthwatch (via Chair) • Media (health correspondents where possible) 	Pre- launch of formal consultation
<ul style="list-style-type: none"> • Press release for local media • Articles in partner newsletters, including voluntary sector, town council, parish council and NHS partner newsletters • Advert in relevant local newspapers • Launch of website, including consultation documents, • Messages on social media • Continuous engagement with stakeholders, the public, partners, staff etc 	Launch of consultation

<ul style="list-style-type: none"> • Press releases for local media - details of public events, pop-up roadshows etc • Articles in partner newsletters, including voluntary sector, town council, parish council and NHS partner newsletters • Adverts in relevant local newspapers • Updating of website, including news items, details of marketplace and pop-up events, updated Frequently Asked Questions • Messages on social media • Continuous engagement with stakeholders, the public, partners, staff etc 	During consultation
<ul style="list-style-type: none"> • Press releases for local media – updating on progress towards decision making • Adverts in relevant local newspapers • Updating of website, including news items, details of marketplace and pop-up events, updated Frequently Asked Questions • Messages on social media • Articles in staff newsletters and information provided for organisations' face to face briefings 	Post consultation

14.0 Activity plan

Consultation activity	What's included	Additional notes
Production of all consultation documents	<ul style="list-style-type: none"> Full and summary documents produced in English and Welsh Survey produced in English and Welsh (with FREEPOST address) Word version for screen readers and large print versions produced in English and Welsh Easy read version produced 	<ul style="list-style-type: none"> Dates to be added and printed Copies will be made available to partners, key stakeholders, in public spaces, at events and by request, on the website, including the survey to be completed online Other languages and formats available by request
Develop new website	<ul style="list-style-type: none"> New website created and being tested by Future Fit Communications and Engagement Stakeholder Reference Group Website being tested on mobile platforms and browsers 	<ul style="list-style-type: none"> Website to be live prior to start of consultation
Develop videos	<ul style="list-style-type: none"> New commissioner video in production including with sub titles in English and Welsh Additional videos available include an animation and a SaTH produced video 	<p>Videos to be used at:</p> <ul style="list-style-type: none"> public exhibition events on partners' TV screens (SaTH, GPs, Councils etc) on the FF website
Social Media	<ul style="list-style-type: none"> Twitter campaign to run throughout consultation Facebook campaign to run throughout consultation 	<ul style="list-style-type: none"> @NHSFutureFit #futurefit /nhsff #futurefit
Articles	<ul style="list-style-type: none"> Launch articles to be made available for staff and partner newsletters Regular update articles to be provided through consultation period Update articles to be developed post consultation for pre decision making and post decision making 	<ul style="list-style-type: none"> Articles currently in development
Public exhibition events	<ul style="list-style-type: none"> Currently eight events planned with a range of 'stalls' covering hospital services and Healthwatch Shropshire, Healthwatch Telford & Wrekin or Powys Community Health Council to attend Drop in events from 3.30pm to 7.30pm at: Shrewsbury, Telford, Wellington, Newtown, Market Drayton, Bridgnorth & Ludlow 	<ul style="list-style-type: none"> Requires support from all partner organisations to help promote Mid-point review of consultation engagement reach will identify whether further events are required
Pop-up events	<ul style="list-style-type: none"> 48 events at high footfall venues across the area including shopping centres, supermarkets, community 	<ul style="list-style-type: none"> Stakeholder Reference Group and other community and voluntary sector groups helping to agree venues

	<p>centres, leisure facilities etc</p> <ul style="list-style-type: none"> Engaging people about the consultation, encouraging formal feedback including completion of survey Promoting public exhibition events 	
Community and voluntary sector meetings and events	<ul style="list-style-type: none"> Issued a letter to community and voluntary organisations through the VCSA, PAVO and Chief Officers Group offering speakers for events and a resource pack of materials to assist with publicising the consultation 	<ul style="list-style-type: none"> Continuing to build a live database of events Continuing to build stakeholder matrix and database of contacts including those organisations representing protected characteristics
Local stakeholder events	<ul style="list-style-type: none"> Existing engagement activities delivered by the engagement leads in each CCG; briefings and materials for engagement leads in all public sector organisations in Shropshire and Telford & Wrekin to support their business as usual engagement activities 	<ul style="list-style-type: none"> Continuing to build a live database of events
Consultation materials	<p>A range of materials are in development including:</p> <ul style="list-style-type: none"> Posters Roller banners Leaflets 	<ul style="list-style-type: none"> To promote events and for circulation in public spaces and at events
Advertisements	<ul style="list-style-type: none"> Half page adverts in development for launch of consultation, mid-point and towards end of consultation 	<ul style="list-style-type: none"> In development
Stakeholder briefing	<ul style="list-style-type: none"> Briefing event to be held aimed engaging and enlisting support from the voluntary and community sector 	<ul style="list-style-type: none"> To be held at the start of the consultation
QA of consultation – assurance process	<ul style="list-style-type: none"> QA process underway, with risk assessment workshop completed, advice provided for consultation documents and plans 	<ul style="list-style-type: none"> Being delivered by The Consultation Institute.
Feedback during consultation	<ul style="list-style-type: none"> All feedback to be logged and collated 	<ul style="list-style-type: none"> Survey responses received by external company for analysis All other feedback logged in-house and sent to external company for analysis
Post consultation analysis	<ul style="list-style-type: none"> Analysis and coding of feedback. Feedback report and summary feedback report 	<ul style="list-style-type: none"> Outsourced activity – to be carried out by external company
Drafting of final consultation report	<ul style="list-style-type: none"> Activity length will be dependent on number of responses to the consultation 	<ul style="list-style-type: none"> Outsourced activity – to be carried out by external company

Once the dates for the consultation are finalised, a more detailed activity plan will be created.

15.0 Monitoring and evaluation of consultation communications and engagement

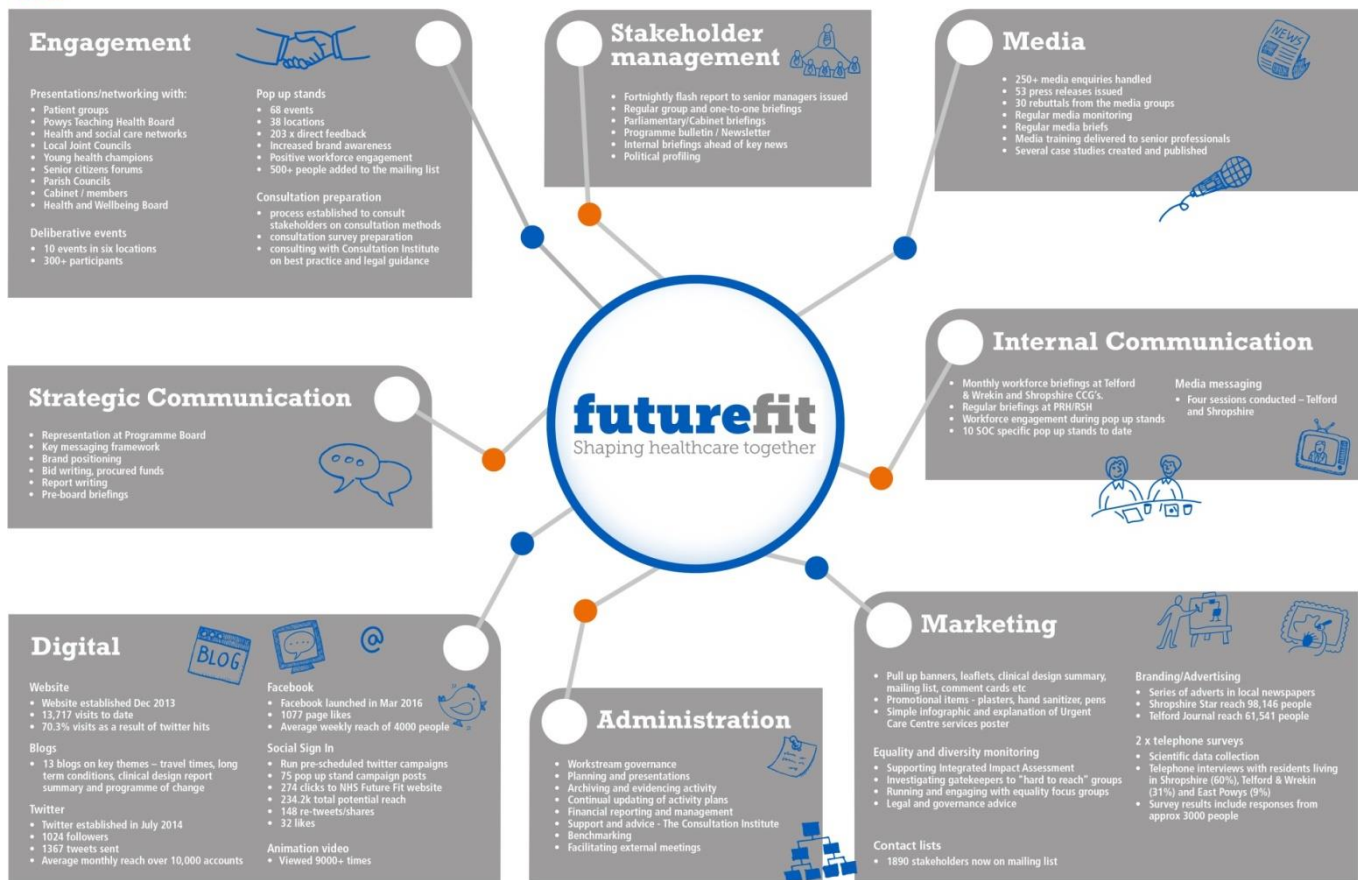
The Future Fit Programme Board, CCGs and Powys Teaching Health Board will receive updates on progress throughout the consultation period. In addition, we will continue to attend and provide updates to the meetings of the Joint Health Overview and Scrutiny Committee and Powys Community Health Council. Regular reports will be made available for the board meetings of all partners including SaTH.

As part of the quality assurance process, the Consultation Institute will conduct a mid-point review to analyse equalities data captured from the completed surveys and data gathered from events. This will assess the reach of the consultation engagement activities and allow us to make changes to planned activity for the second half of the consultation to ensure we are reaching a wide range of people including seldom heard groups and particular geographies.

16.0 Timeline for consultation

The consultation will last for 14 weeks, beginning on 30th May 2018 and running until midnight on 4th September 2018.

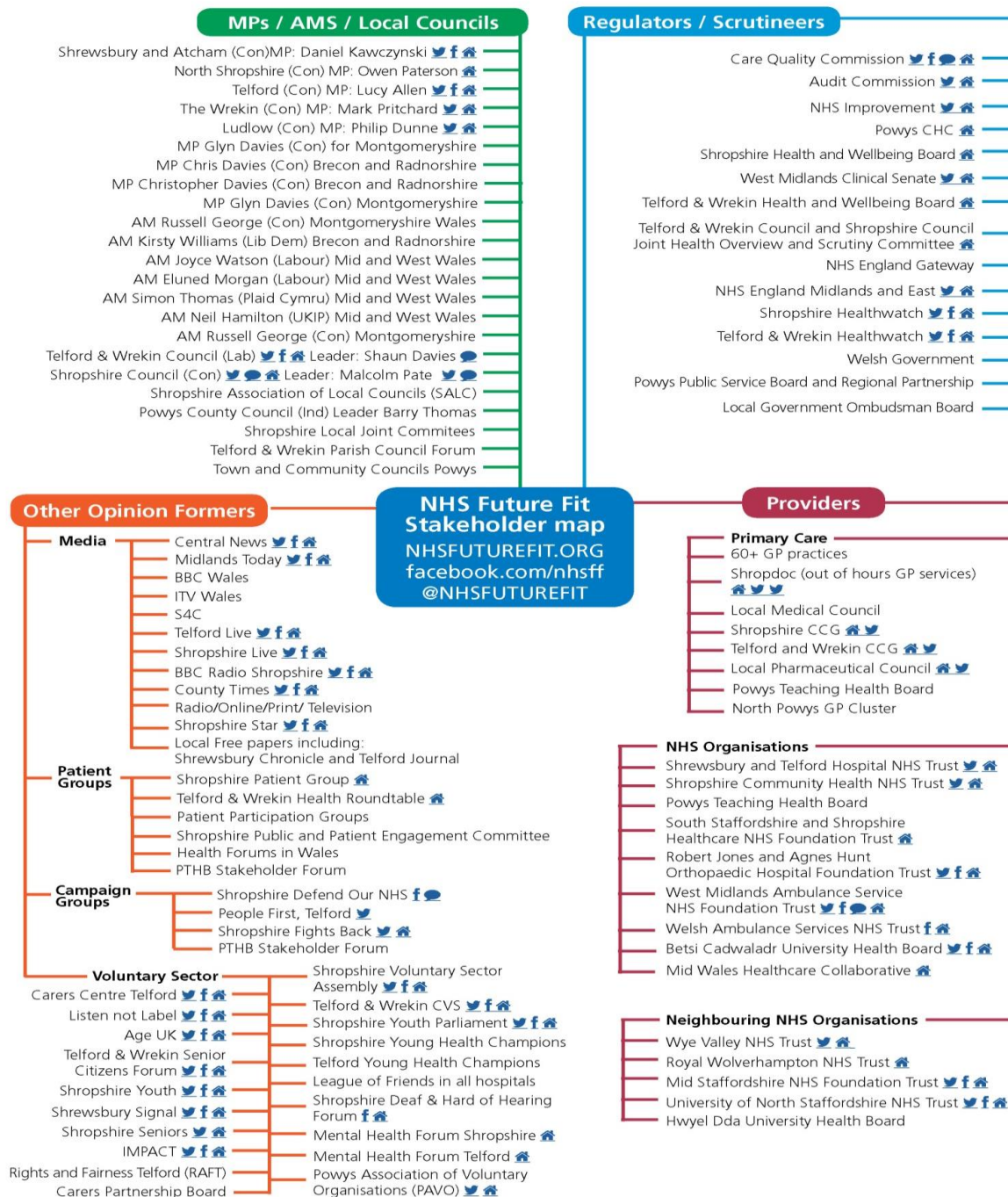
Appendix 1: Engagement Mind Map



July 2014 – November 2016

NB: Further updating required for final draft to incorporate all pre-consultation engagement

Appendix 2: Draft Stakeholder Map – currently under revision



To be updated to reflect stakeholder matrix (appendix 3) following feedback from Stakeholder Reference Group

Appendix 3: Stakeholder Matrix

Following an analysis of our stakeholders, the following matrix shows a summary of our key stakeholder groups and their level of influence/ power and interest. This will help to influence how best to direct resources during the consultation. A full list of stakeholders for Shropshire, Telford & Wrekin and mid Wales is included in our database.

Influence/ power of stakeholder	Meet their needs – engage & consult MPs and AMs Councillors Shropshire Association of Local Councils (SALC) Town & Parish Councils West Midlands Ambulance Service (WMAS) Wales Ambulance Service (WAS) Unions Campaign groups Mother & baby groups Maternity/ parent groups Shropshire Voluntary and Community Sector Assembly (VCSA) and VCSA Forums of Interest Powys Association of Voluntary Organisations (PAVO) Chief Officer's Group (COG) CAAN and other advice and advocacy networks Chambers of Commerce/ business boards Disability Groups Senior Citizen/ older people's groups & charities Young Health Champions Young people's organisations LGBT organisations Religious/ faith groups Shropshire Partners in Care (SPIC)	Key Player – manage closely Patient and carer groups Healthwatch Shropshire Healthwatch Telford & Wrekin NHS Shropshire CCG NHS Telford & Wrekin CCG Powys Teaching Health Board Telford & Wrekin Council Shropshire Council Powys Community Health Council (CHC) South Staffordshire and Shropshire Healthcare NHS Foundation Trust GPs/ PPGs NHS England – Midlands and East NHS Improvement The Shrewsbury and Telford Hospital NHS Trust (SaTH) Shropshire Community Health NHS Trust Shropshire Doctors Co-operative Ltd (Shropdoc) The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Media Health and care staff Police service Fire service Hospices Care homes
	Groups to keep updated Dentists Pharmacists Opticians Sports organisations Prisons Forces support organisations People who live outside area Other community organisations	Groups to involve & maintain level of interest One Voice Wales Mid Wales Healthcare Collaborative West Midlands Clinical Senate Schools and Further Education Colleges/Universities Housing associations Health & social care organisations Cultural / language groups WI / Townswomen's Guilds /Rotary /Freemasons / Lions Ramblers Young Farmers Armed Forces All NHS organisations outside the area but where patients may receive ongoing treatment in the region
Interest of stakeholder		

Appendix 4: Future Fit Media Plan

Context:

This document sets out the media plan to support the pending launch of the NHS Future Fit Programme's public consultation. The NHS Future Fit Communications and Engagement Team will deliver a number of activities before, during and after consultation that will provide opportunities to engage with the media.

Media

Below is a list of local and regional media and social media groups. The top tier media outlets we are targeting are underlined.

Media - Shropshire, Telford & Wrekin

Shropshire Star

South Shropshire Journal
Oswestry Advertiser
Bridgnorth Journal
Whitchurch Herald
Ludlow Advertiser
Shrewsbury Chronicle
North Shropshire Chronicle
Oswestry Chronicle
Wrekin News
All About Newport
Healthy Telford
Telford Journal
Newport Advertiser
Shropshire Life
Shropshire Socialite
Belle Vue Magazine
Hype magazine

Powys Media

County Times (Welshpool)

Shropshire Star

Radio

BBC Radio Shropshire

Signal Radio
Sunshine Radio
Nova Radio (Newport)
Free Radio

Broadcast

BBC Midlands Today
ITV Central News
BBC Wales
ITV Wales

Social Media

Telford Live

Telford Hour

Shrewsbury Hour (8-9 Thur)

WhatsOnShrews

TweetUpShrewsbury

Shrewsmorris

Shropshirelive

Loveshrewsbury

Vshropshire

Trade

Health Service Journal

Pulse

Nursing Times

GP online

Royal College magazines

BMJ

Campaign Groups on Facebook

These include:

Defend our NHS

NHS Alliance

Shout out Telford

PRH4Me

Objectives:

- To reassure the public that decisions are being clinically led, have gone through a robust assurance process and that no final decisions will be made until a public consultation has taken place
- To broaden our reach and increase engagement with the general public
- To raise awareness about the opportunity to take part in the public consultation
- To manage messaging around the consultation to ensure that factually correct information reaches the public and that misinformation is corrected.

Approach:

We have adopted a 'phased' approach to complement the stages of the public consultation process.

In the pre-consultation phase (phase one), we took a reactive-only approach to media relations.

For phase two, which commenced with the funding announcement, we will take a proactive approach to media relations. We will work with media outlets to devise a proactive media relations programme, which will be undertaken with the aim of providing regular updates and information with local communities. We will also

continue to provide a reactive, press office-style media relations service. This will continue throughout the public consultation period.

Phase three will be the evaluation period, where we will identify opportunities to engage with the media to support this stage of the programme.

Phase two overview

Meetings have been held with BBC Radio Shropshire and Shropshire Star to plan for launch publicity. This has included assessing the opportunities for advertising at launch and during the consultation.

Launch day media briefing pack:

A media briefing pack will be prepared and distributed on the launch day of the public consultation. The pack will contain:

- Press release about the main announcement from both CCGs
- Details of the public events
- Link to the new Future Fit website which includes final consultation documents, Q&A document, CCG Leads video and background information
- An offer of arranging interviews with key spokespeople
- PDF of Options Artwork (for online outlets)
- Contact information for C&E Team

Opportunities for broadcast media have been explored for heightened activity immediately prior to launch and at the time public consultation goes live.

Advertising

A cost effective advertising plan has been developed to support raising awareness about the public consultation and the programme of events to the general public. Currently, we are planning a series of half page adverts in the Shropshire Star for the launch, mid-point and a reminder close to the end of consultation. In addition, the results of the consultation post-decision-making will be communicated through the media. We are working with colleagues in mid Wales to assess the best approach with Welsh media, including County Times. The advertising schedule also includes online advertising with Shropshire Star and BBC Radio Shropshire and Facebook advertising.

Media relations

We will work with key local and regional outlets to deliver a media relations programme to provide regular updates and information to local communities. Activities will include regular press releases, media interviews, panels and features.

At mid-point, an evaluation of engagement work will take place and this will provide us with insight and guidance about where we need to target our activities most in order to reach seldom heard groups and other sectors of the community who may not have responded to the call to action to complete the public consultation survey.

Phase Three: post consultation and evaluation

Once the public consultation period has ended, a press release will be issued from both CCGs to thank people for taking part and provide information about the next steps. Ongoing information will be shared with the media and posted on the Future Fit website to keep people informed about the decision making process and timeline. Post decision making, the outcome will be shared via the media, on the website and in communications to partner organisations.

Media training/coaching

Media training has been provided to lead spokespeople in conjunction with a NHSE provided media trainer, James Pearce. We have continued to offer additional support as required/requested, including an additional tailored media training sessions for the CCGs provided by the STP SRO for communications and engagement, Martin Evans.

Monitoring and evaluation

During all phases of the public consultation process, the Communications and Engagement Team will continue to monitor and evaluate media and online coverage relating to NHS Future Fit. Requests for additional support have been made of NHSE's national and regional teams.

Appendix 5: Future Fit Social Media Plan

Context:

This document sets out the social media plan to support the pending launch of the NHS Future Fit Programme's public consultation process. The NHS Future Fit Communications and Engagement Team will deliver social media activity before, during and after the consultation to contribute to the objectives of reaching stakeholders including patients, their carers, families and members of the public across Shropshire, Telford & Wrekin and mid Wales.

Objectives:

- to reassure the public that decisions are being clinically led, have gone through a robust assurance process and that no final decisions will be made until a public consultation has taken place
- to broaden our reach and increase engagement with the general public
- to raise awareness about the opportunity to take part in the public consultation
- to drive visits to the Future Fit website.

Approach:

The Future Fit programme already has both Facebook and Twitter accounts. The Future Fit Facebook page has more than 1,000 likes, but has been inactive since March 2017. The Future Fit Twitter account was reactivated in early 2018 and has more than 1,300 followers. A number of hashtags have been associated with Future Fit activity so far, including #futurefit, #myfuturefit, #NHSfuturefit and #benefitsoffuturefit.

We will continue to use Twitter and we will recommence using Facebook to raise awareness and signpost to the website for further information, with pre-scheduled tweets and posts providing a framework to build engagement. Social media posts will ensure that we can issue factually correct information, correct any inaccuracies and misinformation, celebrate capital funding and confirm activities we are planning.

Social media activity will also reflect the consultation activity taking place, with each event and pop-up being promoted on our social media channels in advance, and we will also live-tweet from the larger events.

We will continue to use the well-established hashtag '#futurefit' across our social media activity.

Using learning from other NHS consultations, we will undertake some paid-for activity on Facebook to boost key posts. This paid-for activity will allow us to directly target the geographical areas of Shropshire, Telford & Wrekin and mid Wales in a cost-effective way. Boosted posts will also be used on posts promoting the large-scale events in order to directly target individuals in the surrounding area, and to target groups that have been identified as 'hard-to-reach' or 'seldom-heard'.

The key messages used for social media posts will be the same as those in the media plan (appendix 4).

Monitoring and evaluation

During all phases of the public consultation process, the Communications and Engagement Team will continue to monitor and evaluate social media posts relating to NHS Future Fit.