Durham Dales, Easington and Sedgefield Clinical Commissioning Group

Urgent Care Consultation
Communications and Engagement Plan

Getting care right for you

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This document can be made available in different languages and formats on request
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1. Introduction

NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) is reviewing urgent care services to ensure patients are treated in the right place at the right time and by the right health care professional wherever possible. This is part of their five year strategy to review the urgent care system to develop a patient centred vision and is in line with NHS England's review of urgent care services. The CCG has an overarching Communications Strategy in place and an Engagement Strategy but it recognises that certain transformation projects require bespoke communications/engagement plans to be in place. The aim of this communications and engagement plan is to inform the development of a new model of urgent care services in the DDES area that will appropriately meet the needs of the population now and into the future.

The CCG comprises three localities, all with specific and varying needs. DDES is one organisation, but the locality focus has enabled specific input from communities to inform the options that have been designed for the public to consult on. All options can be flexible to meet the needs of each community.

In 2014/15 DDES patients attended the following urgent care/GP out of hours/minor injury services almost 200,000 times. These services are in the scope of the consultation:

- Easington Healthworks Walk in
- Seaham Urgent Care Centre
- Peterlee Urgent Care Centre/Minor Injuries Unit/GP Out of Hours service
- Bishop Auckland Urgent Care Centre/Minor Injuries Unit/GP Out of Hours service

For the first time in many years, use of urgent care and Accident and Emergency (A&E) services is decreasing.
In comparison, it is forecast that there will be 1,765,000 contacts in DDES GP practices during 2015/16. Demands on primary care are increasing year on year.

Urgent care services are heavily utilised, but to differing degrees in each area. We provide significant additional access for patients that live near an urgent care centre, but this is not equitable across the whole population.

Being the commissioner of primary care services has enabled the CCG to develop a joined up model of care with the ability to make changes to GP services to better meet the needs of our population. Primary care has developed rapidly over the last two years. With practices federating and working together we have seen real improvement and improved primary care access for our population.

We believe that there is a strong case for changing existing services, both clinical and financial.

We need to deliver services that meet the health needs of our population

There is a high prevalence of long term conditions with a history of poor health outcomes for the population of DDES. The design of any future urgent care service must ensure that we have the best services that enable the best treatment of our patients. We feel that this should start and stay, wherever possible, in primary care where treatment is proactive, holistic, preventative and patient-centred.

We need to develop services that are financially sustainable

DDES CCG knows that changes in demographics, particularly a growing elderly population, is driving up demand and the overall cost of healthcare. This growth in demand is taking place at a time of austerity and puts pressure on NHS funding. Despite an overall increase in funding the NHS will have less funding than it had in previous years as the growth in funding will be outstripped by the rise in healthcare costs. For DDES CCG this means that it must spend its money wisely to ensure that the best outcomes are achieved for the DDES CCG population.

In essence, we need to get care right for you.

2. Setting the context of the consultation

The CCG engages extensively and regularly through Patient Reference Groups (PRGs), Health Networks, Area Action Partnerships (AAPs) and various community groups. Building on its commissioning intentions and the CCG's strong beliefs and commitment to put local communities at the heart of everything they do.

An initial period of pre-engagement was conducted to help the CCG to understand the experience of people using urgent care services. DDES CCG worked in partnership with Experience Led Commissioning (ELC), an external company, formed a local team to carry out an engagement exercise in order to explore in-depth local people's perceptions of urgent care, and what matters to them when they access these services.

In addition, members of the Executive Committee, Commissioning Team and some members of the Governing Body visited all four of the relevant services in order to observe the context of delivery and talk to staff members. Furthermore, two audits were undertaken in 2015: the first one was carried out by DDES GP Practices of Urgent Care Centre and Walk in Centre attendances, whereas the second one was conducted by Healthwatch.

More detailed information about the engagement carried out by the local ELC Team's work and the Audits can be found in Appendix One of this document.

<u>PATH (Planning Alternative Tomorrows with Hope)</u>

In June 2014, Durham Dales, Easington and Sedgefield (DDES) CCG invited its community to come together with them to describe a positive possible future for the whole health and care system around urgent care in Durham in June 2017 and beyond.

The group worked with a facilitated visual planning process called PATH (Planning Alternative Tomorrows with Hope) to describe a positive possible future to support people to keep well and live life to the full.

Overall, these engagement activities helped to inform the development of a number of possible urgent care 'options'. These options are ideas on how urgent care services could be further developed or delivered differently to best meet the needs of local people.

Importantly, throughout the pre-engagement, and development of potential new models to deliver urgent care services, an on-going dialogue was maintained with the Overview and Scrutiny Committee (OSC). In particular, the rationale for the proposed changes to urgent care were presented at a meeting on 19th January 2016, and a full consultation plan (including Communications and Engagement Plan and briefing documents) will be shared and discussed at the OSC meeting on 1st March 2016.

3. The case for change

Benefits of the proposed change include:

- Patients and the public will know how to access information and guidance in the event of needing urgent or emergency care;
- Patients, public and carers will be able to access the most appropriate services for their needs;
- The patient will not experience any unnecessary delay in receiving the most appropriate interventions;
- The urgent care services will be simpler to understand for patients
- There will be less duplication of services in the health system
- Due to less duplication of services, a reconfigured service will represent value for money for the taxpayer

4. Urgent Care Task and Finish group

An 'Urgent Care' Task and Finish Group has been established to manage and oversee the development and implementation of the consultation process and related consultation dialogue activity with the public. This group is an internal group made up of CCG employees.

Terms of reference were developed for this Group, defining it's:

- Membership
- Purpose, scope and frequency of meetings
- Confidentiality

This Task and Finish Group has developed links with NHS England and the Consultation Institute as part of its assurance and quality function. In addition, the Engagement Strategy Task and Finish Group will provide regular feedback in relation to ways to engage meaningfully with diverse local communities. Furthermore, the CCG Engagement Steering group will review the proposed consultation plan and we will take their feedback on it, into consideration.

5. Pre-engagement and options development

Two stages of pre-engagement activities were planned, developed and implemented to inform and underpin:

- the development of a proposed new model of urgent care services in DDES;
- the outline business case relating to the proposals and;
- the development of a full public consultation on the proposals.

These pre-engagement activities were carried out at different stages, and they have successfully achieved the following objectives in relation to understanding:

- the experience of people using current urgent care services;
- the ways in which those people, and the wider general public, think urgent care services could be improved in DDES.

Stage 1 Engagement

At an early stage (2014) engagement was carried out to help DDES CCG understand what local people thought about urgent care services; what worked well and what needed to be improved. The aim was to develop an understanding of how urgent care services could continue to meet appropriately the needs of the DDES population in the future.

Objectives of this early stage engagement:

- to develop communication and engagement activity to engage meaningfully with local people;
- Listen to, and understand, the experiences of local people using existing urgent care services
- In doing so, ensure that the views of those who do not always have the opportunity to engage are reflected in the decision-making of DDES CCG
- Analyse feedback to understand relevant themes, priorities, challenges and issues identified by local people in relation to urgent care services
- Report back findings to DDES CCG, with recommendations on how the feedback should be used and developed to inform the new urgent care strategy
- Make recommendations for further communications and engagement activity to take place to inform development of the new model of urgent care services, including the future public consultation

DDES CCG is proud of the relationships developed with key voluntary sector organisations. To ensure that as many local people, groups and organisations as possible were given the opportunity to become involved in the development of its urgent care proposals, the CCG Communications and Engagement Team worked closely with an Experience Led Commissioning (ELC) Team. A description of activities undertaken is outlined below.

Approaches to Stage 1 Engagement

ELC activities took place from May 2014 to May 2015. The following table contains an overview of this form of engagement along with a number of methods that were utilised to increase the potential for public engagement at these sessions.

Stage One Engagement Activity

Engagement Activity	Overview
ELC sessions	The National ELC team analysed data collected by The North East England ELC team at eleven ELC Co-Design outreach events held in DDES CCG. Young families, people living with long term conditions and older people participated and shared their current and desired experiences of seeking help with unexpected or unfamiliar health issues (urgent care). They also told us: • What they understand by urgent care • What builds their confidence to self-care (including existing service or individuals) • What triggers their use of urgent care services The North East England ELC team also talked to members of staff in DDES urgent care centres. Furthermore four semi-structured interviews were undertaken with people with long term conditions with recent experience of using urgent care services. Finally, DDES CCG held a Positive Futures Planning workshop on 18 July 2014.

PATH Event	PATH (Planning Alternative Tomorrows with Hope) In June 2014, Durham Dales, Easington and Sedgefield (DDES) CCG invited its community to come together with them to describe a positive possible future for the whole health and care system around urgent care. The group worked with a facilitated visual planning process called PATH (Planning Alternative Tomorrows with Hope) to describe a positive possible future to support people to keep well and live life to the full. People told us: • **People** lack confidence and there is a lot of confusion around future of urgent care services and those over 80 are excluded from screening and not helped to "self care" • **Services** - too much money is being spent on "in hours" 8am – 8pm Urgent Care Centres and there is a culture of misuse of services and 111 needs to be improved! • **Communication** - there is a total breakdown in communication between GP's, nurses and pharmacists with an inappropriate allocation of GP appointments. • **National standards** for Urgent Care are coming but there is a Wellbeing for Life workforce in place and Prime Minister (PM) Pilots have a lot of learning
Open Access Engagement, communications and public relations	Development and distribution of a press release. Articles in stakeholder e-newsletter Northern Echo newspaper Raising awareness via social media – Twitter and Facebook, as well as encouraging key partners

Who was engaged?

Those engaged came from a variety of different backgrounds, experiences, groups and communities. As well as engaging people who may not always have the opportunity to have their say on health issues, the combination of open access and targeted engagement also ensured that DDES CCG was fully compliant with its public equality duty, defined by S.149 of the Equality Act 2010.

Summary of Key Stage 1 Findings

The conclusions from the ELC work were that people in DDES said:

- The process for making GP appointments should be improved

- Direct access to X-ray and fracture clinics would improve services
- Having the ability to request diagnostic tests for non-urgent needs should be considered
- There is a need for more joined up thinking around;
    - Triage (across urgent care centres, GP practices and NHS 111)
    - Policies and procedures
    - Access to clinical records
    - Accessing specialist advice (a second opinion)
- NHS 111 needs to be joined up and part of any new system thinking
- What matters to people and delivers a 'great' urgent care experience would be if services are;
    - Welcoming
    - Supporting
    - Reassuring
    - Building confidence
    - Informing and educating people how to self-care
    - Listening and understanding

- Patients would like to have more knowledge and be educated, who to call, where to go when they have specific health needs or condition. "Being in the right place, at the right time, seeing the right person, who can support their needs'
- People would like to receive health education in the community to self-care and by receiving training would give them more confidence

The key message was that patients would prefer to see their own GP where possible and that they would like new and innovative ways of contacting their GP.

The outcomes of the ELC exercise underpinned DDES CCG's decision to carry out further work around integrating urgent care services.

Stage 2 Engagement

Two service audits were also undertaken in February 2015 to help understand:

- Numbers and demographics of those accessing UC and WICs by DDES CCG patients
- Proportion of symptoms and ailments that patients present at urgent care, that could be safely dealt with, assessed and treated in primary care
- Current capacity in primary care, to help understand or challenge public perception that patients are unable to access appointments and as a result feel they have no choice but go to A&E/UCC/WIC

Stage 2 Objectives

- To ensure that DDES CCG fully engages its local population in the development of its new urgent care model and give more people the opportunity to share their views and experience of urgent care services
- To inform the development of urgent care scenarios

- To balance clinical and public needs and priorities within the development of urgent care scenarios

Stage 2 included a focus on engaging people who are currently using urgent care services in DDES.

Stage Two Engagement Activity follows on the next page

Engagement Activity	Overview
Clinical Audit of UCC and WIC attendances	The first audit was carried out by DDES GP Practices of UCC and WIC attendances *(Note: 'urgent care centre [UCC]' has been used to describe all activity whether at an UCC or a WIC)* • 36 out of 41 practices in DDES CCG took part in the audit • In total, 5,338 UCC attendances were reviewed (4.90% sample of the approximate 120,000 predicted UCC attendances) • The top reason for attending urgent care was due to an injury (15.5% of the total) and this was also the final or main diagnosis of the attendance (16.1% of the total) • Most patients had the symptoms for 0-1 weeks prior to their attendance at urgent care (63.0% of the total) • Prescribing of medicines was the top treatment stated by practices (44.3% of the total) • In total there were 394 cases where the patient had received an X-Ray • In 59.2% of UCC attendances no follow up was required • In 50.4% of cases appointments were available in primary care on the day that the patients attended the UCC • In 59% of cases the condition could have been treated by the patient's GP practice.
Audit carried out by Healthwatch regarding patients experience in an UCC or WIC	*Note: 'urgent care centre [UCC]' has been used to describe all activity whether at an UCC or a WIC)* • Healthwatch reviewed 151 patients, at Bishop Auckland, Peterlee, Seaham and Healthworks UCCs • 91.4% of these were from DDES CCG • The top reason for attending urgent care was patient choice: "I chose to come here" • 84.1% (127 patients) of patients stated they had used their own transport to get to the UCC • The top reason for attending urgent care was due to an injury (14.6% of the total) • 29.1% patients would have gone to A&E had the

Options Development

Multiple scenarios were considered following the pre-engagement work, ongoing discussions and debates by DDES CCG executive members. These discussions and debates were also informed by the outcomes of the pre-engagement and six models were considered. These were evaluated by the non-conflicted members of the Executive Committee with the following factors used as appraisal criteria:

- Affordability
- Sustainability
- Safety
- Access for Patients

The scenarios that were deemed viable were then confirmed as options upon which to consult the public

Options upon which the public will be consulted

1. Retain two MIUs for 12 hours per day, retain the number of out of hours hubs, existing primary care services to manage demand for minor ailments during the day
2. Retain two MIUs for 12 hours per day, retain the number of out of hours hubs, enhanced primary care services to manage demand for minor ailments during the day
3. Retain two MIUs for 24 hours per day, retain the number of out of hours hubs, enhanced primary care services to manage demand for minor ailments during the day.

6 Engagement and consultation activity

As outlined in Section Two, the proposed approach for the consultation has been accepted by the Overview and Scrutiny Committee on 19th January 2016, therefore a second presentation will be made to the Committee on 1st March to outline the 12 week Public Consultation exercise which will begin on 14th March 2016. For the consultation exercise we will produce a consultation booklet and a briefing. These documents will also include the options we are consulting on.

Prior to this, Patient Reference Groups will be informed about the consultation timeline in February 2016, along with our other stakeholders. Views on the proposed service changes will be gathered and fed into the decision making process once the public consultation opens on 14th March 2016.

Meetings with staff who are currently employed within the Urgent Care Centres took place on Monday 11th January 2016 outlining the potential impact the proposed changes will have on their working arrangements.

In particular, the CCG has engaged with the Engagement Strategy Task and Finish group in order to identify appropriate locations and times for public meetings.
The CCG also communicates regularly with the Council of Members and with GPs through the Practice Managers meetings and the three Locality meetings. These mechanisms allow the CCG and the Engagement Team to receive meaningful input into the development of the

consultation and to ensure that all members of staff are fully informed about the plans for change.

Appendix four and five of this document provide further details on the CCG's planned communications and engagement activities which will consider at all times guidance from NHS England which sets out the required assurance process that commissioners should follow when conducting service configuration.

Section 4.4 of the guidance in particular refers to involvement of patients and the public, stating that "*it is critical that patients and the public are involved throughout the development, planning and decision making of proposals for service reconfiguration. Early involvement with the diverse communities, local Healthwatch organisations, and the local voluntary sector is essential… Early involvement will give early warning of issues likely to raise concerns in local communities and give commissioners time to work on the best solutions to meet those needs."*

7. Stakeholders

A stakeholder is anyone who is effected by or can affect, the project. The CCG needs the right information to inform decisions for its community. It continually strives to maintain and strengthen its strong working relationships with its stakeholders. A stakeholder map can be found at Appendix two which includes project specific stakeholders, both internal and external.

The communications engagement process will also includes a focus on disadvantaged, marginalised and minority groups and communities, who may not always have the opportunity to have their say in decisions that affect them. This is particularly important in the DDES area due to high levels of deprivation and health inequalities, as well as the diverse make-up of the local population. The engagement team will work to establish links with these groups.

8. Consultation briefing document

A consultation narrative document will be developed, that will detail:

- The background to the consultation
- The case for change
- The options for change
- Feedback from the public
- The rationale for the options
- How people can participate in the consultation and give their views e.g. by attending public meetings, via e-mail or via the CCG's website

Those engaged throughout the consultation dialogue period will be from a variety of backgrounds, and will have different experiences, skills and needs. For this reason, the consultation documents will be made available with different levels of detail and in different languages and formats as required. A discussion pack will be compiled to provide key messages and information to local communities in an easily digestible format. This will include the briefing document (which can be tailored according to particular audiences) and a brief, introductory video providing a context to local health services. All of this information will be

available on a dedicated section of the CCG's website and will be promoted via social media channels such as Facebook, Twitter and YouTube.

Support will be offered to those who need it to ensure that they are able to understand the information contained within this document, and to ensure that all participants have enough information to give informed consideration to the options contained within the consultation narrative.

9. Dialogue development

A variety of communication and engagement activities will be used to ensure that the consultation dialogue activity is fully accessible to the diverse and varied population of DDES.

A detailed communications and engagement action plan can be found at Appendix eight and an overview of engagement activity at Appendix five.

10. Standard formats of information

All information produced as part of the consultation will be written in language that can be understood by members of the public. Technical phrases and acronyms will be avoided, and information will be produced in other formats as required, to reflect the needs of the diverse DDES population. This may include, but is not limited to:

- Large print
- Audio
- Braille
- Different languages
- Computer disk
- Interpreters at public events
- Short animations

Suppliers will be identified as part of the development work to provide these formats of information when they are required.

11. Documentation and resources

Development work will include consideration of required documentation and resources. This will include, but is not limited to:

- Consultation briefing documents and questionnaires
- Posters
- Website
- Flyers
- Leaflets (including leaflet drop)
- Stand-up banners
- Venues for public events

12. Communications and engagement objectives

Regular and consistent communications and engagement is crucial in ensuring that the CCG commissions services that are of good quality, value for money and meet the needs of local people.

For this urgent care consultation, the communications and engagement objectives reflect those described in the DDES CCG Communications Strategy and the DDES CCG Engagement Strategy 2016-2018:

- Communicating clearly, effectively and honestly with local communities in order to build trust and confidence in the NHS and health professionals;
- Engaging effectively with every segment of the population in order to ensure that local people are given the opportunity to consider and comment on the options for new models of urgent care services in the DDES area;
- Using the comments and feedback from the local communities to inform consideration by the CCG as to how it should provide urgent care services to best meet the needs of the population of the DDES area;
- Inform CCG commissioning responsibilities in relation to, and the procurement of, urgent care services.
- Ensuring that the CCG is complying with all its legal obligations in relation to public consultations and engagement (see Appendix 7 for further details of these specific requirements).

13. Risks and Mitigation

Risk and risk mitigation will be managed by the Urgent Care task and finish group, Risks will be identified and regularly reviewed and assessed throughout the consultation development and implementation.

Risk	**Mitigation**
Failure to engage with relevant stakeholders and meet statutory duties / stakeholders feel they have not been fully involved	Communications engagement plan developed identifying stakeholders and partners with detailed communications activity, Ensure all stakeholders receive appropriate updates and feedback Ensure appropriate stakeholders are invited to participate in a way that is accessible to them Ensure clear communications of messages through robust communications plan, including updates on CCG website, newsletters, bulletins and through MY NHS
CCG does not engage with marginalised, disadvantaged and protected groups	Communications and Engagement plan identifies relevant groups and organisations Also work with local voluntary sector groups,

	community organisations and partners to access these groups and communities Targeted engagement will be undertaken where necessary e.g. potential risk was highlighted through the pre-engagement with patients from the Gypsy Roma and Traveller Communities and other BME communities in the area. Proposed changes to the urgent care services could result in these groups attending A&E if they are not aware of changes to the services.
Lack of response / "buy in"	Ensure adequate publicity and support
Accessibility of activities and appropriate feedback mechanisms to those taking part	Ensure clear contact for translations or alternative format Include appropriate feedback mechanisms in plan that are accessible to people with varying needs and abilities
Managing expectations of members of the pubic	Ensure adherence to communications plan and advise CCG of any issues
The consultation and options may be perceived by members of the public as a "cost cutting" exercise	Ensure clear rational for change is communicated within the consultation briefing document
The consultation may be subject to challenge	Appropriate governance policies/standards will be put in place to ensure correct procedure and equality analysis are maintained throughout the consultation
Two periods of purdah during the consultation period	DDES CCG believes the risk of the effectiveness and credibility of the urgent care consultation being monopolised during purdah is minimal. After considering these potential issues, the decision to progress the consultation within the proposed timeframe has been made.

14. Legal

CCG's in England are required to ensure that they meet their legal obligations in relation to public consultations. These legal requirements are varied and are summarised by source below:

NHS Act 2006 (As Amended by Health and Social Care Act 2012)

The NHS Act 2006 (including as amended by the Health and Social Care Act 2012) sets out the range of general duties on clinical commissioning groups and NHS England.
Commissioners' general duties are largely set out at s13C to s13Q and s14P to s14Z2 of the NHS Act 2006, and also s116B of the Local Government and Public Involvement in Health Act 2007:

- Duty to promote the NHS Constitution (13C and 14P)
- Quality (13E and 14R)
- Inequality (13G and 14T)
- Promotion of patient choice (13I and 14V)
- Promotion of integration ((13K and 14Z1)
- Public involvement (13Q and 14Z2)
    - Under S14Z2 NHS Act 2006 (as amended by the Health and Social Care Act 2012) the CCG has a duty, for health services that it commissions, to make arrangements to ensure that users of these health services are involved at the different stages of the commissioning process including:
        - In planning commissioning arrangements
        - In the development and consideration of proposals for changes to services
        - In decisions which would have an impact on the way in which services are delivered or the range of services available; and
        - In decisions affecting the operation of commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

S.244 NHS Act 2006 (as amended)

The Act also updates s244 of the consolidated NHS Act 2006, which requires NHS organisations to consult relevant Local Authority Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the Local Authority, or a substantial variation in the provision of services.

S.149 Equality Act 2010

(1)A public authority must, in the exercise of its functions, have due regard to the need to—
(a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
(b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
(c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
(2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).
(3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—
(a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;

(b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
(c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
(4) The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
(5) Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—
(a) Tackle prejudice, and
(b) Promote understanding.
(6) Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.
(7) The relevant protected characteristics are—

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

S.3a NHS Constitution

The NHS Constitution sets out a number of rights and pledges to patients. In the context of this project, the following are particularly relevant:
Right: You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

Pledge: The NHS commits to provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services.
(Section 3a of the NHS Constitution)

S.82 NHS Act 2006 - Co-operation between NHS bodies and local authorities

In exercising their respective functions NHS bodies (on the one hand) and local authorities (on the other) must co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.

Mental Capacity Act 2005

The MCA says:

- Everyone has the right to make his or her own decisions. Health and care professionals should always assume an individual has the capacity to make a decision themselves, unless it is proved otherwise through a capacity assessment.
- Individuals must be given help to make a decision themselves. This might include, for example, providing the person with information in a format that is easier for them to understand.
- Just because someone makes what those caring for them consider to be an "unwise" decision, they should not be treated as lacking the capacity to make that decision. Everyone has the right to make their own life choices, where they have the capacity to do so.
- Where someone is judged not to have the capacity to make a specific decision (following a capacity assessment), that decision can be taken for them, but it must be in their best interests.

The principles
(1) The following principles apply for the purposes of this Act.
(2) A person must be assumed to have capacity unless it is established that he lacks capacity.
(3) A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
(4) A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
(5) An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
(6) Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Human Rights Act 1998

The Human Rights Act places an obligation on public bodies such as local authorities and NHS bodies to work in accordance with the rights set out under the European Convention on Human Rights (‘ECHR’). This means that individuals working for public authorities, whether in the delivery or services to the public or devising policies and procedures, must ensure that they take the ECHR into account when carrying out their day to day work.

The Gunning Principles

R v London Borough of Brent ex parte Gunning [1985] proposed a set of consultation principles that were later confirmed by the Court of Appeal in 2001.

The Gunning principles are now applicable to all public consultations that take place in the UK. Failure to adhere to the Gunning principles may underpin a challenge relating to consultation process that may be considered through judicial review.

The principles are as follows:

1. When proposals are still at a formative stage
Public bodies need to have an open mind during a consultation and not already made the decision, but have some ideas about the proposals.

2. Sufficient reasons for proposals to permit 'intelligent consideration'
People involved in the consultation need to have enough information to make an intelligent choice and input into the process. Equality Assessments should take place at the beginning of the consultation and be published alongside the document.

3. Adequate time for consideration and response
Timing is crucial – is it an appropriate time and environment, was enough time given for people to make an informed decision and then provide that feedback, and is there enough time to analyse those results and make the final decision?

4. Must be conscientiously taken into account
Decision-makers must take consultation responses into account to inform decision-making. The way in which this is done should also be recorded to evidence that conscientious consideration has taken place.

"The Four Tests" – NHS Mandate 2013-15 (carried forward through NHS Mandate 2015-16)

NHS England expects ALL service change proposals to comply with the Department of Health's four tests for service change (referenced in the NHS Mandate Para 3.4 and 'Putting Patients First') throughout the pre-consultation, consultation and post-consultation phases of a service change programme.

The four tests are:

- 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.

As a proposal is developed and refined commissioners should ensure it undergoes a rigorous self-assessment against the four tests

Planning, Assuring and Delivering Service Change for Patients – NHS England Guidance

Guidance from NHS England sets out the required assurance process that commissioners should follow when conducting service configuration.

Section 4.4 of the guidance refers to involvement of patients and the public, stating that "*it is critical that patients and the public are involved throughout the development, planning and decision making of proposals for service reconfiguration. Early involvement with the diverse communities, local Healthwatch organisations, and the local voluntary sector is essential… Early involvement will give early warning of issues likely to raise concerns in local communities and give commissioners time to work on the best solutions to meet those needs."*

Transforming Participation in Health and Care – NHS England Guidance

Transforming Participation contains guidance from NHS England to help commissioners to involve patients and carers in decisions relating to care and treatment and the public in commissioning processes and decisions.

Equality Analysis

The CCG has a duty to meet its public sector equality duty, as defined by S.149 of the Equality Act 2010. The CCG's Business Case for urgent care sets out our Equality Impact Analysis and provides further information.

In summary, in the exercise of its functions, the CCG must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

Targeted engagement has ensured that people from all groups with protected characteristics, defined within the Equalities Act (see 6.3 above), have had the opportunity to participate in the three phases of pre-engagement and the development of potential new urgent care models.

To ensure that the CCG is fully meeting this duty, an equalities analysis has also been undertaken and is in the process of being validated and further informed through continuing engagement.

The equality analysis has considered potential impacts that any change to urgent care services may have on people from groups with protected characteristics.

To validate these perceived impacts, people from these groups have been engaged and asked about their perception of how any change to service might have an impact on them, whether this be positive or negative.

The equalities analysis will be reviewed throughout the consultation process, and additional engagement will be conducted around this as required.

15. Data analysis

The consultation activity will result in a number of streams of quantitative and qualitative data. Due to the size and nature of the consultation, it is anticipated that the amount of data will be significant.

As the data and feedback from the public will inform the decision-making of the CCG in relation to potential changes and developments to urgent care services, it is essential that the data and feedback is subject to robust, independent analysis.

16. Reporting and feedback

The consultation feedback will be received and reviewed by the CCG before any final decisions are made about future services. It is anticipated that the consultation feedback will enable the CCG to make informed decisions about commissioning services that reflect public need.

Following a period of consideration, the CCG will then make a decision on any changes to urgent care services. This decision will be published and communicated to stakeholders, along with the rationale for making that decision and the reasons that other options were not taken forward.

17. Evaluation

Evaluation will be on-going throughout the consultation period and beyond, overseen by the Urgent Care Task and Finish Group.

Once the consultation has closed, a full evaluation of the consultation, including development and implementation, will be conducted.

Appendix 1
The work of the ELC team and audits

In July 2014, DDES CCG in partnership with an external Experience Led Commissioning (ELC) team, formed a local ELC team to carry out an engagement exercise to help understand how patients and the public use and perceive urgent care and what matters to them when they access these services.

Engagement work was undertaken in the DDES CCG area with the following groups of people:

- Parents of young children (under five years)
- People living with long term health issues
- People with mental health issues
- People in good health
- Front line teams (urgent care centres and primary care)

There were five main reasons that people said they use urgent care centres:

1) They want immediate reassurance
2) They perceive their condition as “in between GP and A&E”
3) They believe they can’t see their GP soon enough
4) It is out of hours
5) Because there is free transport to urgent care centres out of hours

Both people and front line staff said that urgent care centres are mainly used because people cannot get an appointment to see their GP during the day. Front line staff added that during the day, the majority of patients attend urgent care centres with problems that could have been resolved at their GP practice, and that during the out of hours period urgent care services are used more appropriately.

The outcomes of the ELC exercise were that:

- The process for making GP appointments should be improved
- Direct access to x-ray and fracture clinics would improve services
- Having the ability to request diagnostic tests for non-urgent care should be considered
- There is a need for more joined up thinking around;
    - Triage (across urgent care centres, GP practices and NHS 111)
    - Policies and procedures
    - Access to clinical records
    - Accessing specialist advice (a second opinion)
- NHS 111 needs to be joined up and part of any new system thinking
- What matters to people and delivers a ‘great’ urgent care experience would be if services are;
    - Welcoming
    - Supporting
    - Reassuring
    - Building confidence
    - Informing and educating people how to self-care
    - Listening and understanding

The key message was that patients would prefer to see their own GP where possible and that they would like new and innovative ways of contacting their GP.

The outcomes of the ELC exercise underpinned DDES CCGs decision to carry out further work around integrating urgent care services.

Service Audits

Audits were carried out in February 2015 to help understand:

- Numbers and demographics of those accessing urgent care and walk-in centres by DDES CCG patients
- Proportion of symptoms and ailments that patients present at urgent care, that could be safely dealt with, assessed and treated in primary care
- Current capacity in primary care, to help understand or challenge public perception that patients are unable to access appointments and as a result feel they have no choice but go to A&E

Clinical Audit of UCC and WIC attendances

The first audit was carried out by DDES GP Practices of UCC and WIC attendances

(Note: 'urgent care centre [UCC]' has been used to describe all activity whether at an urgent care centre or a walk-in centre)

- 36 out of 41 practices in DDES CCG took part in the audit
- In total, 5,338 UCC attendances were reviewed (4.90% sample of the approximate 120,000 predicted UCC attendances)
- The top reason for attending urgent care was due to an injury (15.5% of the total) and this was also the final or main diagnosis of the attendance (16.1% of the total)
- Most patients had the symptoms for 0-1 weeks prior to their attendance at urgent care (63.0% of the total)
- Prescribing of medicines was the top treatment stated by practices (44.3% of the total)
- In total there were 394 cases where the patient had received an x-ray
- In 59.2% of UCC attendances no follow up was required
- Appointments were available in GP practices when the UCC attendances took place in 51.5% of cases

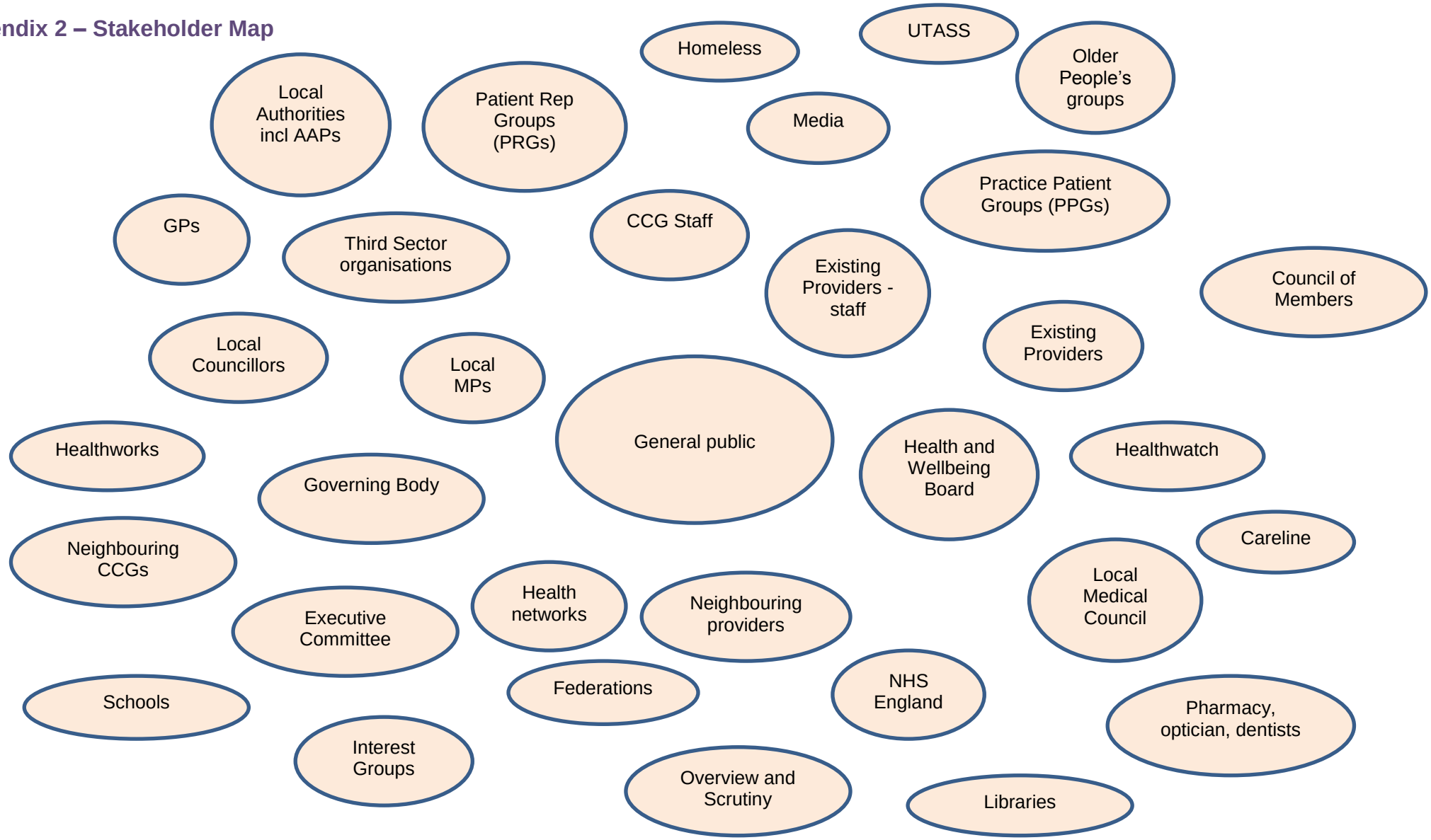
Audit carried out by Healthwatch regarding patients experience in an UCC or WIC

(Note: 'urgent care centre [UCC]' has been used to describe all activity whether at an urgent care centre or a walk-in centre)

- Healthwatch reviewed 151 patients, at Bishop Auckland, Peterlee, Seaham and Healthworks UCCs

- 91.4% of these were from DDES CCG
- The top reason for attending urgent care was patient choice: “I chose to come here”
- 84.1% (127 patients) of patients stated they had used their own transport to get to the UCC
- The top reason for attending urgent care was due to an injury (14.6% of the total)
- 29.1% patients would have gone to A&E had the UCC been unavailable

Appendix 2 – Stakeholder Map



Appendix 3 – Communication Plan

Stakeholder	Type	Communication Method
MPs and Councillors	Public representative	Briefings News (stakeholder) 1-1 meetings Consultation plan Councillor reference group meetings
Parish Councillors	Public representative	Briefings News (stakeholder) 1-1 meetings Consultation plan
Pressure Groups	Public representative	Briefings News (stakeholder) 1-1 meetings Consultation plan
GP Practices	CCG members	DDES Wide GPTN Newsletter Briefings News (stakeholder) 1-1 meetings Consultation plan Council of Members Locality Meetings
Federations	CCG members	DDES Wide GPTN Newsletter Briefings News (stakeholder) 1-1 meetings Consultation plan
Council of Members	CCG members	Council of Members Locality Meetings
Patient Reps (PRG/PPG)	Public	PRG meetings PRG Chair Meetings PPG meetings Briefings News (stakeholder) Consultation plan

Media	Public (interest)	Pro-active statements Radio TV Reactive statements Briefings
Existing Providers – staff	Health service provider	Staff meetings Briefings Joint communications developed between CCG and existing provider for existing staff
Local Authority (incl. AAPs, HWBB, Public Health)	Public	Briefings News (stakeholder) Consultation plan Updates at regularly attended meetings
Executive Committee	CCG Committee	Briefings
Governing Body	CCG Committee	Briefings
Overview and Scrutiny	External committee	Briefings News (stakeholder) Consultation plan
General public/patients	Public	Consultation plan Public information stands Public meetings Pre-consultation information Patient education programme
Existing providers	Health service providers	Briefings News (stakeholder) Meetings as requested Joint communications developed between CCG and existing provider for existing staff
Urgent Care Task and Finish Group	CCG internal operational group	Meetings briefings
Third sector organisations	Public/link organisations	News (stakeholder) Briefings
CCG Staff	CCG internal group	News Briefings
Carers	Public	Briefings News (stakeholder) Public meetings
Neighboring CCGs	Health Commissioner	Briefings

		News (stakeholder)
Hard to Reach Groups	Public	Focus Groups – 1 per locality with East Durham Trust, Groundworks and the Pioneering Care Partnership Briefings News (stakeholder)
NHS England		Briefings News (stakeholder) Task and finish attendance
Healthwatch		Briefings News (stakeholder)
Pharmacies		Briefings News (stakeholder)
Opticians		Briefings News (stakeholder)
Dentists		Briefings News (stakeholder)
LDC		Briefings News (stakeholder)
LMC		Briefings News (stakeholder)
LPC		Briefings News (stakeholder)
Libraries		Leaflet and poster display (via distribution plan)
Careline Durham (homes and assisted living for brain injury, neuro disorders, elderly)		Stakeholder briefings Sharing CCG messages with their clients on our behalf
UTASS		Stakeholder briefings Meetings
Older peoples groups (details TBC)		Stakeholder briefings Meetings
Schools		Briefings News (stakeholder) Advertising on the schools extranet
Homeless		Engagement sessions/tbc

Appendix 4 – Engagement activities

An overview of proposed engagement activity is contained within the table below.

Engagement Activity	Overview
Locality based events	A number of local based events will be attended by relevant CCG staff to raise awareness about the start date and timeline of the consultation, provide relevant information as to how, where and when people can have a say about the proposed plans. In particular, discussion will take place at the following meetings: Dales PRG 5th February 2016 Sedgefield PRG 17th February 2016 Easington PRG 24th February 2015 Easington Practice Manager meeting March 2016 Sedgefield Practice Manager meeting March 2016 Durham Dales Practice Manager meeting march 2016
Formal public events	Public events will take place across the consultation dialogue period. There will be a combination of weekday evening and daytime events as well as weekend daytime events in each locality. The weekday events will each be held on different days of the week to maximise the opportunity for people to attend who may be able to attend on specific weekdays due to other commitments such as work. The proposed venues may be Peterlee, Seaham, Spennymoor, Bishop Auckland, Weardale and Barnard Castle. Further advice will be provided by the members of the Engagement Strategy Task and Finish group. A Public Meeting plan is being developed and we will involve our PRG members and locality leads.

Existing Provider Staff Information sessions at urgent care centres across the DDES CCG area	Informal visits by the CCG to the urgent care centres will be arranged. These will include 'Meet the Staff' sessions to discuss issues and concerns. Two of these sessions have already taken place at Bishop Auckland hospital and Peterlee Community Hospital on 11th January 2016. All feedback will be logged in the activity log and used by the Communications Lead to devise a joint communication for staff with the Communications Lead at the Existing provider organisation. A meeting with clinicians at a provider organisation is also being arranged.
Consultation Roadshows/drop in sessions	Target public places such as shopping centres, supermarkets, children's centres
Discussion groups	Targeted discussion groups with stakeholders with an interest in the protected characteristics defined in the Equality Act 2010. Undertaken via Groundworks, Pioneering Care partnership and East Durham Trust. Facilitated and self-directed discussion groups with community and voluntary organisations For example this will include the following groups, amongst others: Investing in Children – 10 March 2016 The CCG engagement lead will introduce the Urgent Care consultation to young people so that they can organise at least two Agenda Days ('adult-free events') in the second half of March. Generally, at these events the young people will discuss the consultation document and some issues that the proposed changes may pose to young people. However, the details will be discussed in the March session to ensure that the young people's voice is included meaningfully in planning the Agenda days. Learning Disability People's Parliament - 1 March 2016 The CCG engagement lead will have an introductory meeting with the People's Parliament in order to discuss how partnership working could be developed in the future. The Urgent Care consultation will be discussed. In

	particular, there will be a discussion around holding mini-consultation sessions with the Parliament in order to provide them with a safe and non-threatening forum where they can receive information, ask questions and have a say. Gypsy Roma Travellers (GRT) Practitioners Forum – 1 February 2016 The GRT Practitioners Forum was set up in 2015 as a means to bring together practitioners who work with the GRT community in County Durham (both on site and in housing). The purpose is for practitioners to share and disseminate information about their services and way to seek opportunity to work together on specific issues. Through this Forum, SS will try to disseminate information about the consultation, to understand the impact that the proposed changes may have and to get the GRT community's views on the consultation. Drop in sessions at traveller sites will also take place, dates to be confirmed. Waddington Centre – 25 February 2016 The CCG engagement lead will have an introductory meeting with the Manager of Waddington Centre in order to discuss how partnership working could be developed in the future. The Urgent Care consultation will be discussed. In particular, there will be a discussion around holding mini-consultation sessions with service users with mental health issues in order to provide them with a safe and non-threatening forum where they can receive information, ask questions and have a say. A detailed engagement plan in relation to the consultation has been produced as a separate document. This is a working document and it is constantly updated.
Information stall and presence at local public events	Key local public events will be identified and, where possible, information

	stalls will be set up at events containing information about the consultation. Those attending the event will have the opportunity to participate in the consultation or to do so later at home or online.
Engagement using social media	A programme of social media communication will be developed including mechanisms such as Facebook, Twitter, You Tube etc
Councillor reference groups	Meetings will be setup in each individual locality to allow local councillors to feed into the consultation and ask questions on behalf of their constituents.
Information and consultation briefing documents / questionnaires provided online and in public places	Information and consultation documents will be available online and will also be distributed across a variety of public buildings and places in the DDES area.
Existing user surveys - Healthwatch	Surveys of urgent care centre users on the options to be arranged with Healthwatch.
Homeless people engagement	Details to be confirmed. SS/JC.

Appendix 5: Media Handling Strategy

NHS Durham Dales, Easington and Sedgefield CCG
Urgent Care Consultation "Getting care right for you"

Pro-active media plan

Note: a separate media handling plan for re-active media enquiries has been added as an appendix to the Urgent Care consultation communications and engagement strategy.

Pro-active media planning is an important part of the overall communications and engagement strategy. The aim is to inform local people about the consultation and how they can get involved through as many communication channels as possible. These are outlined below.

- **Press**

    1. Pre-launch press release – what we are going to do, why we are doing it, how we are doing it and how people can get involved.
    2. Brief to editors of local newspapers to inform them of the forthcoming proposals including key contact details and spokespeople
    3. Launch press release informing people clearly about how they can get involved (public drop in events/online questionnaire available on CCG website/how to follow us on Twitter etc)
    4. Press release prior to each public engagement event
    5. Press release week prior to end of consultation i.e. last chance to give us your views
    6. Press release to inform public consultation has ended and next steps, signpost to further information

- **Dr Stewart Findlay's column in the Northern Echo**

    Use Dr Stewart Findlay's regular column in the Northern Echo to track progress of consultation. Dates of publication throughout the proposal are as follows:

    This column is monthly.

- **Social Media**

  Facebook and Twitter will be utilised to push key messages throughout the consultation. Highlighting events, surveys and opportunities to get involved.
  Using Facebook and Twitter effectively will allow the CCG to stay ahead of any press coverage and release messages both proactive and re-active.
  The use of social media will coincide with the press plan outlined above.

- **My NHS**
  All info from press releases and links to questionnaire to be e-mailed and posted to My NHS members.

- **CCG website**
  Add branded banner to CCG website homepage for the duration of the consultation so that people (members of the public/staff/journalists/health partners etc) can easily access information about all aspects of the proposal via the CCG website.

- **Stakeholder newsletter**
  Use quarterly stakeholder newsletter to inform stakeholders about the consultation and how they can get involved.

- **Community newsletter**
  Use regular community newsletter produced by Silvia Scalabrini to inform key community contacts about the consultation and how they can get involved.

- **Communication colleagues**
  Forward all press briefings to relevant communication colleagues within the local authority and hospital Trusts.

“Getting care right for you” consultation media handling plan – January 2016

1. Background

Since 2014 residents who live close to urgent care centres told us about their experiences of urgent care services across the Durham Dales, Easington and Sedgefield. They told us what they think needs to happen so that planned changes in urgent care services help support people to deal successfully with unexpected health issues.

This feedback, as well as the views of patient reference groups, local health networks, area action partnerships and community groups has helped the CCG to develop options that form the basis of a formal public consultation that will be launched on 14 March 2016. We are consulting with local people about what they want urgent care services to look like including, in hours urgent care, out of hours urgent care and minor injuries.

2. Objectives

- To ensure a collaborative approach to proactive and reactive media handling;
- To reassure the public around the future of urgent care services;
- To reinforce key messages and how the public can get involved and influence the consultation;
- To protect the reputation of the CCG and reinforce its role in the local health economy.

3. Key messages

- Urgent care is a CCG priority. We are not reducing our budget or cutting services. Government has told CCGs that 7 day GP access must be introduced by 2020. In Durham Dales, Easington and Sedgefield we are ahead of the game;
- NHS 111 will play a crucial role in ensuring people are seen by the right health care professional, in the right place, at the right time;
- Through our engagement activity, local people have told us that they value access to a GP; they want to be seen straight away, cannot wait for a GP appointment and they want care out of hours.
- There is real need to communicate better with the public about what constitutes an 'emergency', what common conditions can be treated at home and what signposting is needed to direct people to appropriate urgent care services in hours, out of hours and for minor injuries;
- Our proposals reduce duplication;
- Our proposals will simplify services and reduce confusion, ensuring people are seen in the *'Right place, first time'*.

4. Strategy

- NECS communications and engagement team will:
- Co-ordinate proactive and reactive media statements / press releases and ensure the appropriate approval processes are adhered to;
- Co-ordinate media interviews with the CCG, identifying appropriate spokespeople and providing support/briefing in advance of media interviews;
- As appropriate, liaise with communication leads at neighbouring trusts, including NHS England;
- Monitor media coverage and provide regular updates to the CCG and urgent care project team;

Key contacts

Any media enquiries received by the CCG or wider project team should be directed to the NECS communications and engagement team, without comment.

NECS communications and engagement: Judith McGuinness 07785601944; (alternative numbers 01642 745401/01642745019) judith.mcguinness@nhs.net; Sarah Murphy - 07793 522838 sarah.murphy24@nhs.net Rachael Milligan rachaelmilligan@nhs.net 01642 745455

CCG project contacts: Sarah Burns: 0191 371 3217 sarahburns3@nhs.net, Clair White: 0191 371 3222 clairwhite1@nhs.net
CCG communications and engagement: Sarah Lambert 0191 371 3222 sarah.lambert1@nhs.net Gail Linstead: 0191 371 3232 gail.linstead@nhs.net

CDDFT comms: Gillian Curry: 01642 854343; gillian.curry@cddft.nhs.uk
NHS England comms: Sophie McDougall: 07795 666368; sophiemcdougall@nhs.net

Appendix 6
Consultation Communications and Engagement Action Plan

Activity	Detail	Who is responsible	Timescales
Pre-engagement	Stage 1 pre-engagement activity Stage 2 pre-engagement activity	ELC/CCG CCG/Healthwatch	May 2014 February 2015
Governance	Urgent Care Task and Finish Group • Terms of reference • Identify members • Schedule weekly meetings The group will manage and oversee consultation, as outlined in their terms of reference	Delivery team	January 2016 Ongoing
Stakeholder Mapping	Develop stakeholder spreadsheet - contacts Establish existing stakeholder mapping from pre-engagement Conduct additional stakeholder mapping to ensure complete stakeholder list for consultation Review and update stakeholder list throughout consultation	SL - complete SS/SL SS/East Durham Trust/PCP/Groundwork re 9 protected Characteristics SS/SL	Jan/Feb 2016 Ongoing review By Monday 7th March By Monday 7th March
Supplier and Resources	Identify suppliers and obtain quotes Plan and confirm timescales and turnaround for resources and suppliers Procure required resources and suppliers with agreed deadlines and arrangements to provide each resource	Task & Finish Group/JMcG/NG SL	By Monday 29th February 2016 w/c 29th February 2016
Identify and	Develop project branding	Task&Finish	By Monday 29th

Branding	and identity, share with PRGs Develop marketing material – flyers, newsletters, posters, leaflets, pull up banners, power point presentations etc	Group/JMcG/NG	February 2016 By Friday 4th March 2016
Communications Key Messages	Development of key messages, FAQs	JMcG	By Monday 29th February 2016
Consultation briefing document	Develop consultation briefing document Consider different languages and formats that may be required, including large print, braille, audio, easy/read etc Determine number of each type of document Have documents produced by agreed supplier within agreed timescales Consultation video	Task & Finish Group/JMcG/NG SS NECS NECS/Task and finish	By Friday 26th February 2016 Price by Friday 26th February 2016 Agreed video by Monday 7th March 2016
Consultation Dialogue	Plan content and format of required communications and engagement activity Develop, make arrangements for and publicise consultation activity, including Radio advertising? Press / media 9 Formal public events across Durham Dales, Easington and Sedgefield Targeted discussion groups	Task&Finsh Group/SL/SS/JMcG Task and finish/SL/SS/corporate admin SS/East Durham Trust/Groundworks/PCP	By Monday 7th March ready for release on 14th March 2016 Dates and venues by Monday 29th February 2016 Like for like

	with stakeholders with an interest in the protected characteristics defined in the Equality Act 2010/ Facilitated and self-directed discussion groups with community and voluntary organisations	SS	quotes, assurance around evidence on 9 protected characteristics and dates throughout consultation confirmed by Monday 7th March 2016
	Additional meetings - People's Parliament/ Investing in Children/Gypsy Roma Travellers	SS/SL/DP	February onwards
	Practitioners Forum/LGBT group/Macmillan	SS/SL/DP	
	Discussion groups in public places – libraries/surgeries	SS/SL/DP	Dates confirmed by Monday 14th March 2016
	Information stall and presence at local public events	NECS/JMcG	Tbc by AAP Co-ordinators
	Consultation roadshows – supermarkets/shopping centres	SL/SS/DP	Dates confirmed by Monday 14th March 2016
	Online and hardcopy consultation document and survey	NECS	By Monday 7th March for 14th March launch
	Information and surveys in public places	Task and Finish/SL/SS/DP	Ready for distribution on 14th March 2016

		SL	Stakeholders via e-mail with PDFs
		NECS	Mail company to be confirmed by NECS by Monday 29th February 2016
		NECS	NECS distribution plan by Monday 29th February 2016
Developing and supporting dialogue	Identify suitable venues for public events Visit venues to check suitability (disability access, parking, bus route, acoustics, large numbers) Arrange catering	SL/SS/corporate admin	Dates and venues by Monday 29th February 2016
	Promote events	SL/NECS	14th March – ongoing
	Send invites to all stakeholders, including those who took part in the pre-engagement	SL/Task and finish for contacts	On and after 14th March 2016
	Develop facilitator packs for facilitators at events	NECS	By 31st March March
	Develop agendas and evaluation sheets for events	SL/NECS/Corporate admin	By 31st March
	Identify and confirm facilitators and scribes for events	NECS – Sarah Murphy	By 31st March
Online	Design dedicated section on CCG website	JMcG	By Friday 11th March (for 14th March Launch)
	Ask for partners and stakeholders to place on their websites and to	SS	14th March

	cascade via their social media channels Develop content for social media	 JMcG/SL/DP	By Monday 7th March 14th March and ongoing
Public Relations and Advertising	See Appendix 6 media handling strategy		
Distribution of Consultation Materials	Develop distribution plan for flyers, posters and booklets to public places Identify and source a mailing house / distribution company to distribute all information	J McG/NECS J McG/NECS	By Monday 29th February By Monday 29th February
Recording	Develop and maintain consultation action log	Task & Finish Group	14th March ongoing
Analysis and Reporting	Ensure independent supplier identified and procured in good time to conduct analysis and reporting when the consultation closes	NG	Ng please advise
Quality and risk assurance	Provide quality and risk assurance of the engagement process	Consultation Institute NHSE	By Monday 29th February 2016

Appendix 7 – Actual Communications and Engagement Activity

Stakeholder briefings

In total none stakeholder briefings have been sent out since before the consultation started and these will continue beyond the 6th June. There are 602 stakeholders on our list and of these many cascade the briefing further afield on our behalf.

Letters

We have received many enquiries from different organisations and from individuals throughout the consultation period and these have all been responded to.

Telephone queries

We have received many telephone enquiries from individuals and organisations as part of the consultation and these have all been responded to.

Stakeholder feedback

We have received a number of compliments throughout our public consultation about the thorough, far reaching and robust nature of our consultation which has been gratefully received during what was an intensely busy period for staff at the CCG.

Surveys

We received in the region of 2800 survey responses from members of the public in relation to our consultation.

Engagement activity, meetings and public events

Date	Message	Audience	method	result
05/02/16	Durham Dales PRG	B Auckland PRG members	Face to face	10 people engaged
17/02/16	Sedgefield Patient Reference Group (PRG)	Sedgefield PRG members	Face to face	20 people engaged
20/02/16	Public Councillors meeting Discussed what UC review was about	Councillors	Face to face	30 people
10/03/16	Area Action Partnership Murton	AAP Easington	Presentation and Q & A's	25
17/03/16	Area Action Partnership – Spennymoor	AAP Spennymoor	Presentation and Q & A's	8
29/03/16	Meeting with MPs to discuss the service review and options under consideration	MPs	Face to face	3 people in attendance
09/04/16	Public Engagement Event Newton Aycliffe	Sedgefield	Public Consultation	12 attendees
12/04/16	GRT Mums	Bishop Auckland	Focus group	3 women 3 babies
12/04/16	Teesdale Day Lunch Club (Older people)	Mickleton	Focus groups	20 people
12/04/16	Gypsy Roma Travellers meeting	Ash Green	Meeting	3

	Mother and babies' group. Distributed 10 surveys			
15/04/16	Engagement Event Tesco Newton Aycliffe	Newton Aycliffe	Face to face	100 people
16/04/16	Public Engagement Event Peterlee	Easington	Public Consultation	34 attendees
22/04/16	Public Engagement Event Bishop Auckland			53 attendees
25/04/16	Engagement Event Bishop Auckland Tesco	Bishop Auckland	Face to face	100 people reached
25/04/16	Bishop Auckland College Handed leaflets out raising awareness and answering questions	Bishop Auckland	Display stand face to face	65 people reached
27/04/16	Public Engagement Seaham	Easington	Public Consultation	38 attendees
28/04/16	Public Engagement Event Spennymoor	Sedgefield	Public Consultation	12 attendees
29/04/16	Engagement Event Asda Peterlee	Peterlee	Face to face	100 people reached
30/04/16	Public Engagement Event Barnard Castle	Durham Dales	Public Consultation	30 attendees
03/05/16	Easington Health Network	Peterlee	Face to face meeting	11
04/05/16	Public Engagement Event Wolsingham	Durham Dales	Public Consultation	25 attendees
06/05/16	Engagement Event Spennymoor Asda	Spennymoor	Face to face	80 people reached
06/05/16	Town Councillor meeting	Crook	Meeting	
09/05/16	Investing In Children - Peterlee Youth Group One Point	Peterlee	Focus Group	20 people reached
10/05/16	Peterlee Urgent Care Centre engagement – engage with service users	Peterlee	Discussion	9
11/05/16	Public Engagement Event Sedgefield	Easington	Public Consultation	11 attendees
11/05/16	East Durham Trust – Shotton Community Centre	Shotton Colliery	Focus Group	12 people in attendance
11/05/16	Peoples Parliament	Durham	Focus Group	5 people
11/05/16	Investing In Children engaged with young people	Blackhall	Focus Group	19 people reached
11/05/16	Waddington Street (Mental Health)		Focus Group	4 people reached
11/05/16	Upper Teesdale Agricultural Support (UTASS) - older people	St Johns Chapel	Focus Group	16
12/05/16	Public Engagement Event Easington	Easington	Public Consultation	11 attendees
12/05/16	Easington Healthworks – engage	Easington	Discussion	18

	with service users			
12/05/16	UTASS – young people	Middleton In Teesdale	Focus Group	40
13/05/16	Groundwork - Employment and Support Allowance sessions			
16/05/16	Investing In Children Extreme Group session	Newton Aycliffe	Focus Group	20
17/05/16	Farmers UTASS Elderly	Middleton In Teesdale	Focus Group	12
17/05/16	East Durham Trust Community House Peterlee	Peterlee	Focus Group	6 people in attendance
18/05/16	Durham Deafened Support	Peterlee	Face to face	4 people in attendance
18/05/16	Groundwork North East and Cumbria Maternity and faith	West Durham	Focus group	In overall total
18/05/16	Groundwork North East and Cumbria The Hub	Barnard Castle	Focus Group	In overall total
19/05/16	CDDFT ECL Meeting – clinical members	Darlington	Presentation and Q & As	20
19/05/16	Farmers UTASS – retired males	Barnard Castle	Focus Group	18
19/05/16	Durham Deafened Support	Crook	Face to face	9 people in attendance
19/05/16	East Durham Trust Young people			9 people in attendance
19/05/16	East Durham Trust Focus on Homelessness Home Group/Stonham	Peterlee	Focus Group	12 people in attendance
20/05/16	Public Engagement Event Seaham Extra event added	Easington	Public Consultation	10 attendees
20/05/16	Engagement Event with Parish Councillors following a request	Sedgefield	Engagement event	3 Parish councillors in attendance
24/05/16	Healthwatch Visually impaired			5 in attendance
24/05/16	East Durham Trust – Job club focus males 35 – 55	Peterlee	Focus Group	12 people in attendance
24/05/16	Urgent Care Councillor Meeting –	Councillors Ferryhill	Meeting	?
25/05/16	PCP – Pioneering care Centre – ‘Options’ group	Newton Aycliffe	Focus Group	14 in attendance
25/05/16	Groundwork – Community learning session – aimed at parents			In overall total
25/05/16	CDDFT Governing Body			20 in attendance
26/05/16	Groundwork – Community learning session – aimed at parents			In overall total
26/05/16	Public Engagement Event Crook	Durham Dales	Public	17 attendees

	Extra event added		Consultation	
26/05/16	Bishop Auckland Urgent Care Centre – engage with service users	Bishop Auckland	Discussion	10
26/05/16	Community Hands (hate crime and Gender reassignment)		Handed 20 consultation document and discussion	
27/05/16	Mums in Durham Pointing young mums towards the consultation	all	Facebook	
31/05/16	Public Engagement Event Willington Extra event added	Durham Dales	Public Consultation	4 attendees
31/05/16	Fulfilling lives Council-led event for people with learning disabilities	Durham	Stand and face to face discussions	60
31/05/16	Pioneering Care Partnership	Durham	Focus Group	5 attendees
01/06/16	Seaham Urgent Care Centre – engage with Service Users	Seaham	Discussion	10
01/06/16	Groundwork – Community learning session – aimed at parents			In overall total
02/06/ 16	Pioneering Care Partnership	Newton Aycliffe	Focus group	14 attendees