



**Dorset
Clinical Commissioning Group**

Our Vision for Dorset's Future Health and Care Services Consultation Plan 2016/2017

Version 3 (18.10.2016)



Supporting people in Dorset to lead healthier lives

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1.0 Introduction

Need to Change

- 1.1 Dorset currently has good NHS services. However, rising demand on services means we need to make significant changes to ensure we continue to have high quality, safe care that the NHS can afford both now and in the future.
- 1.2 The NHS in Dorset is facing a number of challenges including:
 - a growing elderly population
 - changing health needs
 - variable quality of care
 - staffing difficulties
 - financial pressures

The Clinical Services Review

- 1.3 In response to these challenges, at the end of 2014 NHS Dorset Clinical Commissioning Group (CCG) launched a Clinical Services Review (CSR) to analyse the future health and care needs of the people of Dorset and plan how best to meet them. This was done by working closely with local people, clinicians and service providers.
- 1.4 This process led to the development of proposals for future delivery of health and care services in Dorset.

What we will consult on

- 1.5 Proposals for acute hospital reconfiguration and integrated community service models were approved by the CCG's Governing Body in May and July 2016. These were subject to a rigorous and robust external assurance process. The proposals have been independently scrutinised to make sure they are in line with best clinical practice, financially sound and fit for the future.
- 1.6 The public consultation will run in line with national guidance, for 12 weeks and will gather views on proposals for:
 - Changes to community health and care services
 - Changes to how acute hospital services are organised

2.0 Consultation Aims

2.1 The aim of the public consultation is to gather opinions from the public and others affected by the proposed changes. This will inform the CCG's decision-making. No final decisions will be taken until after the consultation has closed and results have been collated and independently analysed.

2.2 It will seek to;-

- ensure people in and around Dorset are aware of and understand the need to change and the proposed options for change
- hear people's views on the proposed changes to the way health care is organised in Dorset (some exclusions to this including dentistry, pharmacy and optometry as they are not within the CSR scope)
- ensure the CCG is made aware of any additional information which may help to inform the proposals and the decision making process

3.0 Consultation Approach

National guidance and assurance

3.1 This consultation plan has been developed with reference to and in compliance with national best practice consultation guidance, the duties in the NHS Act 2006 (as amended) and the NHS (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013.

3.2 The CCG will continue to work with the Consultation Institute throughout the consultation to quality assure our processes and documentation (See Appendix 6).

Consultation principles

3.3 The CCG worked with the Patient (Carer) and Public Engagement Group (PPEG) to identify a set of principles to guide the approach to consultation.

3.4 The PPEG is a group of 20 local people with rich lived-experience across Dorset's geography, demography and diversity. It meets monthly and is chaired by a National Patient Leader. The group provides input, feedback and challenge on an on-going basis.

3.5 The PPEGs consultation principles build on the best practice principles for consultation that government departments and other public bodies should adopt. They were approved by the CCG Controls and Assurance Group (now the CSR Quality Assurance Group) which meets monthly. The principles cover;-

- consultation for all
- accessibility for all
- consultation experience
- timeliness

- collaborative working
- effective funding
- feedback on consultation

3.6 The principles (attached at Appendix 1) have also been shared with the chairs and deputy chairs of the Bournemouth, Dorset, and Poole Health and Overview Scrutiny Committees, the local health and social care leaders and Dorset CCG staff.

Consultation pledge

3.7 The principles have been summarised into a consultation ‘pledge’ to:-

- provide a range of opportunities to be involved regardless of who you are and where you live
- provide the consultation information in clear and simple language and a variety of formats to make sure everyone can access it
- run the consultation for 12 weeks to allow time for people to provide their views and provide regular reminders about the progress and closing date
- work closely with a wide range of local individuals and organisations to make the most of all opportunities to reach out to people
- carefully manage the money spent on the consultation to deliver good value for money
- use the feedback received to inform decision-making
- share the feedback received during consultation with local people

This pledge has been reviewed and approved by PPEG.

3.8 The infographic below summarises the consultation pledge.



Audience

3.9 At the start of the CSR, the CCG sought to identify those stakeholders who should be informed and involved in the CSR. The process included;-

- stakeholder mapping to identify stakeholders the CCG has or should have a relationship with and the rationale for engaging with them
- a workshop to identify and group stakeholders on the basis of this relationship, the delivery of health services and awareness and understanding of public need and experience
- a dedicated workshop with Governing Body members, directors and deputy directors, senior managers to internally assure that stakeholder mapping was up-to-date, relevant and fit for purpose.
- carrying out extensive pre-consultation engagement, which enabled real-time testing to ensure that the CCG was reaching the right audiences/stakeholder groups in the right way at the right times (a database for this purpose is regularly updated with accurate information and contact details)
- drawing on and developing an established database to ensure as diverse and wide geographical and demographic reach as possible.

3.10 The CSR consultation will reach out widely across all identified audiences across Dorset (and West Hampshire's) geography, demography and diversity – providing information and opportunity for involvement to patients, carers, staff who deliver health and care services, local residents, organisations, diverse communities and groups, etc. to help to inform decision-making about what changes will be made to Dorset's health and care system.

Methods, Materials and Promotion

3.11 During the consultation a wide range of methods will be used to ensure that the greatest number and widest range of people from across the population of Dorset and surrounding areas have the opportunity to be involved. This will include staff that work within the NHS.

3.12 The CCG will aim to reach as many people as possible through through targeted channels. Methods and materials will be made as accessible as possible. Recognition will be given to the diversity of audiences. The CCG will follow the principles of the NHS Accessible Information Standard. A draft version of the consultation document was critiqued by the PPEG and shared widely for comment with other key stakeholders across the whole health system.

3.13 Consultation activity and methodologies were co-designed with the PPEG, local people, staff and Healthwatch Dorset. They are in line with national best practice guidance, the PPEG's Consultation Principles and the Consultation Pledge. See Appendix 3.

3.14 The CCG will continue to work closely with the five NHS Trust providers, three local authorities, GP members and the voluntary sector to support them to cascade information to their internal and external audiences.

- 3.15 On-going meetings of the Pan Dorset Engagement and Communications Leads have been held and will continue through the consultation period to ensure consistent messaging and to maximise opportunities for joint working.
- 3.16 This group has representatives from 18 partner organisations – including health providers, local authorities, public health Dorset, Healthwatch Dorset, Dorset Fire and Rescue, South West Ambulance, Voluntary Sector organisations, etc. Where possible, communications will be agreed between members of the group and joint statements will be published.
- 3.17 Consultation methods, materials and promotion are described in the Consultation Delivery Plan – see Appendix 4. This plan is supported by a detailed consultation action plan which is a live document and will be updated regularly.

Resources

- 3.18 The consultation activity will be led internally by CCG staff, with external support as appropriate from partner organisations. The PPEG and HealthWatch Dorset will provide ongoing feedback across the consultation.
- 3.19 Opinion Research Services (ORS) will undertake the focus groups and telephone interviews (see Appendix 4) and consultation analysis and the Consultation Institute will provide external assurance (see Appendix 6).
- 3.20 All staff involved in consultation will be given the tools and training to develop their skills and confidence in communicating consultation messages to wider audiences.
- 3.21 A budget has been set to support the delivery of consultation activities in line with the Consultation Principles (see Appendix 1).

4.0 Consultation risks

- 4.1 Through internal CCG assurance processes, a number of risks were identified which may have a detrimental effect on levels of public engagement and responses to the consultation process. These are;-
- lack of awareness
 - consultation fatigue
 - lack of resources
 - quality versus quantity of responses
 - unbalanced media reports
 - failure to react to campaigners and protesters who seek to spoil the debate.
- 4.2 For each risk, the CCG has mitigations to minimise the impact on the consultation. These are set out in Appendix 2.

5.0 Consultation analysis, reporting and decision making

- 5.1 Opinion Research Services (ORS) will analyse the formal consultation responses and will report on feedback received. They will produce an interim report and an overview of respondents which will enable the CCG to target under-represented areas and communities in the second part of the consultation.
- 5.2 ORS reporting will highlight significant consultation feedback in line with the following criteria:
- relevant to and/or having particular implications for the model of care and/or one or more of the options
 - well-evidenced – for example, submissions from professional bodies, staff and local people or groups that point to evidence to support their perspective
 - deliberative – based on thoughtful discussion in public meetings and other group settings
 - representative of the general population or specific localities
 - focused on the views from under-represented people or equality groups that otherwise might be missed
 - issues not already identified and receiving support from a number of respondents
- 5.3 Reporting will identify where strength of feeling may be particularly intense but will recognise that the process does not amount to a direct public vote in favour of or opposing proposals.
- 5.4 On conclusion of the analysis work ORS will produce a final interpretive written report which will be publically available. The report will be used to inform the Decision Making Business Case, on which the Governing Body's final decision will be based. The CCG will be explicit about the decision making process.
- 5.5 The CCG website www.dorsetsvision.nhs.uk will be regularly updated at each stage of the consultation and decision making process.

Consultation Principles

Principles	Description	Action/measure
Consultation for all	<p>To reach out across Dorset's geography, demography and diversity, including the working well, the seldom heard, the silent majority and people with protected characteristics in the Equality Act 2010 (amended 2012).</p> <p>To reach across similarly to appropriate boundary areas.</p> <p>To have fair representation in terms of recent usage and experience of primary, community and secondary care.</p> <p>To have fair representation across service users, carers, the general public and groups/organisations.</p>	<p>To capture and monitor representation information of consultation participants.</p> <p>To determine and then deliver an appropriate level of consultation responses across people with protected characteristics. By appropriate level, we will seek to responses that are of a quality that will inform decision-making rather than a high numerical return.</p> <p>To deliver an appropriate level of consultation responses from people who work in Dorset's NHS (primary, community and secondary care services).</p> <p>To deliver consultation responses from people that live in neighbouring areas outside Dorset where there are patient inflows to Dorset health services.</p> <p>To undertake an opinion poll survey amongst a representative sample of the general public post-consultation to determine any changes in levels of awareness and understanding about the consultation. This will be used to inform future consultation and engagement exercises.</p> <p>To adjust processes as appropriate as the consultation evolves to ensure range of voices heard.</p> <p>To ensure responses are interpreted fairly in terms of strength of voice/opinion.</p>

Principles	Description	Action/measure
Accessibility for all	<p>To provide a range of opportunities for involvement within the consultation, in a variety of formats to reflect the access needs of our geography, demography and diversity in Dorset.</p> <p>To ensure wide and accessible advertising of these opportunities.</p>	<p>To co-design with public representatives the consultation activities.</p> <p>To obtain feedback from people via a range of methods including the completion of an e-survey, a printed survey, email and face to face.</p> <p>To advertise the consultation across a range of media including newspapers, radio, outdoor and indoor posters, Facebook advertising.</p> <p>To ensure that the consultation document(s) follow good practice such as the NHS Accessible Information Standard and produce audio and Easy Read formats and to make translated copies available on request.</p> <p>To monitor progress and adjust approaches accordingly as the consultation evolves.</p>
Consultation experience	<p>To ensure that the people of Dorset have confidence in the consultation process.</p> <p>To ensure that the process is open, accessible and transparent.</p> <p>To be honest about how public views can influence the decision-making and explain that it will not be possible to do everything that everyone wants.</p> <p>To ensure that people understand why difficult decisions may have to be made in order to enable a sustainable, high quality, equitable health service in Dorset.</p> <p>To ensure that people are aware of the consultation – even if they choose not to participate.</p> <p>To aspire to a feeling of ownership/involvement amongst local staff.</p> <p>To re-invigorate a sense of ownership of local health services.</p>	<p>We will work with the Consultation Institute throughout the consultation process to ensure that we conform with their ‘kite mark standard’.</p> <p>To obtain feedback from consultation participants about their experience of taking part including levels of agreement about whether there is a case for making changes and if the consultation is clear and accessible.</p> <p>To monitor public opinion through social media in line with our social media strategy and plan.</p>

Principles	Description	Action/measure
Timing	<p>To ensure timings that enable effective and meaningful consultation – reflecting this in the length of the consultation, the need to give consideration to individual and organisational needs in terms of timing of consultation activity, meeting cycles, etc.</p> <p>To ensure regular and widely advertised updates on time remaining, throughout the consultation period.</p>	<p>To run the consultation for the recommended minimum period of 12 weeks.</p> <p>To provide regular updates on how many weeks/days are remaining.</p>
Collaborative working	<p>To have a collaborative consultation, with individuals and organisations working together to ensure that the listed principles are met through working together in partnership, co-design, etc.</p>	<p>To identify and deliver opportunities to work with PPEG, members, providers and voluntary sector throughout the consultation.</p> <p>To have consultation messages delivered by our partners (e.g. by using endorsements and case studies).</p> <p>To monitor progress and adjust approaches accordingly as the consultation evolves.</p>
Funding	<p>To ensure that the consultation budget is used effectively in terms of reach and response.</p>	<p>To tightly monitor spend against approved budget.</p>
Feedback	<p>To clearly demonstrate how the consultation has impacted on the consultation outcomes/decisions.</p> <p>To provide feedback in a timely and accessible manner.</p>	<p>To appoint an independent research organisation to analyse and summarise the consultation responses.</p> <p>To publish a final report that documents the feedback obtained within four months of the end of consultation before decisions are made.</p> <p>To provide the public with a clear explanation of how the received views have been considered/informed before decisions are made.</p>

Principles	Description	Action/measure
Local and national recognition	<p>To be locally and nationally recognised as having undertaken a meaningful and effective public consultation process.</p> <p>To be seen as an example of good practice by organisation such as Dorset Healthwatch, Dorset Race Equality Council, NHS England, etc.</p>	<p>To seek the written feedback from PPEG.</p> <p>To seek the written feedback from Dorset Healthwatch, NHS England and the HOSC.</p> <p>To successfully defend any challenge that may arise over the scope of the consultation</p>

Consultation Risks

Risk	Mitigations
<p>Due to the fact that the CCG is going out with preferred options there is a risk that the public will believe that decisions have already been made and that therefore this is not a meaningful consultation.</p>	<ul style="list-style-type: none"> • The consultation has been co-designed in line with national best practice guidance, the PPEG's Consultation Principles (see Appendix 1). • Whilst the CCG has stated preferred options the consultation questionnaire provides clear opportunity to comment through the inclusion of open questions. The scope of the consultation and the process is clearly explained in the consultation document. • The CCG is working with the Consultation Institute throughout the consultation to quality assure our processes and documentation.
<p>Patients/public do not engage with the process, are not fully aware, and as a consequence there is a low response rate to the consultation.</p>	<ul style="list-style-type: none"> • Provide range of engagement opportunities – online, face to face, hard copy. • Going to where people are – in high footfall areas NHS and non-NHS, existing meetings/groups. • Offering different ways to respond – online, face to face, telephone, email, through existing networks and community groups. • Maintain awareness raising and information campaign signposting people to consultation questionnaire through a broad range of channels.
<p>There is a lack of reach beyond the 'usual voices'</p>	<ul style="list-style-type: none"> • Design of consultation activity to reach beyond 'usual voices'. • Continue to work through and with PPEG and members' networks. • New links with forums of young people and through youth participation workers. • Undertaking drop-in and pop-up events within communities. • Asking public to tell us who/what/where engagement should happen for consultation phase.
<p>There are a high number of poor quality responses due to lack of understanding of issues or information.</p>	<ul style="list-style-type: none"> • Ensure consultation documents are written in plain English and are accessible in content and format. • Ensure supporting information easily available on website. • Put arrangements in place to deal with an anticipated increase in queries. • Deliver face to face activity as much as possible for active engagement, Q&A etc.

<p>There is criticism that the consultation takes place over the winter/Christmas and New Year holiday period and hasn't followed best-practice.</p>	<ul style="list-style-type: none"> • To take account of this the CCG will run the consultation for a 12 week period. • National best-practice guidance is being followed. • The PPEG advised no more than half the consultation activity be in holiday time. • The availability of local people varies between holiday and non-holiday periods and the consultation will run across both.
<p>Level of resource available for the consultation doesn't match expectations against delivery.</p>	<ul style="list-style-type: none"> • Clear consultation plan informed by ongoing engagement and involvement and designed around level of available resource • Resourcing needs for 'must do' activity clearly stated • Benchmarked against a number of other similar scale consultations • Regular feedback and reporting to help manage expectations with key stakeholder groups
<p>There is a risk of fatigue amongst the CCG and consultees over a 12week consultation period.</p>	<p>CCG:</p> <ul style="list-style-type: none"> • Develop a strong team for public facing consultation activity so that the bulk of the work doesn't just fall on a small number of people. • Acknowledge the consultation will test resilience and draw on personal time and energy of those consulting. <p>Consultees:</p> <ul style="list-style-type: none"> • Keep momentum, pace and energy with focused and refreshed activity and regular updates with a clear call to action and benefits of engagement. • Make it easy for people to respond to the consultation through a wide range of mechanisms. • Be aware of and avoid clash where possible with other public sector consultations in same timeline. • Due to the complexity and scope of the proposals it is important that people have enough background information to enable them to play a meaningful part in the consultation. It is important that people are aware of this, the time required to take part and that they are also aware how important their feedback is.
<p>The media do not report a balanced view/create a negative climate for open discussion.</p>	<ul style="list-style-type: none"> • Recognition that this is likely. • Ensure media briefed with clear information at key points. • Proactive media approach with identified opportunities to tell .the story of change. • Use as many of our own and partners' channels to reach as many people as possible, directly with our own messages – syndicated content for websites/slide packs/newsletters etc. • Robust rebuttal through media monitoring.
<p>Pressure groups, political or other interests attempt to spoil the debate by promoting inaccurate and/or inflammatory information especially online or via social media platforms.</p>	<ul style="list-style-type: none"> • We will defend the fairness of the consultation by intervening quickly in social media conversations that are spreading disinformation and/or misinformation. • The CCG will establish itself as the custodian of the consultation, especially online.

<p>Political and other stakeholders do not report a balanced view/create a negative climate for open discussion.</p>	<ul style="list-style-type: none"> • Identify key stakeholders we should be aware of/engage with. • No surprise approach. Open dialogue and on-going engagement at different phases of the programme. • Ensure the programme continues to be visibly clinically led • Reinforce the strong evidence-based case for change. • Ensure the CCG is ‘on the front foot’ with key messages and at milestone opportunities/events.
<p>Healthcare partners do not get involved in ‘sharing ownership’ of the CSR consultation</p>	<ul style="list-style-type: none"> • Collaborative approach across the health economy established through the CSR governance structure • Build on existing relationships • Shared understanding of importance of staff and public response and support needed for reach of consultation activity • Facilitate and support by providing materials for local use • Awareness of local sensitivities, anticipated implications and emotive issues – clear channels for feedback and supporting/handling issues as they arise
<p>Lack of timely advertising, promotional and venue availability when consultation start date is confirmed</p>	<ul style="list-style-type: none"> • A schedule of publication dates has been produced for local media publications – including Dorset wide and local community magazines. • A database of suitable venues for public events has been produced – including contact details and costings. • Promotional material has been drafted and is awaiting dates/venues. • As soon as the consultation start date is confirmed team resources will be allocated to prioritise advertng, bookings and production of promotional material.
<p>Staff may come under personal attack – either verbal or possibly physical from hostile members of the public and/or protest groups</p>	<ul style="list-style-type: none"> • A full risk assessment will be carried out. This will be communicated to staff through staff briefings, on the intranet. • We will work with internal security experts to provide training to staff as part of their pre consultation briefings. • We will take any other safety measures as required in line with the full risk assessment. • Staff will be provided with support as required across the consultation.

Co-designing the Consultation Principles and Approach

A number of consultation planning meetings and activities were carried out. 225 people took part in consultation planning discussions, completed a related survey or provided expert advice. In line with the PPEGs consultation principles, the CCGs public facing consultation pledge and national best practice guidance, people were asked to review and rate a variety of options for consultation activities and invited to provide their own suggestions. High level feedback is listed below and has been used to inform our Consultation Delivery Plans – both high-level (see Appendix 4) and detailed.

Participants	Synopsis of Feedback
Patient (Carer) and Public Engagement Group (PPEG). (18 attendees)	Consultation Principles developed in line with National Guidance. Suggestions for consultation activities collected at the same time with a strong emphasis on online/social media opportunities, a roadshow/opportunities across Dorset's geography, effective use of Dorset wide and community newspapers, information stands etc.
Supporting Stronger Voices Forum CCG patient, carer, public and lay representatives. (35 attendees)	Consultation planning exercise in 5 groups. Top priorities included a roadshow/opportunities to visit locations across rural an urban Dorset, use of online/social media opportunities, effective use of Dorset wide and community newspapers, information stands etc., use of local radio. Attendees also advised to provide a clear pre-consultation message, train and support staff to ensure consistency of message, ensure a dynamic public facing team and use a range of methodologies.
NHS Staff (70 attendees + 15 surveys)	Consultation planning exercise in 8 groups. Top priorities included advertising opportunity using posters, newspapers (county, local, parish and hospital), local radio, social media opportunities and NHS websites and by visiting local events.
General Public (57 online surveys)	An average of 64% of respondents prioritised a community based approach to engagement, prioritising the following areas: <ul style="list-style-type: none"> • Advertising and articles in local newspapers, parish and community magazines and circulars, and online community and village websites. • Information roadshow to reach local communities • Posters, information stands, and TV screen in a variety of community settings • Community workshops in village/community halls
Dorset Youth Council (10 attendees)	Consultation planning exercise in 2 groups. Two young people's conferences co-designed and co-hosted in October and November 2016 – to raise awareness of the CSR and how to get involved. Priority areas also included mobile roadshow, online/social media opportunities and local radio.
Learning Disabilities Health Action	Attendees all agreed that an easy read version of the consultation document was essential. Subsequent feedback

Participants	Synopsis of Feedback
Group (18 attendees)	suggested that a clear and simple film be developed to communicate the key messages, supported by consultation events or meetings for people with learning disabilities, their advocates and family carers, where people can give their views.
Healthwatch Dorset (2 representatives)	Strongly advised to consider providing opportunity for involvement in the consultation across the health and social care system – at all touch-points. They also advised that a series of ‘focus groups’ be carried out with people who are new to the conversation. It was also felt that publicity on local radio and television can be extremely effective.

High Level Consultation Delivery Plan

The following plan has been developed in accordance with national best practice guidance, the PEGs consultation principles and the CCGs consultation pledge. It has also been informed by the co-design work highlighted in Appendix 3. This plan is supported by a detailed consultation action plan. For further information contact communications@dorsetccg.nhs.uk

Action	Description	Purpose	Audiences
Production of consultation materials	<p>A range of materials will be produced to support the consultation, in line with NHS England's Accessible Information Standard, including (but not exclusively):</p> <ul style="list-style-type: none"> • Consultation Document • Consultation Questionnaire (with freepost address). Also in Easy-Read. • Form for capturing other feedback • Postcard to advertise opportunity – by locality. • Posters, flyers and pull up banners. . • Animated film and videos • Young People's film • Top level messages Z-Card for Governing Body and staff. • Myth Buster Infographics • Web based and digital/social media material (see below) <p>Information will be available in other translated formats and audio version on request.</p>	To provide clear accessible information in a number of formats to let people know about opportunities for information and involvement, where consultation documents are available and to enable local people across Dorset's geography, demography and diversity to play a meaningful part in the public consultation.	General public – including diverse, hard to reach and hard to hear communities and groups.
Distribution of consultation documents, including	<ul style="list-style-type: none"> • 75,000 consultation documents to be printed. 	To raise awareness of the consultation and provide the	General public, patients and carers.

Action	Description	Purpose	Audiences
consultation questionnaire, through health settings	<ul style="list-style-type: none"> • 50,000 to be distributed through a wide range of health settings including GP waiting rooms, hospital waiting rooms, pharmacies. • Ask practice managers to distribute documents to local people. 	<p>opportunity to participate amongst current users of health services and their carers.</p>	<p>NHS staff and volunteers. Families of NHS staff</p>
Distribution of consultation documents including consultation questionnaire through community and other settings.	<ul style="list-style-type: none"> • The consultation documents will be distributed through a wide range of community and other settings including e.g. town halls, libraries, Children’s Centres, sports and leisure centres, Citizen Advice Bureaus, transport hubs, job centres, sheltered housing, local businesses, supermarkets, pubs, etc. • Link with Bournemouth and Poole Councils for Voluntary Service, Dorset Community Action, Dorset 0-19 Forum, Dorset Volunteer Centre, Access Dorset and DAPTC (agreeing distribution plan) • Link with social care teams (agreeing distribution plan). • Link with schools, colleges and universities (agreeing distribution plan). • Link with Chambers of commerce (agreeing distribution plan) • Explore opportunities to distribute through other existing avenues like flu clinics, Fire and Rescue community teams etc. • Consultation document uploaded onto 	<p>To raise awareness of the consultation and provide the opportunity to participate amongst current and potential users of health services.</p>	<p>General public, working well, seldom-heard groups, volunteers, community leaders, mothers, children and young people</p>

Action	Description	Purpose	Audiences
	the CCG public website and Dorset's Vision website.		
Distribution of "Feedback" bulletin to the CCGs Health Involvement Network and stakeholder list	To do a special consultation edition of CCGs "Feedback" bulletin, linking directly to the consultation document and circulate to approx. 4000 members of the Health Involvement Network and others on CCG stakeholder list.	To raise awareness of the consultation, provide the opportunity to participate and continue the engagement 'journey' with people with an interest in or involvement with Dorset CCG and local health services.	Public, patients and carers. Informed audiences.
PPEG meetings	Monthly meetings of the CCGs Patient (Carer) and Public Engagement Group,	To review, advise, critique and challenge across the public consultation, with a focus on the PPEGs consultation principles and pledge.	18 highly informed local people with lived-experience across Dorset's geography, demography and diversity.
Supporting Stronger Voices/Informed Audience Events	Three large scale events in East and West Dorset and West Hampshire - to be held in first 2 weeks of consultation.	To present all opportunities for public consultation, provide opportunity to participate and to encourage onward communication of consultation opportunities. Attendees link to 100's of other groups.	Supporting Stronger Voices Forum – the CCGs patient, carer, lay and public representatives. Hospital Leagues of Friends, Patient Participation Groups, Foundation Trust Public Governors, Healthwatch Champions, POPP Champions, Voluntary Sector Representatives, etc. An informed audience with lived-experience across Dorset's geography, demography and diversity.

Action	Description	Purpose	Audiences
Patient Participation Group Conferences.	Two conferences to be held in first two weeks of consultation.	To present all opportunities for public consultation, provide opportunity to participate and to encourage onward communication of consultation opportunities. Attendees link to 1000's of PPG members.	General public. Patient Participation Group members from Dorset's 98 GP practices.
Locality Based Drop in Events.	16 events to be held across Dorset and West Hampshire. The meetings will have an informal 'drop in' approach and combine display information and film style presentation with conversation and opportunity to take part in the consultation. Each meeting will run for approximately six hours to ensure that people with different working patterns have the opportunity to attend. Locations will be chosen where there is high footfall and staff will also actively advertise and invite people in the local community to take part.	To provide opportunity for information and involvement across Dorset. Display and film information will provide a clear background and overview, staff will be on hand to answer questions on the consultation and/or consultation document. General feedback and comments will also be collected.	General public. Including the working well with events being open until 8pm.
Locality based pop-ups – manned.	A roadshow of 23 locality based manned pop- up information stands across Dorset and West Hampshire. Staff will be on-hand to provide introductory and background information and opportunity to take part in the consultation. Each display will be manned for both in and outside of working hours to provide opportunity for people with different working patterns. Areas of high footfall will be selected.	To actively promote consultation across Dorset and provide opportunity for information and to ask questions. General feedback and comments will also be collected.	General public. Including the working well with stands being manned both in and outside of working hours.

Action	Description	Purpose	Audiences
Voluntary Sector Events	<ul style="list-style-type: none"> • Bournemouth and Poole Health and Care Forum Consultation Event • 3 x Dorset Community Action Consultation Events • 3 x Volunteer Centre Dorset Events. <p>All to be scheduled in first part of consultation.</p>	<p>To present all opportunities for public consultation, provide opportunity to participate and to encourage onward communication of consultation opportunities. Attendees link to 100's of other groups.</p>	<p>Voluntary and community sector representatives who in turn can inform their organisations and communities.</p>
Opportunity across diverse organisations and communities	<p>Following feedback from diverse groups to work with them to produce a schedule of opportunities for information and involvement – visiting existing meetings/convenient locations – going to ‘where they are’. To liaise closely with organisations such as Dorset Race Equality Council, Access Dorset, Dorset’s LGBT Advisory Group, etc. ,</p>	<p>To reach out to people across Dorset’s demography and diversity (all protected characteristics) – providing accessible opportunity for information and involvement.</p>	<p>General public. Reaching out across Dorset’s diverse groups (all protected characteristics) and communities (including the gypsy romany community and armed forces).</p>
Learning disability events	<ul style="list-style-type: none"> • Having co-designed our consultation approach with people with learning disabilities: A Learning Disabilities event will be co-hosted in East Dorset – with Bournemouth People First and Poole Forum • Three smaller meetings/events will be held in West Dorset to ease access. To link with Dorset People First. • In addition local people will be sent invitations to attend other informed audience events such as Supporting Stronger Voices. 	<p>To provide opportunity for information and involvement in ways that are clear and accessible to people with learning disabilities.</p>	<p>People with learning disabilities, their families, support workers and carers.</p>

Action	Description	Purpose	Audiences
Communication and Consultation with Young People	<ul style="list-style-type: none"> • As co-designed with Dorset Youth Council there will be a strong focus on film style information provision and digital/social media opportunities for involvement. • To work closely with Local Authority Youth Participation Workers, the 0-19 Forum, Dorset Youth Association, Dorset Youth Council, Dorset Parent/Carer Councils, local schools, colleges, universities, etc. to provide accessible information and consultation opportunities. • To work with Youth Participation workers to link directly into young people's grass roots organisations. • Consultation meeting with Dorset Youth Council Enables (DYCE). 	<p>To provide opportunity for information and involvement in ways that are accessible to young people.</p>	<p>Young people across Dorset.</p>
Communication and activities targeting the Working Well	<ul style="list-style-type: none"> • Many of the activities and methods within this plan will be accessible to the working well. This will CCG and partner organisations staff. • To attend 2 Dorset wide Chamber of Commerce networking meetings. • To advertise opportunity for involvement through DCCIs media/social media. • To provided targeted opportunity through the Focus Groups carried out by ORS. 	<p>To provide information and opportunity for involvement to the working well.</p>	<p>The working well across Dorset.</p>

Action	Description	Purpose	Audiences
	<ul style="list-style-type: none"> To provide opportunity through the telephone interviews carries out by ORS. 		
Focus groups	<p>14 focus groups will be run, facilitated by ORS, one in each Dorset Locality and one in West Hampshire towards the middle/end of the consultation.</p> <p>Target participants will be those people who have lower levels of engagement with health services and who have no prior knowledge of the focus of the consultation.</p> <p>Specific targets will be determined following the interim consultation findings report to allow targeted recruitment..</p>	<p>To raise awareness of the consultation, provide the opportunity to participate and explore in more detail some of the emerging themes than possible within the survey.</p> <p>To reach out to local people who are underrepresented amongst the responders to the printed or e-survey and/or who may be hard to reach.</p>	<p>General public drawn from a representative sample with non or little pre-conceived ideas or views</p> <p>Consideration to be given to younger people, working well, infrequent users of health services, residents of particular areas, protected characteristics.</p>
Telephone survey	<p>ORS will conduct a sample telephone survey of 1000 residents selected at random.</p>	<p>To raise awareness of the consultation, provide the opportunity to participate and explore in more detail some of the emerging themes than possible within the survey.</p>	<p>General public. Opportunity across Dorset's geography, demography and diversity – including harder to reach groups including young people and the working well.</p>
Communications and consultation with Civic Leaders	<ul style="list-style-type: none"> Attendance at Health and Wellbeing Board Meetings Health and Scrutiny Committees MP briefings 	<p>To ensure Civic Leaders are kept fully informed across the consultation. To present all opportunities for public</p>	<p>Dorset's Civic Leaders and the General Public.</p>

Action	Description	Purpose	Audiences
	<ul style="list-style-type: none"> Meetings with County and District Councilors Dorset Association of Parish and Town Councils meetings 	consultation, provide opportunity to participate and to encourage onward communication of consultation opportunities.	
Communication and consultation with CCG Membership	<p>Regular updates to be provided at all of the following meetings, <u>Membership</u></p> <ul style="list-style-type: none"> Membership Events CCG Chairman briefings Practice visits <p><u>Localities</u></p> <ul style="list-style-type: none"> Locality meetings <p><u>Governing Body</u></p> <ul style="list-style-type: none"> Governing Body Meetings CCG Development Workshops Clinical Reference Group Clinical Commissioning Committee 	To ensure CCG Membership is kept fully informed across the consultation. To present all opportunities for public consultation and encourage onward communication of consultation opportunities.	CCG Membership
Communication and consultation with Health and Social Care Staff	<p><u>CCG staff</u></p> <ul style="list-style-type: none"> Staff events Staff briefings Staff training <p>To be provided before and across the consultation period.</p> <p><u>Practice Managers and practice staff</u></p> <p>Materials and literature provided to inform and encourage staff involvement via Practice Managers meetings, locality GP meetings</p>	<p>To ensure staff are kept fully informed across the consultation.</p> <p>To inform and encourage involvement and challenge to involve family and friends in consultation.</p> <p>Training/information for CCG staff and practice managers to support public messages when they are involved in public consultation work/events.</p>	CCG Staff. Partner/provide organisations.

Action	Description	Purpose	Audiences
	<p><u>Health and Social Care Partner/provider staff</u> Materials and literature provided to Communication and Engagement Leads for onward use by managers and workforce leads to inform and encourage staff involvement</p> <p>Information and opportunity for involvement will also be communicated to the following:</p> <ul style="list-style-type: none"> • Dorset Workforce Action Board • Trade Unions • University (nursing and medical trainees) 		
<p>Communications and media including digital media (also see below)</p>	<ul style="list-style-type: none"> • Regular release of proactive media stories in order to ensure information about the consultation and forthcoming events will be featured in a wide range of local and regional print, radio, television and online media outlets. Releases will also be sent out at key milestones throughout the consultation i.e. halfway through, one week to go. • Reactive media work will also be undertaken. • Out-of-hours press office cover will be provided to deal with enquiries in a timely manner. This will be in line with standing out of hours arrangements. • Press briefings will be held at the launch 	<p>To raise awareness of the consultation through broadcast, print and online media channels.</p> <p>To provide the means for a wide range of ‘voices’ to speak out about the consultation.</p> <p>We will ensure that public events are supported by spokespeople who are accessible and approachable and sufficiently informed to engage in meaningful conversations with key audiences.</p> <p>Spokespeople will be properly briefed and trained, if necessary.</p> <p>To provide reminders of the</p>	<p>General public, media partners, NHS staff and online communities</p>

Action	Description	Purpose	Audiences
	of the consultation and when the consultation findings are available to share details and allow detailed questioning.	progress and time remaining during the consultation.	
Paid-for advertising	A range of advertising will be undertaken on local radio stations, daily and weekly paid for and free newspapers, online news and community boards, buses, and billboards. We are also targeting local authority newsletters which will be delivered to all homes in Dorset along with a magazine aimed at school children if timetables allow. This will be given to all primary school children in the county (Primary Times).	To raise awareness of the consultation and signpost to ways to find out more and get involved.	General public
Implementation of Digital Media Plan	<p><u>Develop online consultation tool</u></p> <ul style="list-style-type: none"> • Develop Dorsetsvision as a consultation tool. Update information and functionality to support the public to make an informed decision and provide easy access to relevant information. To include the development of an interactive map tool which will help people see what proposed changes mean for them. Content to be reviewed and updated regularly to share latest news and events. • Develop mental health consultation pages in line with refresh of 	<p>To provide information about the review and the opportunities about how to participate.</p> <p>To drip feed small 'bite-sized' chunks of information about the consultation.</p> <p>To provide timely updates throughout the consultation period about consultation activity taking place.</p> <p>To provide a vehicle for the voice of interested people.</p>	Online communities, special interest groups, campaigners such as the King fisher group (maternity and paediatrics services in the west of Dorset)

Action	Description	Purpose	Audiences
	<p>Dorsetsvision. As above, to provide a consultation tool with information and functionality to support the public to make an informed decision and provide easy access to relevant information</p> <p><u>Animation/video</u></p> <ul style="list-style-type: none"> To develop a consultation animation to support the public in making an informed decision. Animation will be created as an easy read alternative/tool. Other videos and animated GIFs to be developed to support ongoing messages on social media. <p><u>Social Media Strategy</u></p> <ul style="list-style-type: none"> We will implement a social media strategy with a content and digital resource plan so that we can maximise our online presence, ensure timely and consistent two-way conversations, provide opportunity to respond to questions raised, optimise opportunities to reach online communities (especially those who use social media as their primary means of engagement). To include the development of a consultation campaign aimed at getting people to have their say. Use social media as a priority communication and engagement tool. To provide regular information about 		

Action	Description	Purpose	Audiences
	<p>the consultation including promotion of what events are taking place and ways people can get involved on Facebook and Twitter.</p> <ul style="list-style-type: none"> • To explore the development of additional channels or content to reach younger audiences. • To use Facebook and Twitter paid for advertising to segment and target messages to appropriate audiences, including harder to reach groups. <p>See Appendix 5 for the Social Media Development Plan for CSR.</p>		
<p>To promote consistent contact details using involve@dorsetccg.nhs.uk and 01202 541946</p>	<p>Provision of specific email and telephone number.</p>	<p>To provide dedicated methods of communicating with CCG about the review.</p>	<p>involve@dorsetccg.nhs.uk and 01202 541946</p>

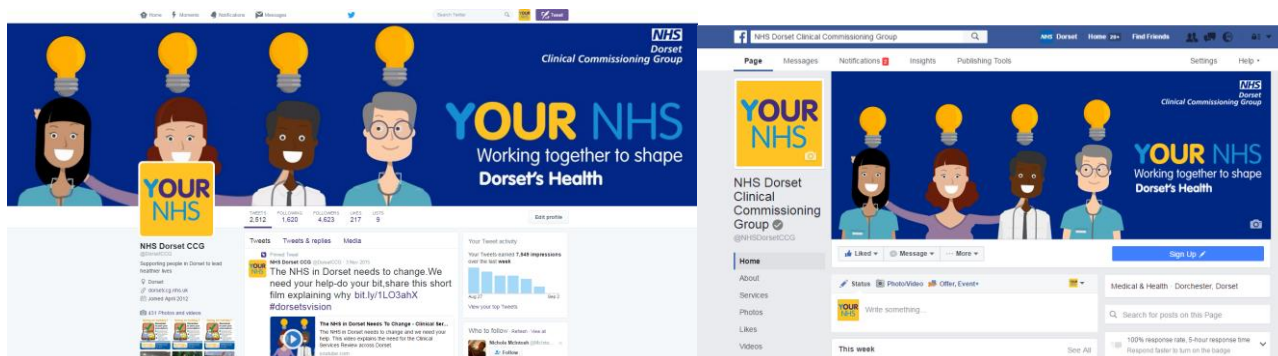
Social Media Development Plan for CSR

Please note, this is a working document and will be progressed as messages and timings are confirmed. Updated 01.10.16

The following provides an overview of social media development to support the consultation for the CSR.

Secondary social media branding

A secondary brand for social media will build on the 'Your NHS identity' promoting the ethos of working together to shape Dorset's health. Bold colours will be used from the NHS colour pallet to draw attention and the header images will reflect the series of CSR animations for consistency and to reinforce the joint working message. The overall look and feel will be less corporate.



The main colours shown in the illustrations above (NHS warm yellow, NHS dark blue and NHS blue) will be tested with staff and wider stakeholders before being finalised.

It's Mine.Yours.Ours campaign

To support the launch of the Clinical Service Review consultation period we will launch an interactive online campaign which aims to encourage people to have their say. The campaign 'Mine.Yours.Ours' will focus on promoting the ownership of the NHS and the opportunity to take action to shape its future. This will be achieved by creating a collection of 'It's my NHS, It's your NHS, it's our NHS' video messages.

Videos

To support the launch we will develop a series of short videos featuring local people saying 'it's mine, it's ours, it's yours'. A number of these will be put together to form a series on campaign videos. We will create a number of short videos (30 seconds max) that feature individuals sharing their personal connection/passion for the NHS, for example, a local diabetic, a cancer survivor, a nurse or consultant.

People

We aim to feature a range of local people from different communities including some of our critical friends and local supporters. The main message is to encourage people to have their say. We hope our critical friends would support this as we are not asking them to support the proposals but to support the opportunity to have a say.

We will begin approaching people to take part in October 2016. We will be looking to staff for links to local influences to include in the video.

Call to action

The call to action will be 'it's our NHS, make sure you have your say. Visit Dorsetsvision'. The full web address will appear on each video and will be linked to directly on social media.

Sub campaigns

A series of sub campaigns will provide details points and messages from the proposals. Sub campaigns will include:

- CSR facts – infographoics showing the key facts based on common questions from the public
- CSR conversation – online dicussions, messages that provoke conversation
- CSR voices – messages from people who have had an input i.e. PPEG members
- CSR events – campaigns to support and promote local events

Campaigns will be tested for feedback before being finalised. We will consult on the style, colours, tone, simplicity and impact.

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Campaign aims

Specific goals and measures of success will be set for each campaign according to the desired outcome. An overview of the aims includes:

Aim	Measure
Raise awareness of consultation	Post reaches
Provide facts in a simple way to help inform decisions	Post reach and post engagements
Encourage people to get involved	Post reach, post engagements and clicks through to website
Capture views	Post reach, post comments and post engagements, poll insights
Increase event sign up	Clicks through to web page (Google Analytics)
Reach hard to reach groups	Post reach and post engagement
Build our audiences/communities	Followings

Advertising on Facebook and Twitter to segment and target

Twitter and Facebook offer advertising opportunities which are results based and are tailored to our needs and budget. This offers an effective way of targeting specific audiences and increasing our reach.

Facebook and Twitter advertising will allow us to segment our messaging and target some of our traditionally harder to reach groups such as BME groups, travelling community, LGBT groups etc. They will also allow us to run a targeted campaign to reach people on the Hampshire border.

Facebook allows us to target people by location, various demographics and interests. Facebook ads will help us to reach a wider audience to encourage participation and raise awareness of the consultation. We can also target specific groups of individuals such as younger audiences.

Twitter offer three types of campaigns on Twitter ads that would support the CSR:

- **To drive website traffic** - *To increase clicks through to our website, twitter offer a Website Card, an ad format that allows users to preview an image, related context, and a clear call to action in their timeline. These ads can be targeted to a range of criteria from interest to geographical to behavioural. We only pay for clicks through to the site*
- **Grow our followers** - *Gaining followers means growing an interested audience with which we can engage over time. This type of campaign promotes our Twitter account to desktop and mobile users in places like the Who to follow panel and their Home timeline. Example campaign message could be follow us today to find out how Your NHS is changing or follow us today to find out how you can influence changes to Your NHS.*
- **Increase tweet engagements** - *A tweet engagement campaign promotes our tweets to a large, targeted groups of people. It enables us to place our best content i.e. videos and animations in front of the right audiences at the time it will have the most effect.*

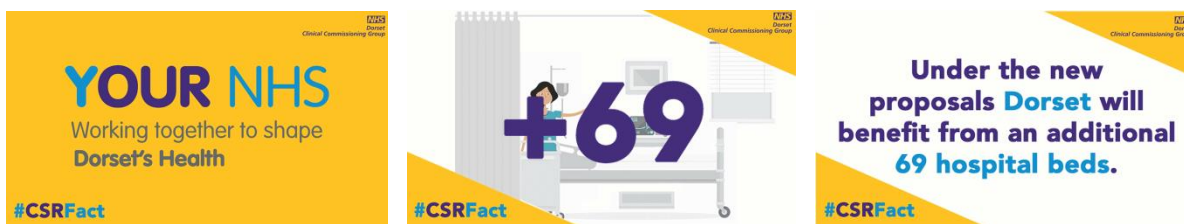
Hashtags

Adding a hashtag to the campaign(s) will allow us to monitor all activity where the hashtag has been used. Following analysis of the use of various hash tags we propose to use #dorsetvision. This hashtag has already been associated with the CSR. #YourNHS has been ruled out as the hashtag is being used currently elsewhere.

Templates

A series of templates will be created to use throughout the CSR consultation period.

Example animated GIF template - CSR Fact



Channels

- Facebook
- Twitter
- Instagram (to be developed if appropriate)

Content

Emphasis will be made on the use of visual and engaging content to include:

- Videos
- Animated GIF's
- Develop videos to target younger people
- Invite critical friends in for a live discussion
- Live Facebook streams – invite in some of our critical friends and local media Daily Echo to take part in a live Q&A

- Blogs
- Facebook and Twitter Polls can be used to capture views on specific areas – *to link with ORS*
- Live Social Media Streaming if feasible (live interviews through Facebook with Tim and members)

Example of an animated GIF storyboard:



Posting frequency

Posts will be scheduled at key periods through the day and night. Posting tactics will be developed for each campaign. Message types will be varied and we will use existing national research to inform posting times for post types etc. i.e. best times to post to for engagement.

Events will be promoted two weeks before with additional targeted posts by location. This will also be supported with targeted paid for advertising.

Monitoring, reviewing and reporting

Social media will be monitored daily and tactics will be adjusted where appropriate. Poor performing posts will be reviewed and amended to improve performance. We will monitor which content types are performing best and plan more of the same.

Weekly and monthly reposts will track progress and highlight key areas, including areas of improvement where appropriate.

A timeline of activity will be developed closer to the launch of the CSR.

Staff engagement - #getsocial

In November 2016 we will run a series of #getsocial Facebook and Twitter workshops inviting staff to find out more about using social media. The workshops will include basics of setting up accounts, posting and how people can produce content and support the CSR and future campaigns. These will be kept informal and will be the first step in building a social media culture.

Consultation Institute – Quality Assurance Scheme

Founded in 2003, The Consultation Institute is a UK-based, not-for-profit organisation which aims to help all those engaged in public or stakeholder consultation absorb best practice, encourage innovation and improve its value to decision-makers.

We have signed up to its Quality Assurance Scheme, which uses a compliance assessment methodology and is now designed for high-profile consultations where an external assurance of its quality can make a difference to its credibility.

Each Assessment is individually tailored to the specific circumstances of the exercise, but typically includes some or all of the following checkpoints, at which the Institute will satisfy itself that best practice is being observed:

Scoping:

When the scope of the consultation is agreed. By this we mean what decisions will be informed by the consultation and what can people influence, by taking part.

Project Plan:

When the consultation activities are set out and organised

Documentation:

Ensuring that all hard copy and electronic versions are fit for purpose and that questions conform to best practice

Mid-Point Review:

To assess whether the consultation plan has been adhered to and whether or not any changes to planned activity are required

Closing Date:

To finalise plans for analysis, reporting, feedback and processes to influence decision makers

Final Report:

To confirm the Institute's endorsement of the consultation

Five Key Benefits of the Scheme:

- Improves your public engagement practice
- Provides reassurance for consultees
- Reduces the risk of legal challenge and delays
- Enhances stakeholders' confidence
- Ensures real-time support for operational staff.