

## Equality and Engagement Impact Assessment

Please refer to the Guidance for Completion of the Equality and Engagement Impact Assessment. If you require any assistance in completing this form please contact the Patient Engagement and Experience team.

|  |  |   |  |  |
|--|--|---|--|--|
| <b>Title of service, policy or programme:</b>  |  | <b>Fit for the Future</b> Communication and Consultation Strategy and Plan (FFTF)   |  |  |
| <b>Name and job title involved in the completion of this assessment:</b>   |  | <b>Fit for the Future</b> <ul style="list-style-type: none"> <li>• Becky Parish, Associate Director, Engagement and Experience (FFTF), NHS Gloucestershire Clinical Commissioning Group (GCCG)</li> <li>• Anthony Dallimore, Associate Director, Communications, GCCG (FFTF)</li> </ul> |  |  |
| <b>Date of this assessment:</b><br><i>(It is good practice to undertake an assessment at each stage of the project)</i>                          |  | 10/10/2020  |  |  |
| <b>Stage of service, policy or programme change</b><br><i>(earlier versions of this impact assessment should be included in your submission)</i> | <b>Development</b> <input type="checkbox"/><br><b>(incl. Engagement)</b> | <b>Consultation</b> <input checked="" type="checkbox"/>   | <b>Implementation</b> <input type="checkbox"/> | <b>Evaluation/review</b> <input type="checkbox"/><br><b>(incl. Engagement)</b> |

| 1. Outline   |  |
|--|--|
| <p><b>Give a brief summary of your policy, service or programme. Include reference to the following:</b></p> <ul style="list-style-type: none"> <li>• Is this a new or existing policy, service or programme?</li> <li>• If it is not new, detail any proposals for change.</li> </ul> | <p><b>This Impact Assessment applies to the FFTF Communication and Consultation Strategy and Plan to support the FFTF – Proposals for change public consultation (commencing Autumn 2020)</b></p> <p>Fit for the Future is part of the One Gloucestershire vision focussing on the medium and long term future of specialist hospital services at Cheltenham General Hospital and Gloucestershire Royal Hospital.</p> <p>We will be consulting about how we could organise the following specialist hospital services across Cheltenham General and Gloucestershire Royal Hospitals in future (A-Z):</p> <ul style="list-style-type: none"> <li>• Acute Medicine (Acute Medical Take)</li> <li>• Gastroenterology inpatient services (current pilot)</li> <li>• General Surgery: Planned Upper/Lower Gastrointestinal (GI), Day Case, Emergency</li> <li>• Image Guided Interventional Surgery (IGIS)</li> <li>• Trauma and Orthopaedic inpatient services (current pilot)</li> </ul> <p><b>Preferred options for consultation to develop:</b></p> <ul style="list-style-type: none"> <li>• A ‘centre of excellence’ for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.</li> <li>• Create a General Surgery centre of excellence at Gloucestershire Royal Hospital (GRH) comprising a centralised Emergency General Surgery service alongside the already centralised planned Upper Gastrointestinal (GI) service and a newly centralised Lower GI (colorectal) service. Planned Day Case Upper and Lower GI (colorectal) surgery would be centralised at CGH</li> </ul> <p>Or</p> <ul style="list-style-type: none"> <li>• Centralise Emergency General Surgery at GRH alongside the already centralised planned Upper GI service and create a centre of excellence for Pelvic Resection at Cheltenham General Hospital (CGH) comprising a newly centralised planned Lower GI (colorectal) service alongside Gynae-oncology and Urology. Planned Day Case Upper and planned Lower GI (colorectal) surgery would be centralised at CGH.</li> </ul> |

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• In these two proposals the configuration for three service areas is the same: Emergency General Surgery at GRH, planned Upper GI at GRH and Day Case Upper and Lower GI (colorectal) at CGH.</li> <li>• An Image Guided Interventional Surgery (IGIS) ‘Hub’ at Gloucestershire Royal Hospital and a ‘Spoke’ at Cheltenham General Hospital</li> <li>• A ‘centre of excellence’ for Vascular Surgery at Gloucestershire Royal Hospital.</li> </ul> <p><b>Preferred options for consultation to maintain:</b></p> <ul style="list-style-type: none"> <li>• A ‘centre of excellence’ for Gastroenterology in patient services at Cheltenham General Hospital.</li> <li>• Two ‘centres of excellence’ for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.</li> </ul> <p>In response to COVID-19 restrictions the Strategy and Plan has been designed to support a ‘socially distanced’ consultation. It includes an Appendix/Briefing which summarises recent advice and guidance regarding online consultation.</p> |
| <p><b>What aims/outcomes do you want to achieve?</b></p> | <p><b>FFTF aims and objectives</b></p> <p>The aim of FFTF is to provide world class, leading edge, specialist hospital care for patients comparable to the best in England.</p> <p>We want to strike the right, but often difficult, balance between having two world class ‘centres of excellence’ at CGH and GRH and providing local access to services.</p> <p>We want to:</p> <ul style="list-style-type: none"> <li>• Improve health outcomes</li> <li>• Reduce waiting times and ensure fewer cancelled operations</li> <li>• Ensure timely assessment and decision making - you see the right hospital specialist to meet patients’ needs</li> <li>• Ensure there are always safe staffing levels, including senior doctors available 24/7</li> <li>• Support joint working between services to reduce the number of visits patients have to make to hospital</li> <li>• Attract and keep the best staff in Gloucestershire</li> </ul>   |

- Create flagship centres for research, training and learning.

To achieve these things and to make the most of developing staff skills, precious resources and advances in medicine and technology, we need to look at how we provide some of our specialist hospital services and make best use of our hospital sites in future.

### **FFTF Communication and Consultation Strategy and Plan**

Objectives of the consultation:

To ensure:

- A comprehensive consultation plan is in place and is fully integrated with programme milestones
- Consultation is proportionate, NHS Act 2006 (S14z2 and S242) and Equality Act 2010 duties are met and that those who take part in it experience it as a meaningful process
- Communication and consultation activity, materials and messages are relevant to each target audience e.g. 'communities of interest' within protected characteristic groups and/or geographical areas
- Clinicians, staff, community partners, patients and carers, interest groups and the public know how they can have their say and influence decision making through the consultation process
- Stakeholders will be identified (through Impact Analysis and stakeholder mapping), opportunities for dialogue and collection of views will be designed and delivered (Equality Impact Analysis of consultation plan identifies risks and mitigations), good quality feedback will be received, recorded and actively considered
- Plans are in place to demonstrate and inform stakeholders of the impact their feedback had made
- Staff, stakeholder and public confidence is built and maintained in the consultation process
- The consultation plan demonstrates learning from FFTF engagement activities and feedback from the NHSE/I Assurance process.

|   |   |
|---|---|
|   | <p>We will be undertaking a ‘socially distanced’ consultation:</p> <ul style="list-style-type: none"> <li>• More virtual methods of consultation – such as online forums. We have a new online participation platform: <b><i>Get Involved in Gloucestershire</i></b> <a href="https://getinvolved.glos.nhs.uk">https://getinvolved.glos.nhs.uk</a></li> <li>• Films</li> <li>• Telephone interviews</li> <li>• Staff Events</li> <li>• Face-to-face Countywide Information Bus Tour (A risk assessment has been completed on using the Bus during the pandemic and measures put in place to ensure social distancing and infection control).</li> <li>• Consultation materials, reviewed by Healthwatch Gloucestershire Readers Panel, distributed to local outlets e.g. full consultation booklet, summary consultation booklet, easy read booklet (co-developed with Inclusion Gloucestershire)</li> <li>• Online survey</li> <li>• All of this available at <a href="http://www.onegloucestershire.net/yoursay">www.onegloucestershire.net/yoursay</a> including other information such as planning documents</li> </ul>   |
| <p><b>Give details of any evidence, data or research used to support your work. Consider the following:</b></p> <ul style="list-style-type: none"> <li>• Health Needs Assessment</li> <li>• JSNA/Inform data</li> <li>• National/regional data</li> <li>• <b>Patient experience data</b></li> </ul> | <p>The consultation has been informed by the experiencing of managing earlier extensive engagement activities. The plan for the consultation has been informed by feedback from those engagement activities, including feedback from NHSE/I Assurance process.</p> <p>Extract from NHSE/I Assurance Process feedback in relation to communications and engagement:</p> <div data-bbox="728 1056 1960 1407" style="border: 1px solid black; background-color: #e0e0e0; padding: 5px;"> <p><b><i>Engagement and Readiness for Consultation</i></b></p> <ul style="list-style-type: none"> <li>• <i>The engagement output report shows that the team have really given people every opportunity to take part in the engagement programme and the resulting output report is very extensive. Full credit for openness and transparency</i></li> <li>• <i>Would benefit from an <b>accompanying glossary</b> to explain all the inevitable acronyms and terminology sprinkled throughout people’s quotes</i></li> <li>• <i>The engagement for FFTF described in the PCBC and engagement output report was proportionate, targeted and had due regard for protected groups. From feedback</i></li> </ul> </div> |

*received, the system is in a good place to know what the county as a whole thinks and the locations where the most negatively impacted populations live*

- Further engagement to **address the homogeneity of participants in Phase 1.**

In response to COVID-19 restrictions the Strategy and Plan has been designed to support a 'socially distanced' consultation. It includes an Appendix/Briefing which summarises recent advice and guidance regarding online consultation, sets out assumptions and considerations and makes the following observations and conclusions, which will be taken into account during the consultation:

- Consideration to be paid to online deliberation and engagement are those you should pay attention to regardless of whether engagement is face to face or online. Things such as feeling safe, ensuring transparency and that participants have the facts to be able to make an informed decision would apply regardless of how you engage.
- Online consultations prove to be most successful when used in conjunction with offline methods such as telephone structured interviews/market research techniques/managed exhibitions.
- Two-way direct communication is crucial in creating meaningful dialogue – video conferencing software (Zoom, Microsoft Teams etc.) can facilitate this.
- Online forums should be moderated to keep discussion topics organised and to keep participants safe.
- Think about varying the times of online events – avoid excluding working age participants.
- Online events should be no longer than 2 hours and comfort breaks should be scheduled.
- Use creative and interactive dialogue methods for online and offline activities.
- Paper surveys should be replicated as online surveys.
- Some individuals or groups feel more comfortable sharing their thoughts on their own platforms, rather than official channels designed explicitly for themed discussions.
- Different marketing messages required to encourage online participation for 'always' (compete with other opportunities), 'seldom' (relevance, links to pandemic interests)

and 'never' online (other opportunities or assistance required).

## 2. Engagement

### What relevant patient experience data/feedback is already available?

Include information from any relevant national/regional patient groups, eg. Healthwatch, national surveys

### Relative to the FFTF Proposals for change

As part of developing our local plans for Gloucestershire over the last few years, we have been asking staff, patients, carers, public and community partners, what matters to them about local health and care services. This is a summary of what they had already told us prior to engagement last year:

- 72% of respondents agreed: A greater amount of the budget should be spent on supporting people to take more control of their own health
- 88% of respondents agreed: There should be a greater focus on prevention and self-care
- 95% of respondents agreed: We should develop joined up community health and care services
- 69% of respondents agreed: We should bring some specialist hospital services together in one place
- 70% of respondents agreed: We should focus on caring for people with the greatest health and care needs

### In response to the following questions: If you need to see a specialist, the most important thing to you would be:

- The expertise of the specialist I see (59% of respondents placed this as the most important thing)
- The time I have to wait for an appointment (29% “)
- The distance I have to travel (8% “)
- Having as few appointments as possible (4% “)

### Relative to the FFTF Communication and Consultation Strategy and Plan

|  |   |
|--|---|
|  | <p>Extract from Inclusion Gloucestershire Engagement Report (FFTF specialist hospital services and Forest of Dean A new Community Hospital) 2019:</p> <ul style="list-style-type: none"> <li>• <i>Less information, less jargon and easy read copies of all information</i></li> <li>• <i>From our experience, people who represent the <b>seldom heard groups tend to need more time and preparation to support them to engage.</b> It would have been helpful to have had <b>at least two weeks research time</b> prior to each area workshop</i></li> <li>• <i><b>Workshops to be held later in the morning to enable people who use public transport to use their bus passes</b></i></li> <li>• <i><b>Workshops to be held in the actual areas and at times that people can attend.</b> For example: Tewkesbury was held in Highnam for 09.00am, Stroud and Berkley Vale held in Nailsworth for 09.00am and North Cotswolds was held in Cirencester for 09.00am</i></li> <li>• <i>Some people from the BME communities were not able to engage in the workshops due to a <b>language barrier.</b> Going forward it might be more beneficial <b>to liaise with community leaders to hold specific workshops within the BME communities with community support for interpreters.</b> We know that there are many barriers for people from the BME communities accessing health care. For many, they don't know how to ask for the health care that they need or struggle to understand treatment options</i></li> <li>• <i>For One Gloucestershire to <b>go out to community groups such as the Inclusion Hubs</b> for those who need to go at a <b>slower pace</b> and for a wider group of people to be included in the process.</i></li> </ul> |
| <p><b>How have patients, carers and families, staff been involved in shaping your proposals.</b><br/>If your policy/programme is currently being developed, please explain any further plans for</p> | <p>This consultation has been preceded by a significant programme of engagement in 2018/19. <b>Engagement materials and details of activities undertaken</b>, including independently facilitated workshops, an Engagement Hearing and a Citizens' Jury can be found at: <a href="https://www.onegloucestershire.net/yoursay/fit-for-the-future/">https://www.onegloucestershire.net/yoursay/fit-for-the-future/</a></p> <p>The <b>Output of Engagement Report</b> can be found at:</p>   |

|   |   |
|---|---|
| <p>engagement and/or consultation.<br/> <i>(*Plans for additional engagement should also be included in the Section 5: Action Plan below)</i></p> | <p><a href="https://www.onegloucestershire.net/wp-content/uploads/2020/01/FFTF-Output-of-Engagement-Report.pdf">https://www.onegloucestershire.net/wp-content/uploads/2020/01/FFTF-Output-of-Engagement-Report.pdf</a></p> <p>Information about the <b>Solutions Appraisal</b> activity, held in public and attended by a mixed group of lay and clinical representatives can be found at:<br/> <a href="https://www.onegloucestershire.net/yoursay/fit-for-the-future/">https://www.onegloucestershire.net/yoursay/fit-for-the-future/</a></p> <p><b>Relative to the FFTF Communication and Consultation Strategy and Plan</b><br/> See above (Inclusion Gloucestershire Engagement Report, 2019)</p> <p>Healthwatch Gloucestershire Readers’ Panel have reviewed consultation materials.</p> <p>Inclusion Gloucestershire have been commissioned to produce an Easy Read version of the consultation document and survey.</p>   |
| <p><b>If your plans/policies are implemented please explain:</b></p>  |   |
| <p><b>Any impact on the way in which services are delivered?</b><br/> eg. change in location, frequency of appointments.</p>                      | <p>The FFTF proposals for change have not been implemented as they are subject to this consultation. Two of the services in scope for the consultation are currently piloting the proposed changes and have been evaluated (see below).</p> <p><b>The impact of potential changes</b><br/> We have worked with independent analysts from Mid and South Essex University Hospitals to complete an Integrated Impact Assessment (which covers Health Inequalities and Equality) of the proposed development of ‘centres of excellence’ for the specialist services described in the Fit for the Future consultation.<br/> This can be found at <a href="http://www.onegloucestershire.net/yoursay">www.onegloucestershire.net/yoursay</a></p> <p>The analysis considered a wide range of information, including feedback from the Engagement, to describe how different groups of people who are likely to access and experience health services, could be impacted by the proposed changes for each of the combinations of specialist services.</p> <p>Impact analysis, as part of the evaluation of the two pilot changes (Gastroenterology and</p> |

Trauma & Orthopaedic inpatient services) has been undertaken locally with the support of the Local Authority Public Health Department.

A Lay Reference Group made up of patient, public and VCS representatives was established to support the Impact Analysis and Solutions Appraisal activities.

Integrated Impact Assessment (IIA) An independent Integrated Impact Assessment (IIA) of the potential solutions and the evaluation of the two pilots identified some groups who could be expected to be affected disproportionately by the proposed changes.

**Key points from the IIA**

Patients over 65 may need further support to access services in the new location if their journey becomes longer and they are less familiar with the centralised location

The key concerns identified through public engagement are around access to specialist care regardless of where people live, time to assessment and overall waiting times and the availability of services locally so there is not an inequality in service provision

BAME communities are disproportionately impacted by the proposed changes to vascular, GI [Gastrointestinal] day cases, Emergency general surgery and Interventional cardiology as 5%-8% of patients (depending on speciality) [are from] BAME [communities] but in the overall population of Gloucestershire 4.6% [are from] BAME [communities]

Overall, centralised services could provide shorter lengths of stay, faster diagnostics and minimise waiting times, which would help patients, visitors and carers who are more likely to attend hospital regularly with the person they are caring for. If centralisation results in extended travel time or a more complex journey, this could lead to journeys being more challenging for patients, carers and relatives.

A centralised Image Guided Interventional Surgery (IGIS) hub would provide the capacity and capability to treat more patients in the county who are currently travelling out of Gloucestershire for their specialist care. This would make specialist care more accessible to patients, particularly benefiting those aged over 65 who can remain closer to home and are a cohort (group of patients) who may find travel more complicated.

|   |  |
|---|--|
|   | <p>Our aim with this consultation is to reach a good representation of the local population, whilst making sure we hear from those groups who might be most affected by the proposed changes.</p> <p>We will seek out the views of people from the groups, set out below, during the consultation to gain a better understanding of the potential impact on them and to identify ways to lessen any potential negative impacts:</p> <ul style="list-style-type: none"> <li>• Black, Asian and Minority Ethnic (BAME) communities, in particular people aged over 65</li> <li>• People with mental health conditions</li> <li>• Over 65s who are more likely to have long term conditions such as cardiovascular disease, obesity or diabetes</li> <li>• Frail older people who are more likely to experience falls</li> <li>• People from BAME communities who are living with a long term condition</li> <li>• People living with a disability (includes physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions).</li> <li>• Adult Carers and Young Carers</li> <li>• Homeless people</li> <li>• Gypsy/Traveller communities</li> <li>• LGBTQ+ people</li> <li>• People living in low income areas.</li> </ul> <p>Equality Monitoring: Monitoring of equality data requires a two-stage process: data collection and analysis. Gathering good equality data supports legislative requirements in that it aids prevention of discrimination. This is why it is really important to provide an explanation that the process is worthwhile and necessary.</p> |
| <p><b>Any impact on the range of health services available?</b></p> | <p>There is no adverse impact on the range of services that would be available if preferred options were implemented. Enhanced centralised 'centres of excellence' for specialist services would be expected to retain and attract high quality staff to work in Gloucestershire.</p>  |

|  |   |
|--|---|
| <p><b>Have you considered whether any change could be considered significant variation? If yes, formal public consultation will be required</b> (See Guidance or ask your Engagement Team for advice).</p> | <p>The proposed changes are considered to be 'significant variation' and subject to public consultation. This has been discussed with Gloucestershire Health Overview and Scrutiny Committee.</p> |
|--|---|

**3. Equality considerations**  
This is the core of the Equality Impact Analysis; what information do you have considering any potential or existing *impact on protected groups, as defined by the Equality Act 2010*. Consideration should also be given regarding wider inequalities that people may experience because of social, domestic, environmental and economic circumstances, eg. unpaid carers, rural isolation, areas of deprivation. If your proposals contain more than one solution for service delivery, you should consider the potential impact for **each** of the solution in this section.

| (Please complete each area <sup>1</sup> ) | What key impact have you identified at this stage? |                          |                          | Explain any positive or negative impact below. What action, if any, has been taken to address these issues?  | Further action required?<br>(*Include details in Section 5: Action Plan below) |
|---|--|--------------------------|--------------------------|--|--|
|   | Positive Impact                                    | Neutral impact           | Negative Impact          |  |  |
| Age                                       | <input type="checkbox"/>                           | <input type="checkbox"/> | <input type="checkbox"/> | <p>Positive and negative impacts apply to distance to travel to access services and to quality of outcomes achieved through establishing 'centres of excellence' for some specialist hospital services.</p> <p>Over 65 age group, in particular those who are frail, identified in the IIA as target</p> |  |

<sup>1</sup> Positive Impact: will actively promote the values of the CCG and ensure equity of access to services;  
Neutral Impact: where there are no notable consequences for any group;  
Negative Impact: negative or adverse impact for any group. If such an impact is identified, you should ensure, that as far as possible, it is eliminated, minimised or counter balanced by other measures.

|                                       |                          |                          |                          |  |  |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--|--|
|                                       |                          |                          |                          | group for participation in the consultation.   |  |
| <b>Disability</b>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>Positive and negative impacts apply to distance to travel to access services and to quality of outcomes achieved through establishing 'centres of excellence' for some specialist hospital services.</p> <p>People living with a disability (includes physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions) identified in the IIA as target group for participation in the consultation.</p> |  |
| <b>Gender reassignment</b>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>Marriage and civil partnership</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>Pregnancy and maternity</b>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>Race</b>                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>Positive and negative impacts apply to distance to travel to access services and to quality of outcomes achieved through establishing 'centres of excellence' for some specialist hospital services.</p> <p>BAME communities (in particular over 65s and people with a long term condition) identified in the IIA as target group for participation in the consultation.</p>  |  |
| <b>Religion or belief</b>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| <b>Sex</b>                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |

|                             |                          |                                     |                          |   |  |
|-----------------------------|--------------------------|-------------------------------------|--------------------------|---|--|
|                             |                          |                                     |                          |   |  |
| <b>Sexual orientation</b>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | LGBTQ+ people identified in the IIA as target group for participation in the consultation.  |  |
| <b>Other considerations</b> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Rurality: Positive and negative impacts apply to distance to travel to access services.   |  |
|                             |                          |                                     |                          | Carers/Young carers identified in the IIA as target group for participation in the consultation   |  |
|                             |                          |                                     |                          | Gypsy/Traveller communities identified in the IIA as target group for participation in the consultation.  |  |
|                             |                          |                                     |                          | Deprivation: Positive and negative impacts apply to distance to travel to access services and to quality of outcomes achieved through establishing 'centres of excellence' for some specialist hospital services.<br><br>People living in lower income areas group identified in the IIA as target group for participation in the consultation. |  |
|                             |                          |                                     |                          | Homelessness: Positive and negative impacts apply to distance to travel to access services and to quality of outcomes achieved through establishing 'centres of excellence' for some specialist hospital services.  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  | Homeless people identified in the IIA as target group for participation in the consultation. |  |
|--|--|--|--|--|--|

| 4. Monitoring and review  |  |                                    |                                     |
|---|--|------------------------------------|-------------------------------------|
| <b>If you are at the implementation or evaluation stage of your policy development/service or programme change:</b> |  |                                    |                                     |
| <b>Has an earlier Impact Assessment been undertaken?</b>  | <b>Yes</b> <input checked="" type="checkbox"/>   | <b>No</b> <input type="checkbox"/> | <b>N/A</b> <input type="checkbox"/> |
| <b>If yes, please include details of any action plan below:</b>   |  |                                    |                                     |
| <b>What issues/actions have previously been identified?</b>   | <p>The Communications and Consultation Plan for the Fit for the Future Consultation 2020 builds on the previous approach.</p> <p>GCCG Equality Impact Analysis – Engagement to support:</p> <ul style="list-style-type: none"> <li>• Fit for the future: Developing urgent and hospital care in Gloucestershire</li> <li>• A new hospital for the Forest of Dean</li> </ul> <p>Engagement/Involvement (summer/autumn 2019)</p> <p><a href="https://www.onegloucestershire.net/wp-content/uploads/2019/08/FFTF-Equality-Impact-Analysis.pdf">https://www.onegloucestershire.net/wp-content/uploads/2019/08/FFTF-Equality-Impact-Analysis.pdf</a></p> <p>The Communications and Consultation Plan for the Fit for the Future Consultation 2020 builds on the previous approach to Engagement</p> <p>We anticipate greater level of interest from the general public in this consultation on ‘specific’ change proposals. However, we recognise the benefit of having targeted protected groups during the engagement in developing the potential solutions for change.</p> |                                    |                                     |
| <b>Are any further actions required?</b>  | See below  |                                    |                                     |

| <b>5. Action Plan</b>   |  |  |                                 |
|---|--|--|---------------------------------|
| <b>Issues/impact identified in Section 2, 3 or 4 above</b>  | <b>Explain any further actions required</b>  | <b>How will you measure and report impact/progress</b>                                     | <b>Timescale for completion</b> |
| <b>There will be a midpoint review of the consultation at which point we will identify what has gone well and whether there are any additional activities/actions we need to put in place before the end of the consultation period.</b>  |  |  |                                 |
| <p>The issues/impact listed below are taken from:</p> <ul style="list-style-type: none"> <li>• Feedback from the NHSE/I Assurance Process relating to the FFTF Engagement</li> <li>• Feedback from Inclusion Gloucestershire regarding the FFTF Engagement Process and</li> <li>• The Independent Integrated Impact Assessment – target group identification</li> </ul> |  |  |                                 |
| <b>Issues/impact identified in Section 2, 3 or 4 above</b>  | <b>Explain any further actions required</b>  | <b>How will you measure and report impact/progress</b>                                     | <b>Timescale for completion</b> |
| Less information, less jargon and easy read   | <p>The Consultation booklet has been reviewed by the Healthwatch Gloucestershire Lay Readers Panel.</p> <p>An Easy Read version of the consultation booklet and survey has been produced by Inclusion Gloucestershire.</p> <p>A summary version of the consultation booklet has been produced.</p> | We will be asking for feedback from participants.  | 22 October 2020                 |
| Accompanying glossary recommended   | There is an accompanying glossary in the consultation document.  | We will be able to review feedback received and add new words to the glossary as required. | 22 October 2020                 |
| Further engagement to address the   | Targeted opportunities for   | Output of Consultation Report  | Output of                       |

|   |   |   |  |
|---|---|---|--|
| homogeneity of participants   | <p>consultation with protected characteristic groups identified through the Impact Analysis e.g. via the Homeless Healthcare Team, Carers Forum etc</p> <p>Alternative formats of all consultation materials available on request. Contract in place with telephone (and face to face) interpreters, incl. BSL and for written translation.</p> | will include demographic information regarding consultation participants.                               | Consultation Report to be completed early January 2020           |
| Paper surveys should be replicated as online surveys  | Surveys will be available on line in regular and easy read formats. People will also be offered assistance to complete surveys over the telephone.  | All consultation activities will be recorded and reported as part of the Output of Consultation Report. | Output of Consultation Report to be completed early January 2020 |
| Different marketing messages required to encourage online participation for 'always' (compete with other opportunities), 'seldom' (relevance, links to pandemic interests) and 'never' online (other opportunities or assistance required). | We will use all forms of media, print, broadcast, and social media platforms. We will deliver a 'mailer' to all households in Gloucestershire telling them about the consultation and how they can get involved.  | All consultation activities will be recorded and reported as part of the Output of Consultation Report. | Output of Consultation Report to be completed early January 2020 |
| Liaise with community leaders to hold specific workshops within the BAME communities with community support for interpreters  | We will be contacting local groups, including BAME communities to arrange culturally appropriate opportunities for participation in the consultation. e.g. Information Bus visit to Gloucester Mosque at their  | All consultation activities will be recorded and reported as part of the Output of Consultation Report. | Output of Consultation Report to be completed early January 2020 |

|  |  |  |  |
|--|--|--|--|
|  | invitation.  |  |  |
| Use creative and interactive dialogue methods  | We will be using a range of methods:<br>Online, face-to-face (socially distanced), telephone, written.   | All consultation activities will be recorded and reported as part of the Output of Consultation Report.  | Output of Consultation Report to be completed early January 2020   |
| Online consultations prove to be most successful when used in conjunction with offline methods such as telephone structured interviews/market research techniques/managed exhibitions. | We will be hosting online activities, chat forums and Live discussions recorded on YouTube.<br><br>We will be inviting people to call us to leave a message to book telephone interviews.<br><br>We will be touring our Information Bus to all localities in the county and to the Mosque in Gloucester. | All consultation activities will be recorded and reported as part of the Output of Consultation Report.<br><br>There will be a midpoint review of the consultation at which point we will identify what has gone well and whether there are any additional activities/actions we need to put in place before the end of the consultation period. | Output of Consultation Report to be completed early January 2020<br><br>Consultation mid-point review:<br>18 November 2020 |
| Online forums should be moderated  | The Forum function of the <i>Get Involved in Gloucestershire</i> online participation platform is independently moderated.   | The <i>Get Involved in Gloucestershire</i> online participation platform provides details of activity and we will be asking for feedback from participants.<br><br>All consultation activities will be recorded and reported as part of the Output of Consultation Report.   | Ongoing  |

|  |  |  |  |
|--|--|--|--|
| Varying the times of online events   | Events will be held at different times of day and different days of the week   | We will be asking for feedback from participants.<br><br>All consultation activities will be recorded and reported as part of the Output of Consultation Report. | During the consultation period.<br><br>Output of Consultation Report to be complete by early January 2020. |
| Events, e.g. workshops, no longer than 2 hours   | All scheduled events will be no longer than 90 minutes. Most events will be online and we will make it clear that participants can get up, have a comfort/refreshment break.   | We will be asking for feedback from participants.  | During the consultation period.  |
| Some individuals or groups feel more comfortable sharing their thoughts on their own platforms, rather than official channels designed explicitly for themed discussions.  | We will offer to use the platforms which works best for the individual or group: Zoom, Face Time, Microsoft Teams, Webex – We will completed DPIA (Data Protection Impact Assessments) for any new platforms requested. We will also offer more traditional methods such as telephone calls. | We will be asking for feedback from participants.<br><br>All consultation activities will be recorded and reported as part of the Output of Consultation Report. | During the consultation period.<br><br>Consultation Report to be complete by early January 2020.           |
| Target groups identified through the IIA: <ul style="list-style-type: none"> <li>• Black, Asian and Minority Ethnic (BAME) communities, in particular people aged over 65</li> <li>• People with mental health conditions</li> <li>• Over 65s who are more likely</li> </ul> | Representatives from the groups identified in the IIA will be contacted to discuss methods to facilitate participation in the consultation. Example: Advice from the Homeless Healthcare Team, Age UK, Carers Hub  | We will be asking for feedback from participants.<br><br>All consultation activities will be recorded and reported as part of the Output of Consultation Report. | During the consultation period.<br><br>Consultation Report to be complete by early January 2020.           |

|   |  |  |  |
|---|--|--|--|
| <p>to have long term conditions such as cardiovascular disease, obesity or diabetes</p> <ul style="list-style-type: none"> <li>• Frail older people who are more likely to experience falls</li> <li>• People from BAME communities who are living with a long term condition</li> <li>• People living with a disability (includes physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions).</li> <li>• Adult Carers and Young Carers</li> <li>• Homeless people</li> <li>• Gypsy/Traveller communities</li> <li>• LGBTQ+ people</li> <li>• People living in low income areas.</li> </ul> | <p>Equality Monitoring: Our on-line engagement platform, Get Involved in Gloucestershire, has the potential to improve our data collection in relation to protected characteristics. An explanation of why this information is important is given through the registration process and in the feedback survey.</p>   |  |  |
| <p><b>When will the proposal be next reviewed?</b></p>  | <p>In terms of the FFTF Communications and Consultation Plan there will be a midpoint review of the consultation, at which point we will identify what has gone well and whether there are any additional activities/actions we need to put in place before the end of the consultation period.</p> <p>The FFTF Output of Consultation Report will be considered by an independently facilitated Citizens' Jury made up of 18 local people. This will take place virtually. The FFTF Output of Consultation Report will form part of the evidence considered by the NHS Gloucestershire Clinical Commissioning Group Governing Body at its meeting in March 2021, at which point a final decision will be made regarding the consultation proposals.</p> |  |  |

| 5. Completion: | Name and Job title | Date |
|----------------|--------------------|------|
|----------------|--------------------|------|

|  |   |          |
|--|---|----------|
| Completed by:  | Becky Parish, Associate Director, Engagement and Experience, NHS Gloucestershire Clinical Commissioning Group | 10.10.09 |
| Equality Lead:   | Caroline Smith, Senior Manager Engagement and Inclusion, NHS Gloucestershire Clinical Commissioning Group     | 15.10.20 |
| Project Sponsor:   | Ellen Rule, Director of Service Transformation, NHS Gloucestershire Clinical Commissioning Group              | 21.10.20 |
| Policy/programme signed off by:<br>(eg. Governance and Quality, Governing Body, etc) | Fit for the Future Programme Team   | 21.10.20 |