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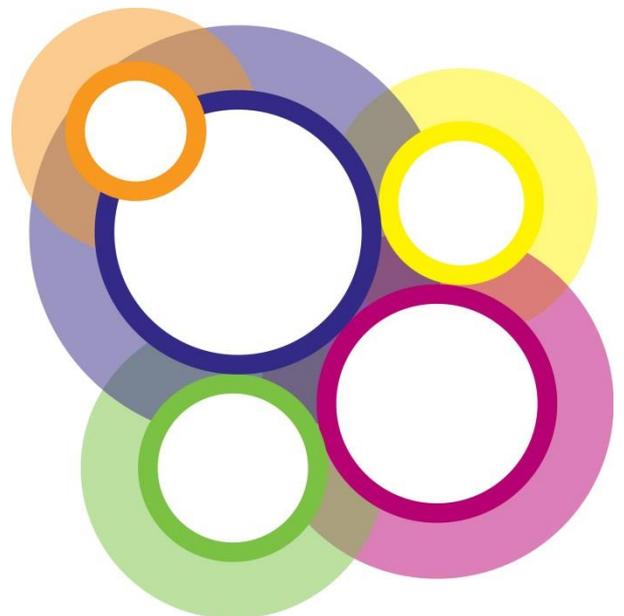
North of England
Commissioning Support

NHS South Tees Clinical Commissioning Group

Urgent Care Consultation:

Communications and Engagement Plan

November 2015



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Version 1: 1115

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

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1. Background

The Communications and Engagement Team of NHS North of England Commissioning Support (NECS) is supporting NHS South Tees Clinical Commissioning Group (CCG) to actively engage the South Tees population. The aim of the engagement is to inform the development of a new model of urgent care services in Middlesbrough, Redcar and Cleveland that will appropriately meet the needs of the population now and into the future.

For the purposes of defining 'urgent care', this includes the following services:

- Self-care
- GP Practice and Practice Nurses
- Pharmacy
- Walk-in-centres
- GP out-of-hours services
- NHS 111

An initial period of pre-engagement was conducted to help the CCG to understand the experience of people currently using urgent care services. Those engaged were also asked how they thought urgent care services in South Tees could be improved.

A mid-point review of the pre-engagement activity identified areas where further engagement was needed. A second phase of engagement activity therefore took place that focused on engaging directly with:

- Users of urgent care services
- Older people living in care homes
- Employees working for local employers

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

To determine the viability of the scenarios, the CCG then developed a number of criteria that were used to:

- Score the scenarios
- Identify those that could be taken forward and developed into potential options for development
- Dismiss those that failed to meet the minimum criteria

Phase 3 engagement provided the opportunity to ensure a balance between clinical and public perspectives within the models going forward as potential options for new models of urgent care services.

This final phase of pre-engagement was also used to validate potential impacts of any service change or development on people from groups with protected characteristics, as defined by the Equality Act 2010. Potential impacts of change had been identified as part of the equality analysis conducted by the urgent care project management team.

In total, over the three phases of pre-engagement, approximately 1,500 people were engaged across the South Tees area. More detailed information about the pre-engagement can be found in section 5 of this document.

Throughout the pre-engagement, and development of potential new models to deliver urgent care services, an on-going dialogue was maintained with South Tees Health Scrutiny Joint Committee.

The potential new models of urgent care services were presented to the joint scrutiny committee on 17 November 2015. At this meeting it was agreed that the models were likely to result in a substantial change to the way urgent care services are delivered in South Tees.

For this reason the committee confirmed that formal public consultation would be required. The consultation will run from 11 January 2016 to 01 April 2016.

2. The Case for Change

To inform its approach to developing an Urgent Care Strategy, the CCG produced a Case for Change document, which was made available to the wider public via the CCG's website and can be accessed [here](#).

The CCG also produced a summary version, which is also available on the website and can be accessed [here](#). Printed copies of both documents are available on request.

In summary, the document describes current urgent care services across the South Tees area, and outlines the drivers for change. It is intended as a discussion document to support the development and delivery of a locally agreed model of urgent care services that deliver the best possible outcomes for patients and effectively respond to the challenges of the changing local environment.

3. Scope of Consultation

The Case for Change document defined and described local urgent care services across the Middlesbrough and Redcar & Cleveland areas.

For the purposes of this consultation, the following are defined as 'in scope.' These are the services upon which the public will be consulted:

- Walk in centres (Resolution in North Ormesby and Eston Grange)
- Minor injuries units (Redcar Primary Care Hospital and James Cook University Hospital)
- GP out-of-hours services.

There are other urgent care services that are "out of scope," and that will not be included in the consultation. These are:

- Extended GP working from 8am to 8pm, 7 days a week
- NHS 111 telephone service

These services are not included in the consultation as they are part of national urgent care policy and requirements, and the CCG is under an obligation to deliver them as directed nationally.

Accident and Emergency services are also out of scope, as these are emergency services, not urgent care services.

However, due to the link between urgent and emergency care services, and because some people inappropriately use Accident and Emergency for their urgent care needs, there will be some limited consideration of Accident and Emergency within the scope of the consultation.

4. Consultation Governance and Quality Assurance

A Consultation Governance Group will be established to manage and oversee the development and implementation of the consultation process and related consultation dialogue activity with the public.

Terms of reference will be developed for the Consultation Governance Group, defining its:

- Membership
- Purpose, scope and frequency of meetings

The scope of the Consultation Governance Group will include, but will not be limited to, areas such as:

- Budget oversight and management
- Suppliers and resources
- Compliance to legal duties, local and national policy, guidance and mandated requirements
- Identification, and mitigation, of risk
- Dialogue communications and engagement activity
- On-going equality analysis and assurance throughout the consultation. Targeted engagement where necessary to ensure that people from groups with protected characteristics are fully engaged in a way that is accessible to them
- On-going analysis and identification of under-represented stake-holder groups and targeted engagement to ensure they have the opportunity to participate
- Mid-point review

The Consultation Governance Group will include an independent member to ensure objectivity, and will also develop links with NHS England and the Consultation Institute as part of its assurance and quality function.

The group will seek delegated authority to act from the CCG. This will help to ensure clear roles and responsibilities during the consultation development and implementation processes, as well as avoiding unnecessary delay to activity that may otherwise be incurred whilst seeking permission to act on day to day matters from the CCG.

5. Pre-engagement and Options Development

Three phases of pre-engagement have been planned, developed and implemented to inform and underpin the:

- Development of a proposed new model of urgent care services in South Tees
- Business case relating to the proposals and
- Development of a full public consultation on the proposals.

These phases of pre-engagement have successfully achieved the following objectives:

Phase 1 – to understand:

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

Phase 2

- build on any gaps in the engagement conducted in phase 1
- engage and involve the public in developing the HURDLE criteria used to assess potential urgent care scenarios to go forward for modelling and then as potential options for consultation
- engage current users of urgent care services within walk-in centres and minor injury units

Phase 3

- provide the public with the opportunity to comment on the scenarios that are taken forward from the appraisal and scoring process
- ensure a balance between clinical and public perspectives within the models going forward as potential options for consultation
- engage around, and validate, the equality analysis conducted by the urgent care project management team

More detailed information in relation to each phase is given below.

Phase 1

This engagement was conducted to help the CCG understand what people think about current urgent care services, what currently works well and what needs to be considered and improved when developing urgent care services that will continue to appropriately meet the needs of the South Tees population in the future.

The engagement work included a particular focus on minority, marginalised and disadvantaged groups and communities. It was important to include this focus to reflect the diverse South Tees population, as well as health inequalities and levels of deprivation in South Tees, which are higher than the national average.

NHS South Tees Clinical Commissioning Group is proud of the relationships it has achieved with key voluntary sector organisations. To ensure that as many local people, groups and organisations as possible were given the opportunity to become involved in the development of its urgent care strategy, the NECS Communications and Engagement Team worked closely with a local voluntary sector organisation that has established links and relationships with a variety of local groups and communities across the South Tees area.

Objectives of Phase 1 Engagement Activity

- Develop communications and engagement activity to effectively engage local people

- Listen to, and understand, the experiences of local people using existing urgent care services
- Conduct targeted engagement to include a focus on people from minority, marginalised and disadvantaged groups and communities, taking into account the demographic profile and related health inequalities of the South Tees area
- In doing so, ensure that the views of those who do not always have the opportunity to engage are reflected in the decision-making of the CCG
- Analyse feedback to understand relevant themes, priorities, challenges and issues identified by local people in relation to urgent care services
- Report back findings to the CCG, with recommendations on how the feedback should be used and developed to inform the new urgent care strategy
- Make recommendations for further communications and engagement activity to take place to inform development of the new model of urgent care services, including public consultation

Phase 1 Approaches to Engagement

Phase 1 communications and engagement activity took place from 13 July 2015 to 10 August 2015. Activity was conducted in partnership with a voluntary sector partner, Groundwork North East.

There were three distinct strands of engagement activity. The table below contains an overview of each strand.

Engagement Activity	Overview
Public Research	<p>350 street surveys were conducted across the South Tees area</p> <p>Demographic analysis was used to develop a survey quota and determine geographic locations</p> <p>This ensured a cross-section of respondents that was proportionate to the demographic make-up of the South Tees population</p> <p>The street surveys were coded to identify the engagement stream from which the resulting data originated</p>

Stakeholder Events	<p>Approximately 700 people were engaged through a series of stakeholder events</p> <p>There were:</p> <ul style="list-style-type: none"> 4 public engagement events 16 facilitated group discussion events with representatives and members of targeted community and voluntary sector groups 20 self-directed discussion groups, where representatives and members of community and voluntary sector groups facilitated and fed back from their own discussion events. <p>Guidance and support were provided to ensure that the groups involved were able to facilitate these discussions effectively</p> <p>Stakeholder mapping and targeted engagement ensured that the events were attended by people from minority, marginalised and disadvantaged groups and communities</p> <p>A voluntary sector partner, Groundwork North East, facilitated the events</p> <p>Groundwork has relationships with an extensive network of community and voluntary sector groups. This made them ideally placed to encourage and support participation of the local community</p> <p>Those attending the events were also asked to complete a hard-copy version of the street survey used in the public research</p> <p>The hard-copy version of the survey had the same content as the street survey, but was coded to identify the engagement stream from which the resulting data originated</p>
Open Access Engagement	<p>A dedicated web page was developed on the CCG website</p> <p>This included:</p> <ul style="list-style-type: none"> An online version of the survey A “have your say” document, containing information about urgent care services to give respondents background knowledge to help them

	<p>to complete the survey</p> <p>A pdf version of the survey that respondents could print off, complete by hand and return to a freepost address, should they prefer to do so</p> <p>A detailed “case for change” document to provide more in-depth information for those that would like to know more about the development of the urgent care strategy</p> <p>Press release, social media and other established channels used to raise awareness of the website and encourage people to complete the online survey</p> <p>The online version of the survey had the same content as the street survey, but was coded to identify the engagement stream from which the resulting data originated</p>
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Who Was Engaged

1,070 people were engaged within phase 1. This took place over the course of July and August 2015.

Those engaged came from a variety of different backgrounds, experiences, groups and communities.

As well as engaging people who may not always have the opportunity to have their say on health issues, the combination of open access and targeted engagement also ensured that the CCG was fully compliant with its public equality duty, defined by S.149 of the Equality Act 2010.

Increased access to minority, marginalised and disadvantaged groups and communities was facilitated through partnership working with the voluntary sector and included:

- People with autism
- Younger people

- Ex-offenders
- Unemployed people
- Homeless people
- People with disabilities
- Older people
- Lesbian, gay, bisexual and transgendered people
- People from black and minority ethnic communities
- Carers
- Young mothers
- People with mental health needs
- People of different faiths

A report on the first phase of the engagement activity is available on the CCG website and can be accessed [here](#). Printed copies are available on request.

Phase 2

Following analysis and evaluation of phase 1, a second phase of engagement was then undertaken.

Rationale and Focus of Phase 2

Although phase 1 communications and engagement captured the views of a diverse cross-section of people, this engagement took place within a limited timescale over the summer holiday period. As a result, some groups and communities were unable to participate.

As the CCG developed urgent care scenarios, it was important that these were influenced by the needs and experiences of people using urgent care services. This could then be properly balanced with clinical service requirements.

Some of the urgent care scenarios will now be taken forward as options for consultation. It is important that the right options are developed and taken forward, not only to balance the public and clinical needs and priorities for urgent care services, but also to avoid any potential for legal challenge.

Legal challenge may be brought on the process leading to a decision being made, and also on grounds of equality. This can include the process of pre-engagement leading to public consultation and the development of options for consultation.

Phase 2 objectives

- To ensure that the CCG fully engages its local population in the development of its new urgent care model and related consultation
- To give more people the opportunity to share their views and experience of urgent care services
- To inform the development of urgent care scenarios
- To balance clinical and public needs and priorities within the development of urgent care scenarios
- To provide balance and public perspective in the appraisal of urgent care scenarios that are subsequently taken forward as options for public consultation in January 2016.

Phase 2 included a focus on engaging people who are currently using urgent care services in South Tees. As illustrated by the Shropshire Care Homes case in 2014, engaging with users of services is an essential component part in understanding the impacts of any proposed changes or developments within those services.

Phase 2 Approaches to Engagement

Engagement Activity	Overview
Engagement to build on phase 1	Both targeted and open engagement. Those engaged had the opportunity to complete the online or hardcopy surveys used in phase 1 Where appropriate, other engagement methods were used, tailored to the needs and abilities of those engaged This was particularly important in the case of members of minority, marginalised and disadvantaged groups and communities, as some members of these groups and communities were not be able to participate via the survey
Engagement around urgent	Targeted engagement activity with group discussion took

care scenario development and the HURDLE appraisal criteria	place around the development of urgent care scenarios This included discussion around the development and content of the HURDLE criteria used to appraise the urgent care scenarios. This ensured a balance between clinical and patient needs and priorities during the appraisal process
Engaging current users of urgent care services	A number of half day sessions were held in walk-in centres and minor injuries units talking to patients about their experience of using urgent care services, and how the services could be improved to better meet the needs of patients A survey was devised, which was used with each patient to ensure continuity of questions asked and data collected

Who was engaged

Approximately 200 people were engaged during phase 2. This engagement took place across two weeks in October 2015.

Phase 3

Following the scoring of scenarios, phase 3 pre-engagement was designed to give members of the public the opportunity to comment on the scenarios being taken forward to the modelling stage. It is important that the public perspective is considered as part of the modelling process, as the developed models are then likely to go forward as options in a public consultation.

Phase 3 also includes engagement around the project equality analysis. An equality analysis has been completed by the urgent care project management team, which identifies potential impacts on people from groups and communities defined by the Equality Act 2010 as having protected characteristics.

The purpose of the equalities engagement is to validate the perceived impacts identified in the analysis from the perspective of members of the groups and communities that may be affected by potential impacts.

At the same time, those taking part in phase 3 engagement activity are being asked about the name and branding of any subsequent consultation. This is to ensure that members of the public understand, and can relate to, the consultation and its scope.

Phase 3 objectives

- Gain the views of patients and members of the public on the urgent care scenarios that were being taken forward for modelling, and as possible options for consultation, following the appraisal and scoring process
- Engage people from groups with protected characteristics, as defined by the Equality Act 2010, to validate perceived impacts on those groups that may result due to any proposed changes or developments to urgent care services in South Tees

Approaches to Engagement

Engagement Activity	Overview
Engagement on urgent care scenarios being taken forward	<p>A purposive sample from those engaged throughout phases 1 and 2 were engaged</p> <p>This engagement took place through further facilitated discussion groups</p> <p>A participatory approach was taken, with participants asked to provide both general comments on the scenarios, as well as specific positives and negatives, from their perspective, in relation to each scenario</p>
Engagement to validate the project equality analysis	<p>A purposive sample from those engaged throughout phases 1 and 2 were engaged</p> <p>This engagement took place through further facilitated discussion groups</p> <p>Participants were asked to consider and discuss potential impacts on themselves, their group or community, should the any of the scenarios go forward and eventually form the basis for service change or development</p>

Who was engaged

At the time of writing, phase 3 is still in progress. It is anticipated that this phase will engage approximately another 100+ participants. Engagement is taking place over a three week period in November 2015.

Urgent care scenarios and options development

Models of those urgent care scenarios that successfully met the HURDLE criteria and scoring processes were developed and costed to determine whether or not they were viable in practice.

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

Options upon which the public will be consulted

AWAITING CONFIRMATION OF OPTIONS FROM JK

- 1.
- 2.
- 3.

[etc.... tbc]

6. Legal Duties and Requirements

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

The NHS Act 2006 (including as amended by the Health and Social Care Act 2012) sets out the range of general duties on clinical commissioning groups and NHS England.

Commissioners' general duties are largely set out at s13C to s13Q and s14P to s14Z2 of the NHS Act 2006, and also s116B of the Local Government and Public Involvement in Health Act 2007:

- Duty to promote the NHS Constitution (13C and 14P)
- Quality (13E and 14R)

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

6.2 S.244 NHS Act 2006 (as amended)

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

6.3 S.149 Equality Act 2010

(1) A public authority must, in the exercise of its functions, have due regard to the need to—

(a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

(b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

(2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).

(3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—

(a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;

(b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;

(c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

(4) The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

(5) Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—

(a) Tackle prejudice, and

(b) Promote understanding.

(6) Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.

(7) The relevant protected characteristics are—

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

6.4 S.3a NHS Constitution

The NHS Constitution sets out a number of rights and pledges to patients. In the context of this project, the following are particularly relevant:

Right: You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

Pledge: The NHS commits to provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services.

(Section 3a of the NHS Constitution)

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

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

6.6 Mental Capacity Act 2005

The MCA says:

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

The principles

(1) The following principles apply for the purposes of this Act.

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

6.7 Human Rights Act 1998

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

6.8 The Gunning Principles

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

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

The principles are as follows:

1. When proposals are still at a formative stage

Public bodies need to have an open mind during a consultation and not already made the decision, but have some ideas about the proposals.

2. Sufficient reasons for proposals to permit 'intelligent consideration'

People involved in the consultation need to have enough information to make an intelligent choice and input into the process. Equality Assessments should take place at the beginning of the consultation and be published alongside the document.

3. Adequate time for consideration and response

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

4. Must be conscientiously taken into account

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

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

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

The four tests are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- A clear clinical evidence base
- Support for proposals from clinical commissioners.

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

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

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

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

6.11 Transforming Participation in Health and Care – NHS England Guidance

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

7. Equality Analysis

The CCG has a duty to meet its public sector equality duty, as defined by S.149 of the Equality Act 2010.

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

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

Targeted engagement has ensured that people from all groups with protected characteristics, defined within the Equalities Act (see 6.3 above), have had the opportunity

to participate in the three phases of pre-engagement and the development of potential new urgent care models.

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

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

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

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

8. Stakeholder Mapping

The CCG needs the right information to inform decisions for its community. It continually strives to maintain and strengthen its strong working relationships with its stakeholders.

The CCG is proud of the strong working relationships it has developed with:

- Local Authorities
- Middlesbrough and Redcar and Cleveland Councils
- Local Healthwatch organisations
- Partners on its Health and Wellbeing Boards
- Key voluntary sector organisations across its locality.

A detailed stakeholder map will be developed to ensure that relevant stakeholders are aware of, and have the opportunity to participate in, the urgent care consultation. As well as the organisations and partners above, this will include:

- Providers (such as NHS Trusts)

- General public (includes Patient Reference Groups)
- Voluntary development agencies (MVDA and RCVDA)
- Charity and community groups
- Statutory authorities and regulatory bodies (such as overview and scrutiny committees)
- Internal (such as other CCGs)
- Media (such as local and national radio and TV)
- Government (such as MPs)
- Health partners (such as NHS England)
- Public sector partners (such as Local Authorities)

Stakeholder mapping will also include a focus on disadvantaged, marginalised and minority groups and communities, who may not always have the opportunity to have their say in decisions that affect them. This is particularly important in the South Tees area due to high levels of deprivation and health inequalities, as well as the diverse make-up of the local population.

9. Narrative Development

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

- The background to the consultation
- The case for change
- The options for change
- The rationale for the options and why some options were not included, or developed, as part of the consultation
- How people can participate in the consultation and give their views

Those engaged throughout the consultation dialogue period will be from a variety of backgrounds, and will have different experiences, skills and needs. For this reason, the consultation narrative will be made available with different levels of detail and in different languages and formats as required.

Support will be offered to those who need it to ensure that they are able to understand the information contained within the narrative, and to ensure that all participants have enough information to give informed consideration to the options contained within the consultation narrative. This will also ensure that the consultation meets the standards set out in the Gunning Principles, described in Section 6.8 of this document.

The narrative content will ensure integrity, accessibility and transparency of information. It will clearly inform those participating in the consultation of the rationale and case for change, the options for change and any potential impact that change might have on those using, or likely to use, urgent care services in the South Tees area.

10. Dialogue Development

A variety of communications and engagement activity will be used to ensure that the consultation dialogue activity is fully accessible to the diverse and varied population of South Tees.

An overview of planned engagement activity is given in section 14.

To deliver this engagement activity effectively, across the consultation dialogue period, a substantial amount of development work will be required.

This activity is detailed in the communications and engagement action plan in Appendix 1. It will include development activity around areas such as:

- Identification of resources and suppliers
- Stakeholder mapping
- Consultation narrative and questionnaire
- PR, marketing and advertising
- Public events, drop-ins, information sessions etc.
- Production and distribution of consultation materials
- Ensuring mechanisms are in place for analysis and reporting of data streams from dialogue engagement activity

11. Standards and Formats of Information

All information produced as part of the consultation will be written in language that can be understood by members of the public. Technical phrases and acronyms will be avoided, and information will be produced in other formats as required, to reflect the needs of the diverse South Tees population.

This may include, but is not limited to:

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

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

12. Documentation and Resources

Development work will include consideration of required documentation and resources.

This will include, but is not limited to:

- Consultation narrative documents and questionnaires
- Posters
- Flyers
- Leaflets
- Stand-up banners
- Venues for public events
- Catering

13. Communications and Engagement Objectives

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

For this urgent care consultation, the communications and engagement objectives are to:

- Effectively engage the local population, partners and other stakeholders
- Give the local population, partners and stakeholders the opportunity to consider and comment on the options for new models of urgent care services in the South Tees CCG area
- Use the comments and feedback from the local population, partners and stakeholders to inform consideration by the CCG as to how it should provide urgent care services to best meet the needs of the population of the South Tees area
- Inform CCG commissioning responsibilities in relation to, and the procurement of, urgent care services
- Ensure that the consultation is accessible to local people, patients, partners and key stakeholders, that they are aware of the consultation and have the opportunity to participate fully, should the wish to do so

14. Communications and Engagement Activity

A comprehensive programme of communications and engagement activity will be planned for the consultation. This will include:

- Media releases
- Public relations activity e.g. consultation launch
- Briefings with local media outlets e.g. BBC Tees, the Gazette
- Social media activity and paid for advertising – Facebook, YouTube and Twitter
- Videos/Podcasts/Blogs
- Syndicated Information for internal newsletters, e-bulletins and paid for media supplements
- Parish Council newsletters

- Articles and/or advertising in local authority publications
- Paid for advertising in local media outlets e.g. The Gazette, Herald & Post
- Posters, leaflets, brochures inc. distribution/mail drop

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

Engagement Activity	Overview
Consultation launch event	Invitations will be sent to a cross-section of relevant stakeholders to attend a consultation launch event on 11 January 2015
Formal public events in Middlesbrough, Eston and Langbaugh localities	6 public events will take place across the consultation dialogue period. There will be a weekday evening event in each locality and a weekend daytime event in each locality. The weekday events will each be held on different days of the week to maximise the opportunity for people to attend who may be able to attend on specific weekdays due to other commitments such as work
Public drop-in information sessions at public venues across the South Tees CCG area	Drop-in sessions will be held within a variety of public venues. This will include libraries and leisure centres. Members of the public will be able to access information about the consultation and options for change to urgent care services. They will also have the opportunity to participate in the consultation by completing the dialogue questionnaire while they are at the drop-in, or by doing so later at home or online
Discussion groups	<p>Targeted discussion groups with stakeholders with an interest in the protected characteristics defined by the Equality Act 2010</p> <p>Facilitated and self-directed discussion groups with community and voluntary sector organisations</p> <p>Discussion groups in public places such as libraries</p> <p>Discussion groups with GP Patient Participation Groups</p>
Information stall and presence at local public events	Key local public events will be identified and, where possible, information stalls will be set up at events containing information about the consultation and options for change to urgent care services. Those attending the event will have the opportunity to participate in the

	consultation, or to do so later at home or online
Consultation roadshows	A series of consultation roadshows will take place across the South Tees area. These will target public places such as shopping centres, supermarkets etc. Information about the consultation and options for changes to urgent care services will be made available, with the opportunity to participate in the consultation, or to do so later at home or online
Engagement using social media	A programme of social media engagement will be developed including mechanisms such as Facebook, Twitter, You Tube etc
Information and consultation narrative documents / questionnaires provided online and in public places	Information and consultation documents will be available online and will also be distributed across a variety of public buildings and places in the South Tees area. A door to door leaflet drop will also be planned as appropriate

15. Budget and Expenditure

A total budget of £TBC has been made available for the consultation. This includes a contingency amount of £TBC

The budget will be overseen and managed by the Consultation Governance Group. The Governance will also oversee and manage expenditure relating to consultation development and dialogue implementation activity.

16. Risk and Mitigation

Risk and risk mitigation will be managed by the Consultation Governance Group. Risk will be identified and regularly reviewed and assessed throughout the consultation development and implementation.

Current identified risk includes:

Failure to engage with relevant stakeholders and meet statutory duties / stakeholders feel that they have not been fully involved

- Plan developed identifying relevant stakeholders and partners
- Ensure all stakeholders receive appropriate updates and feedback
- Ensure appropriate stakeholders are invited to participate in a way that is accessible to them
- Ensure clear communication of messages through robust communications plan, including updates on CCG website, newsletters, bulletins and through My NHS

CCG does not engage with marginalised, disadvantaged and protected groups

- Plan identifies relevant groups and organisations. Also work with local voluntary sector groups, community organisations and partners to access these groups and communities

Lack of response / “buy in”

- Ensure adequate publicity and support

Accessibility of activities and appropriate feedback mechanisms to those taking part

- Ensure clear contact for translations or alternative format
- Include appropriate feedback mechanisms in plan that are accessible to people with varying needs and abilities

Managing expectations of members of the public

- Ensure adherence to communications plan and advise CCG of any issues that arise

The consultation and proposals for change may be seen as a cost-cutting exercise by members of the public

- Ensure clear case and rationale for change is communicated within the consultation narrative
- Ensure adherence to communications plan and advise CCG of any issues that arise

The consultation may be subject to challenge

- Appropriate governance policies / standards will be put into place to ensure correct procedure and equality analysis are maintained throughout the consultation

The public may become confused due to the number of CCG change projects, and related engagement, taking place at the same time

- The following projects will be conducting engagement activity at the same time as the urgent care consultation:
 - Better Health Programme
 - IMProVE
 - New Care Models Programme (Vanguard)
 - Life Store
- The overlap of these programmes, with simultaneous engagement activity, may confuse members of the public and cause engagement “burn out.”
- Communications channels will be established between the different projects to coordinate engagement activity and to minimise potential confusion
- Clear messages will be communicated to the public to ensure they understand what each project relates to, and to enable them to decide whether or not they wish to engage with each project

17. Data Analysis

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

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

Given the size and complexity of the data, along with the timescale available for analysis, an external supplier, with expertise in this area, will be commissioned to conduct the data analysis.

This supplier will be identified as part of the consultation development process, and will be in place to begin the analysis before the end of the consultation dialogue activity.

18. Reporting and Feedback

A full consultation communications and engagement report will be produced.

This will contain an overview of the consultation, along with the data analysis, feedback on options from the public perspective and conclusions and recommendations for consideration by the CCG as part of its decision-making process.

The report will be published and widely distributed, to enable all stakeholders to see the results and recommendations coming from the consultation.

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

19. Evaluation

Evaluation will be on-going throughout the consultation period, led and overseen by the Consultation Governance Group.

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

The results of the evaluation will be shared with the urgent care project oversight group, and lessons learned will be taken forward to inform future projects.



Partners in improving local health



North of England
Commissioning Support

Appendix 2: Consultation Communications and Engagement Action Plan

NHS South Tees Clinical Commissioning Group – Urgent Care Consultation

Consultation Communications and Engagement Plan

Key:

AR – Andrew Robinson

SC – Simon Clayton

SM – Sarah Murphy

GC – Gail Cobb

JK – Johnathan Kelly

GWNE – Groundwork NE

GGGroup – Consultation Governance Group

Activity	Detail	Who is Responsible	When
Pre-Engagement	<ul style="list-style-type: none"> Plan phase 2 increased social media and social care engagement activity 	AR / SC / GC	w/b 16/11/15
	<ul style="list-style-type: none"> Conduct phase 2 increased social media and social care engagement activity 	GC	23/11/15 to 07/12/15
	<ul style="list-style-type: none"> Plan phase 3 engagement around equality 	AR / GWNE	w/b 09/11/15

	<p>analysis and models / options development</p> <ul style="list-style-type: none"> • Conduct phase 3 engagement activity around equality analysis and models / options development • Analyse phase 2 and phase 3 data from engagement activity • Write final pre-engagement report (including phases 1, 2 and 3) • Distribute phase 3 final engagement report to relevant stakeholders 	<p>GWNE / AR</p> <p>AR / SC / GC</p> <p>GC</p>	<p>16/11/15 to 30/11/15</p> <p>w/b 30/11/15</p> <p>w/b 07/12/15</p> <p>w/b 14/12/15</p>
Governance	<ul style="list-style-type: none"> • Develop terms of reference for consultation governance group • Identify relevant members of consultation governance group • Invite identified members to join consultation governance group • Schedule fortnightly meetings of consultation governance group • Obtain delegated responsibility for consultation governance group to make decisions and authority to act from CCG • Hold governance group meetings across consultation. Governance group will manage and oversee consultation, including: <ul style="list-style-type: none"> ○ Budget ○ Suppliers and resources ○ Compliance to legal duties, guidance and mandated requirements ○ Dialogue communications and engagement activity ○ On-going equality analysis and assurance throughout the consultation. Targeted engagement where necessary to ensure that people from groups with protected 	<p>AR</p> <p>AR</p> <p>AR</p> <p>AR</p> <p>JK</p> <p>GGroup</p>	<p>w/b 16/11/15</p> <p>w/b 16/11/15</p> <p>w/b 16/11/15</p> <p>w/b 16/11/15</p> <p>w/b 16/11/15</p> <p>w/b 23/11/15 then on-going</p>

	<p>characteristics are fully engaged in a way that is accessible to them</p> <ul style="list-style-type: none"> ○ On-going analysis and identification of under-represented stake-holder groups and targeted engagement to ensure they have the opportunity to participate ○ Mid-point review 		
Legal Duties, Policy and Guidance	<ul style="list-style-type: none"> ● Asses and ensure compliance with legal duties, national policy and guidance, including: <ul style="list-style-type: none"> ○ S.14Z2 Health and Social Care Act 2012 ○ S.244 NHS Act 2006 (as amended) ○ S.149 Equality Act 2010 ○ Mental Capacity Act 2005 ○ Human Rights Act 1998 ○ S.2a NHS Constitution ○ NHS Mandate 2013-15 “The Four Tests” ○ The Gunning Principles ○ S.82 NHS Act 2006 ○ NHS England Planning, Assuring and Delivering Service Change for Patients ○ NHS England Transforming Participation in Health and Care 	AR	w/b 14/12/15 then on-going
Budget	<ul style="list-style-type: none"> ● Determine available budget for consultation ● Project costs for consultation ● Determine what costs are within core service and what costs are payable by CCG ● Confirm that adequate budget is available (including contingency) for consultation ● Develop budget spreadsheets ● Maintain budget spreadsheets throughout consultation ● Ensure budget oversight and management by consultation governance group ● Take remedial action as necessary to ensure 	SM SM / AR / SC SM SM SM / AR / SC SM / AR / SC AR / GGroup SM / AR / SC	w/b 09/11/15 w/c 16/11/15 w/b 16/11/15 w/b 16/11/15 w/b 16/11/15 w/b 16/11/15 then on-going w/b 23/11/15 then on-going w/b 23/11/15

	remain within budget	/ GGroup	then on-going
Suppliers and Resources	<ul style="list-style-type: none"> Identify necessary suppliers and resources, taking into account required communications and engagement activity throughout consultation (for example public events, photography, video, suppliers to conduct specific strands of engagement activity, printing, distribution and analysis of data from engagement activity) Obtain quotes from relevant suppliers Plan and confirm timescales and turnaround for resources and suppliers Procure required resources and suppliers with agreed deadlines and arrangements to provide each service or resource 	AR / SC / GC AR / SC / GC AR / SC / GC AR / SC / GC	w/b 16/11/15 to 14/12/15 w/b 16/11/15 to 14/12/15 w/b 07/12/15 w/b 14/12/15 (after sign-off by CCG Governing Body)
Stakeholder Mapping	<ul style="list-style-type: none"> Develop stakeholder spreadsheet Establish existing stakeholder mapping from pre-engagement and other projects Conduct additional stakeholder mapping to ensure complete stakeholder list for consultation Review and update stakeholder list throughout consultation 	AR AR / GC AR / GC AR / GC / GGroup	w/b 16/11/15 w/b 16/11/15 w/b 16/11/15 to w/b 11/01/16 w/b 11/01/16 then on-going
Identity and Branding	<ul style="list-style-type: none"> Develop project branding & identity via UCOG, share with PPAG and stakeholders Develop marketing collateral – flyers, newsletters, posters, leaflets, pull up banners, powerpoint presentations etc 	SC / AR / GC	w/b 16/11/15 then on-going
Communications Key Messages and Milestones	<ul style="list-style-type: none"> Development of syndicated content – key messages, FAQs Communications to providers – South Tees Hospitals NHS Foundation Trust, North Tees and Hartlepool NHS Foundation Trust, Hambleton and 	SC	w/b 16/11/15 then on-going

	Richmondshire CCG, North East Ambulance Service, Northern Doctors Urgent Care, Vocare etc		
Consultation Narrative	<ul style="list-style-type: none"> Plan consultation narrative content, ensuring all required background and information is included to enable members of the public to make intelligent consideration of the options, as per the Gunning Principles Write consultation narrative document Develop consultation questionnaire Plan types of documents required, including posters, flyers, banners, hard copy consultation narrative documents and questionnaires, case for change documents Consider different languages and formats that may be required, including large print, braille, audio, EasyRead etc. Adjust and develop narrative content to be suitable for relevant document types, format and language Determine number of each type of document required Have documents produced by agreed supplier within agreed timescales Develop consultation FAQ document Plan content of consultation video Make arrangements to film consultation video Film consultation video Publish and distribute consultation video as appropriate 	<p>AR</p> <p>AR AR AR / SC / GC</p> <p>AR / SC / GC</p> <p>AR</p> <p>AR / SC / GC</p> <p>GC</p> <p>AR / SC / GC AR / SC / GC AR / SC / GC AR / SC / GC AR / SC / GC</p>	<p>w/b 30/11/15 to w/b 14/12/15</p> <p>w/b 30/11/15 to w/b 14/12/15 w/b 30/11/15 to w/b 14/12/15</p> <p>w/b 30/11/15 to w/b 14/12/15</p> <p>w/b 30/11/15 to w/b 14/12/15</p> <p>w/b 14/12/15</p> <p>w/b 14/12/15</p> <p>w/b 07/12/15 w/b 23/11/15 w/b 23/11/15 w/b 14/12/15 w/b 11/01/16</p>
Consultation Dialogue	<ul style="list-style-type: none"> Plan content and format of required communications and engagement activity Develop, make arrangements for and publicise consultation engagement activity, including: 	<p>AR / SC</p> <p>AR / SC / GC</p>	<p>w/b 16/11/15 to w/b 30/11/15</p> <p>w/b 30/11/15 to w/b 11/01/15 then on-going</p>

	<ul style="list-style-type: none"> ○ DAX ○ Radio advertising ○ App advertising ○ Press / media ○ Consultation launch event ○ 6 Formal public events across Middlesbrough, Eston and Langbaugh ○ Public drop-in information sessions at public venues across the South Tees CCG area ○ Targeted discussion groups with stakeholders with an interest in the protected characteristics defined by the Equality Act 2010 ○ Facilitated and self-directed discussion groups with community and voluntary sector organisations ○ Discussion groups in public places such as libraries ○ Discussion groups with GP Patient Participation Groups ○ Information stall and presence at local public events ○ Consultation roadshows ○ Online and hardcopy consultation document and questionnaire ○ Activity within Life Store ○ Information and questionnaires provided in public places (see distribution section below) 		as required
Developing and Supporting Dialogue Activity	<ul style="list-style-type: none"> ● Identify suitable venues for public events (ensure geographic spread and accessibility via public transport) ● Visit venues to check suitable (including parking, disabled access, adequate space and facilities for 	GC GC	w/b 23/11/15 to w/b 30/11/15 w/b 30/11/15

	<p>large numbers, acoustics etc.)</p> <ul style="list-style-type: none"> • Source and arrange catering for events • Promote and market events • Send invites to discussion groups and public events to targeted stakeholders, including those who took part in the pre-engagement • Contact CVS groups and organisations and arrange to visit their meetings / events etc. • Develop facilitator packs for facilitators at events • Develop discussion group packs for those CVS groups facilitating their own group discussions • Develop agendas and evaluation documentation for public events • Identify and confirm facilitators and scribes for public events and facilitated group discussions 	<p>GC SC / AR / GC GC</p> <p>GC</p> <p>GC GC</p> <p>GC</p> <p>GC</p>	<p>w/b 04/01/15</p> <p>w/b 23/11/15 then on-going to w/b04/01/15 w/b 04/01/15 w/b 04/01/15</p> <p>w/b 04/01/15</p> <p>w/b 04/01/15</p>
Online Presence	<ul style="list-style-type: none"> • Develop content for CCG urgent care microsite • Design and build dedicated section of CCG website • Ask partners and stakeholders to put information on their websites • Develop content for social media • Plan and implement social media campaign • Ask partners and stakeholders to cascade information via their social media channels • Videos – key messages prior to launch with CCG clinician, available on microsite and via social media channels; of consultation meetings; vox pops, You Tube channel? 	<p>SC</p> <p>SC / AR / GC</p> <p>SC SC SC / AR / GC</p>	<p>In progress</p>
Briefings and Updates	<ul style="list-style-type: none"> • Develop format and distribution list for regular briefings and updates to stakeholders (inc. providers, HWB, OSC, LMC, MPs, Councillors, Healthwatch etc.) 	<p>AR / SC / GC</p>	<p>In progress</p>
Members of Parliament	<ul style="list-style-type: none"> • Use syndicated copy and Q&As to inform MP 		

	briefings <ul style="list-style-type: none"> • Identify neighbouring MP constituencies to share messages 		
Public Relations and Advertising	<ul style="list-style-type: none"> • Development and scheduling of PR activity – media releases • Media briefings with key outlets – BBC Tees; Gazette; Herald & Post; Talk of the Town • Utilise Dr Janet Walker column in The Gazette (published first Friday of month) • Development of marketing collateral (leaflets, posters, flyers, pull up banner displays, larger displays) • Paid for media advertising: <ul style="list-style-type: none"> ○ Supplement in Gazette ○ Supplement in Herald & Post • Teesside University publications • Advertising on TFM radio, Zetland FM • Paid for advertising in local authority publications (Middlesbrough; Redcar & Cleveland), Teesside University • TV screens in shopping centres (Cleveland Centre); utilise Life Store as key comms/engagement hub (subject to current review of the service and tenancy agreement) • Stakeholder e-bulletin; MY NHS; Headlines • Consultation launch event – Monday 11 January 2016 – TBC – media launch, video, photography, venue, • Life Channel – video screens in GP surgeries • Door to door distribution of leaflets and/or flyers • Digital (website, social media) • Development of current urgent care section on CCG website; alternatively, development of 	SC	w/b 16/11/15 then on-going

	<p>standalone microsite (link to branding)</p> <ul style="list-style-type: none"> • Utilising existing channels (Facebook / Twitter); consider dedicated social media channel for this project, incorporating branding • Encourage key partners and stakeholders (South Tees FT, local authorities, MPs) to share messages to extend reach and increase CCG followers inc retail outlets (Kelsey Knight, Cleveland Centre contact for Facebook & Twitter) 		
Distribution of Consultation Materials	<ul style="list-style-type: none"> • Develop distribution plan for flyers, posters and leaflets to public places • Arrange with mailing house / distribution company previously procured to distribute to public places such as: <ul style="list-style-type: none"> ○ Libraries ○ Supermarkets ○ Leisure centres ○ Community centres ○ Job centres ○ Council buildings ○ Pharmacies ○ GP practices ○ Dental practices ○ Optometrists ○ Hospitals ○ Walk-in centres ○ MIU 	GC	w/b 07/12/15
		GC	w/b 14/12/15
	<ul style="list-style-type: none"> • Plan and arrange door to door leaflet drop 	GC	w/b 04/01/15
Recording	<ul style="list-style-type: none"> • Develop and maintain consultation actions log 	GC / AR / SC	w/b 23/11/15
	<ul style="list-style-type: none"> • Develop and implement consultation enquiry / contact protocol for members of the wider team 	GC / AR / SC	w/b 30/11/15
	<ul style="list-style-type: none"> • Develop and maintain consultation contacts record 	GC / AR / SC	w/b 30/11/15
Analysis and Reporting	<ul style="list-style-type: none"> • Ensure independent supplier identified and procured in good time to conduct analysis and 	AR / SC / GC	w/b 04/12/15

	reporting when the consultation closes <ul style="list-style-type: none"> • Conduct engagement data analysis • Compile and write consultation engagement report 	Supplier tbc TBC	w/b 07/03/16 to w/b 02/05/16
Evaluation and Quality Assessment	<ul style="list-style-type: none"> • Arrange Consultation Institute day • Mid-term review • NHSE • On-going and final evaluation 	GC TBC JS TBC	TBC w/b 15/02/16 on-going on-going

Andrew Robinson
 Senior Involvement Officer
 11/2015

DRAFT