

The Future of Local Health Services in Northern Staffordshire

Consultation Plan

This consultation plan was developed using NHS England guidance 'Planning and Delivering Service Changes for Patients' (March 2018), the Cabinet Office principles for public consultation (November 2013) and the Consultation Charter (The Consultation Institute 2017)

Feedback on the Consultation Plan was sought from the PCBC Steering Group on 20th June 2018 and feedback was provided from NHS England on 19th June. All comments have been incorporated into the Plan. Staffordshire Healthy Select Committee and Stoke-on-Trent Adults & Neighbourhoods Committee were asked to comment on the plans. Neither Overview & Scrutiny Committee requested any changes.

Purpose

In accordance with the National Health Service Act 2006: section 13Q (NHS England), 14Z2 (CCGs), Clinical Commissioning Groups have a duty to make arrangements to involve patients in:

- the planning of commissioning arrangements
- the development and consideration of proposals for changes in the way those services are commissioned/provided which would have an impact upon the range of services available or the manner of their delivery; and
- decisions affecting the operation of those commissioning arrangements/services which would have such an impact.

Definition:- "Consultation is the dynamic process of dialogue between individuals or groups, based upon a genuine exchange of views, with the objective of influencing decisions, policies or programmes of action". The Consultation Institute

The purpose of this Consultation Plan is to provide an overview of how the CCGs will make arrangements to meet the above duty in line with the definition and the principles to be followed in implementing those arrangements.

In addition, this plan seeks to fulfil the CCGs' statutory duties under the Equality Act 2010 which requires us to demonstrate how we are meeting our Public Sector Equality Duty and how we will give due regard to the nine protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The Joint Health & Overview and Scrutiny Committee formed between Staffordshire County Council and Stoke-on-Trent City Council will be formally consulted as part of the process.

Aims

The aims of the consultation are:-

- To inform people about how the proposals have been developed
- To describe and explain the options for the Future of Local Health Services in Northern Staffordshire
- To understand people's preferences on the proposals
- To ensure that a diverse range of voices are heard which reflect the communities involved in the consultation
- To understand the responses made in reply to our proposals and take them into account in decision-making
- To ensure that the consultation maximises community involvement and complies with legal requirements and duties

Our Consultation Mandate

It is recognised Best Practice that a public consultation requires a Consultation Mandate. This mandate was discussed by the PCBC Steering Group on 23rd May 2018, revised and agreed on 20th June 2018 and further refined on 20th November 2018..

North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCGs) will involve clinicians, statutory bodies, MPs, Local Authority leaders and elected members, service providers, patients, people from diverse communities and carers in the consultation about our proposals to reconfigure the way we provide community based health services in Northern Staffordshire.

Our Pre-Consultation Business Case demonstrates the need for change to be made in order that we can better meet our strategic aim to continue to commission safe, accessible, services to improve the health and wellbeing outcomes and meet the clinical needs of the people of local people.

The purpose of the consultation is to gather views about our proposals for the locations of community based services which will provide health and care from integrated care hubs. The model of care has undergone previous engagement but the consultation will seek to consolidate the services to be provided to meet each community's needs.

The consultation includes the location of the provision of rehabilitation beds based in community hospitals or care homes and the proposal that some specialist services currently provided at Leek Moorlands Community Hospital be relocated.

The number of rehabilitation beds required has been based upon research and modelling methodology and is not included in the scope of the consultation.

The CCGs' Governing Bodies will conscientiously consider the feedback gained during the consultation which will be used to inform their decision making to ensure that we deliver high quality, clinically sustainable, viable solutions for local health services in Northern Staffordshire.

The proposals on the re-configuration of local health services to be provided in the areas of Newcastle, Stoke-on-Trent and the Staffordshire Moorlands, to meet local health needs will undergo formal public consultation from 10th December 2018 for 14 weeks to 17th March 2019.

Principles

The proposals contained in the final Pre-Consultation Business Case will be subject to formal public consultation. The Gunning Principles will be applied rigorously and the CCGs' will :-

- **be open minded and not pre-determine any decisions.** The options developed for the future provision of local health services have been co-produced with members of the public and stakeholders. The proposals are underpinned by data analysis of local health needs, current service provision and demand, health inequalities data and travel analysis.
- **ensure that the people involved will have enough information to make an intelligent choice and input into the process of option development.** Throughout the pre-consultation period, relevant information and supporting data has been made available in a variety of formats including website, newsletter, media relations, briefings and this has been promoted through social media and partner networks. The pre-consultation and formal consultation process have undergone an Equality Impact Assessment to ensure that everyone has been given an opportunity to participate in the process should they choose to do so.
- **make sure that enough time is given for people to make an informed decision and provide feedback.** In line with HM Government Code of Practice on Consultation, the consultation will last for at least 12 weeks with consideration given to longer timescales if identified as a requirement during the process.
- **evidence how decision-makers have taken public opinion into account and will provide feedback to those consulted.** The CCGs will make sure that there is enough time to analyse the feedback and report through the appropriate governance structure before giving feedback to the consultees.

Equalities

It is not just a legal requirement but also the right thing to do to make sure that the consultation process reaches all those who have an interest in the proposals and that they are empowered and enabled to get involved.

The consultation process has been subject to an equalities impact analysis to confirm that the process for consultation and decision-making is fully compliant with our legal duties under the 2010 Equality Act and the NHS Act 2006 (as amended) and that we are taking account of people's protected characteristics.

Consultation information will be made available on request in different formats and languages. Statistical analysis reveals the Polish and Urdu are the two most prevalent spoken languages in Northern Staffordshire following English and so every effort will be made to provide material on request.

The CCGs websites are AA compliant and use Google Translate (47 languages) read aloud software, large format and text only display.

The Equality Impact Assessment reveals that the two protected groups most likely to be affected by the proposals and options for consultation are older people and people with a disability. Particular attention will be paid to groups identified such as the Pensioner's Convention, Age UK, Saltbox Older People's Engagement Network (OPEN), Disability Solutions, the Local Equality Advisory forum and support groups for people with long term conditions such as Breathe Easy and Diabetes UK. Early contact with the Carers Forum has already been made. In response to the Stoke-on-Trent Adults & Neighbourhoods Overview & Scrutiny Committee, Residents Associations firmly feature in the planned activity.

Reasonable adjustment and support will be made available to make sure that everyone has an opportunity to participate. For example, a workshop will be held with ASIST Advocacy services, a group of people with learning disability which will be facilitated by their trained support workers and by working with the Citizen's Advice Bureau's Deafinitequality we will conduct a focus group in British Sign Language.

All larger scale public events will be held in accessible locations and all participants will be asked to specify any particular needs to allow them to meaningfully participate for which reasonable adjustment will be made. BSL interpretation will be provided at community events should it be required.

Steps will be taken to ensure that BME groups are represented in the cross section of consultees by going to places of worship and social groups.

By far the hardest to reach group is the working well and in order to reach people aged 30 – 50 who work during the day, we will work in partnership with the Chambers of Commerce to identify and visit the 10 largest employers in the area to seek the views of staff.

Key Messages

In developing the narrative which will be used to ensure that people have enough information to express informed preferences during the consultation, the following core messages will run throughout:-

- There is a compelling case for proposing changes in the configuration of local health care services and we will describe this using plain language.
- We will address the concerns raised through previous pre-engagement that:-
 - Investment has been made in community services
 - Patient safety will not be compromised
- There is clinical and partner support for the model
- This is an opportunity to influence the provision of local health services

We will include the NHS England requirement that from 1 April 2017 local NHS organisations will have to show that significant hospital bed closures, subject to the current formal public consultation tests, can meet one of three new conditions before NHS England will approve them to go ahead:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care

Spokespeople

The narrative, case for change and options delivery will be clinically led in order to engender trust and confidence and to reinforce the message that patient safety and outcomes are at the forefront of the case for change.

These responsibilities will be shared between the Medical Director and the Clinical Director for Partnerships & Engagement and will be supported by the Accountable Officer as required.

Lay members for Patient and Public Involvement will be called upon to bring the patient voice into the room and allays any public concerns from a lay perspective.

Methodology

The foundation of the formal consultation will be a public facing version of the PCBC developed as a public consultation document and supporting Issues Paper. These will be written in plain language and will be widely distributed in digital and hard copy format to organisations and individuals, inviting comments using a feedback form included within the document and supported by an online survey to replicate the questions asked in the Consultation Document.

We will operate on a principle of inside-out so that staff and clinicians are the foundation of the views gathered to understand views and opinions about how the model would be implemented and delivered.

There will be a digital version of the document hosted on a microsite developed specifically for the Future of Local Community Hospitals and all social media, newsletters and other channels will push people to a web-based survey.

A series of public events, one in each locality will be arranged where people can hear about the proposals, discuss how the proposals will affect them and give feedback. These events will be delivered at fully accessible venues and meet audio/visual standards. They will be facilitated and recorded as part of the formal consultation process.

An ongoing dialogue about the activity will take place via press releases, social media posts and radio interviews.

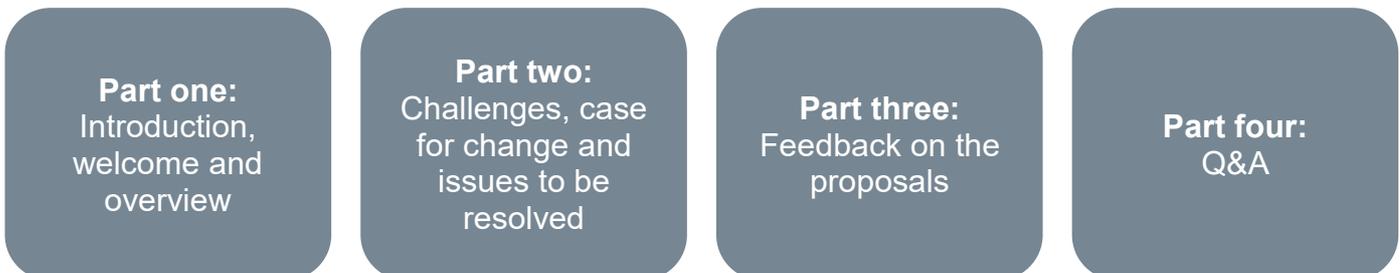
Video briefings from key spokespeople will be used on the website to clearly explain the options in a personable way.

Employees, GP members, Patient's Congress, PPGs and 'Our NHS' patient members will be included in the process via newsletters, briefings and being invited to attend the engagement events.

Due regard to the needs of people with protected characteristics will be made in the approach to engagement, accessibility of the engagement process and when considering future options. Every effort will be made to ensure that engagement with protected groups takes place through organisations which represent those groups. Equality monitoring data will be gathered (although optional for participants to provide) through the survey.

Public engagement events:

The structure of the engagement events will be:-



This structure both informs and enables participants to give feedback in a meaningful way. Each event will be tailored to the audience to adapt to feedback from participants.

The structure will include asking respondents to discuss and make suggestions on which ancillary services should be provided alongside a core set of services in integrated care hubs.

At each event there will be a map of the local area. These will also be printable and can be used on each table.

Each event will use a presentation, support materials and feedback resource booklet for the recording of table based discussions.

This will include a graphic of the 'town of 100' for each of the five hospital towns in the consultation. They will provide participants with an overview of the profile of the community by demography and health.

Participants will also be asked to complete a demographic profiling questionnaire to log and report on the profile of attendees.

Public engagement events: analysing and reporting

The event materials will be designed so they can be used across small (e.g. focus groups) and large (e.g. the five public events) events.

It is proposed that we will require the receiving, logging and inputting of the resource booklets and demographic profiling questionnaires from the events. They will be the primary feedback mechanism at these events. After the events all of the resource booklets will be inputted into an online survey system and then downloaded for qualitative analysis.

The demographic profiling questionnaire responses will be tabulated / charted and presented to provide a detailed understanding of event participants in terms of the nine protected characteristics; age, ethnicity etc; and postcode.

The comments for each question in the resource booklets will be read and coded against a set of coding themes (use of codes from questionnaire analysis) which will be produced from the responses (inductive approach).

We will tabulate the coded themes and then write a description with exemplar quotes for each theme raised.

The events report will include:

- A breakdown of the profile of participants
- A summary of the themes raised and frequency of mentions
- Any key differences and similarities amongst the different locations in which the events take place.

Public facing consultation document

The underlying principles will be that:

- The public consultation document will set out the case for change, information about the options and proposals and how they were developed, and how people can give their feedback.
- Our information will be consistent and clear and will take levels of health literacy into account
- We will reach out to people where they are, where possible, through focus groups and interviews
- We will make the information relevant to local groups – we will be clear about what the proposals mean for each geographical area and for each group of people taking account of their interests, diverse needs and preferences

- We will monitor and evaluate the process consistently including capturing feedback and comments from events, meetings, discussions and individual responses to the consultation.

Key Deliverables

- Production of stakeholder briefing packs
- Development of presentations, resource packs and structure for engagement events
- Analysis and reporting of feedback from engagement events (five open public events and 19 smaller targeted engagement events)
- Arranging 25 meetings / events – booking service for participants, organising venues
- Correspondence letter template for governance team
- Stakeholder checkpoint meeting for senior stakeholders.
- Production of ‘town of 100’ using data from PCBC. There should be one for each of the 5 hospital locations.

Events planned

- Five public engagement events (estimated 100 people in attendance at each)
- Focus groups at five Carers Hubs (6-8 attending each)
- 10 focus groups with protected characteristics groups (6-8 attending each)
- Two Healthwatch focus groups (6-8 attending each)
- One workshop with the community and voluntary sector (estimated 50 in attendance)
- One residents association workshop

Media

- Web copy, press release, advertorial copy
- Stakeholder briefing
- Media releases including editor briefing
- Copy for poster and flyer
- Development of a presentation briefing pack – adaptable for different events
- Toolkit for media and stakeholder management
- Media releases
- Production of script and schedule for film

Consultation document and survey

- privacy impact assessment and IG statements
- Review and design of consultation document and proofreading
- Review and hosting of consultation questionnaire including appropriate information governance (IG) statements and privacy impact assessment (PIA)
- Hosting survey on online survey tool and preparation of IG statement and data protection impact assessment (DPIA).

Campaigns, creative and digital

- Consultation design document concepts and final design
- Design and production of a local area map showing the CCGs, local towns, key roads and the location of the hospitals – printed A1 size
- Design and copy for a one page newspaper advertorial in the Stoke Sentinel, the Leek Post and Times and the Cheadle Times.
- Design, copy and production of two pull-up banners
- Design and digital services for the creation of collateral, microsite management, consultation document design and stakeholder mapping and slide deck template
- Copy for collateral and social media

- Production of 1 film (circa 3 minutes in duration) with using interviews with 3 clinicians/senior managers. There should be a minute on each of the following: case for change, integrated care hubs and options development.
- Design of slide deck for use at all events / presentations
- Design of two website banners
- Microsite content management
- Design and copy for social media posts
- Design and copy for poster / digital poster.

Consultation report of findings

- Correspondence logging, analysis and reporting
- Analysis and reporting of feedback from events
- Processing and analysis of questionnaire feedback
- Production of report of findings including executive summary

Project management

- Consultation review meetings at middle and end of consultation
- Internal and client project meetings throughout consultation.

Governance

Oversight of the implementation and delivery of the Consultation Plan will be via the Joint Health Overview & Scrutiny Committee, the CCGs Communication & Engagement Committee and Governing Bodies.

Stakeholder Analysis

A Stakeholder mapping workshop was undertaken by the CCGs' Patient and Public Involvement (PPI) Steering Group on 27th March 2018. The resulting stakeholder map identified with whom we should consult and the most appropriate method for reaching them and is outlined in Appendix 1.

The Local Equality Advisory Forum (LEAF) discussed the most appropriate groups and organisations representing diverse communities with protected characteristics with whom we should consult on 23rd May 2018. The resulting list of stakeholder groups is provided as Appendix 2.

Timescales

It is proposed that the fourteen week consultation period will commence on 10th December 2018 following NHS England and CCG Governing Bodies approval of the PCBC.

Fortnightly reviews of the consultation will be held on an informal basis between the CCG and MLCSU. A formal mid-point and 12 week review will be undertaken to identify any geographic or demographic gaps in responses and necessary adjustments will be made to the planned activity to close the gaps.

The JHOSC has asked for a briefing at a 6 week and 10 week point to scrutinise the responses and consider their formal response to the consultation. The results of the consultation will be carefully considered by the Joint Health & Overview & Scrutiny Committee, Healthwatch Stoke-on-Trent and Staffordshire and the Governing Bodies before and final decisions are made.

The results of the consultation will be published within 12 weeks of the consultation closing and following conscientious consideration of the results, the Governing Bodies will meet to make a decision in line with their respective constitutional arrangements to meet and make decisions in

common. This meeting is provisionally scheduled for early summer subject to the Cycle of Business for 2019/20 with is currently being developed.

Resources

Following a competitive tender process, Midlands and Lancashire Commissioning Support Unit has been appointed to support the consultation using a combination of 'at scale' and embedded staff to develop the required collateral and help to deliver the consultation. In addition administrative support has been recruited on a temporary basis to make the necessary arrangements for the events and input feedback to the online survey tool.

Spokespeople, facilitators and scribes for the events have been identified from both with the CCGs and partner organisations staff.

Additional budget for ancillary costs such as venue hire, printing and refreshments has been identified.

Evaluation

Formal public consultation differs from engagement in that we are asking for responses to a specific set of proposals, rather than a general exploration of issues and ideas. This influences the way we set out the consultation document and the way we seek feedback. The consultation document will set out each proposal in a balanced way with supporting information. A feedback form will be included in the document asking for people's views on each option. This will include a space where people can suggest other options or make other comments. The feedback form will also be available as a document for use in group discussions, forums or other events and will be made available on line for people to make responses electronically if they prefer.

A consultation response email address has been established to respond to simple requests for information e.g. requests for the consultation document or basic information about the process. This will not be a mechanism of capturing feedback but providing information or signposting. Recording feedback and analysis

The information collected through survey (paper and online) will be anonymous.

A record of each engagement event will be made, contemporaneous notes will be taken, but no reference will be made to participants by name.

The names of organisations which participate will be recorded.

Minutes of formal meetings, including Health Overview & Scrutiny Committees will be recorded and included in the analysis.

Letters sent to the CCGs from MPs, Councillors, partners and the public will be recorded, responded to and acknowledged in the analysis of feedback.

Online and written petitions will be acknowledged in the analysis in accordance with the CCG petition policy.

Social media will be monitored on a daily basis and a weekly report of social media dialogue will be included in the analysis

The CCGs will allow sufficient time to record and analyse the consultation feedback, publish a report of themes and sentiment and will give the suggestions made due consideration in developing recommendations for consideration by the Governing Bodies.

Appendix 1

Consultees

Stakeholders	How	When
Workforce	Staff events and pop-up consultation displays will be held for service provider's staff. Clinical engagement will take place with the LMC, GP Federation, Locality Leads, Alliance Boards, STP Clinical Leaders Group and provider Governing Bodies. All staff will be encouraged through their internal comms channels to participate in public events and use the online survey.	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Local residents, carers, patients & stakeholders	Public consultation event x 5. One to be held in each area Online consultation document. Patient interviews at community hospitals and in clinics. Face to face interviews at Christmas shopping centres. Media coverage and social media amplification	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Healthwatch (Staffs and Stoke)	Workshop with volunteers	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Patient Congress	Agenda item for workshop style discussion	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
PPGs Localities	'Your' Voice Newsletter, PPG Protected area of website. PPGs to be encouraged to circulate consultation document amongst patients at Practice.	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
People with protected characteristics	Targeted engagement with groups identified by LEAF eg Deafness Association, Asist, Gypsy Traveller Network, Religious groups, Disability Forum, LGBT Networks, Maternity Support Group. Distribute consultation document, share link to online survey and attend meetings. Arrange focus groups and conduct face to face interviews.	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Public/Patient CCG Membership	Newsletter to 3500 stakeholders to highlight different opportunities to get involved	Arrangements to be made and dates to be confirmed following formal

		sign off of the Consultation Plan
Residents Associations	Write to RAs with invitation to participate in public events or offer bespoke workshops	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Carers Forum	Workshop style session at their meeting	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Care Homes	Invitation to offer focus groups / interviews with staff / patients	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Attendees from previous events/engagement	Newsletter to highlight different opportunities to get involved	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Voluntary sector providers and organisations	Bespoke workshop for VAST and offer to attend member groups meetings	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Campaign Groups	Invitation to attend public events. Bespoke relationship meetings are required	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Businesses (the working well)	Chambers of Commerce newsletter and dip sample top 10 employers to consult staff during working day	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Political		
MPs	Personal letter with guidance for how they can involve constituents and updates at regular Bi-monthly Briefing	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Health Overview & Scrutiny Committees (HOSCs)	Joint HOSC	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Health & Wellbeing Boards (Staffs & Stoke)	Agenda item on committee meeting	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Councillors (County, City, Borough, District, Town & Parish)	Write to Councillors to brief them and invite to public events	Arrangements to be made and dates to be confirmed following formal

		sign off of the Consultation Plan
Clinical		
GP membership/practices /Localities/Federations	Attend Locality meetings. GP Newsletter	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Local Medical Councils (LMC) North and South	Letter	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Alliance Boards	Agenda Item at Meeting	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
STP/TWB team / Health and Care Transformation Board / STP Clinical Leaders Group	Agenda item at meetings	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
NHS Provider organisations (Exec Teams/Staff)	Vis internal comms channel, through STP Comms network	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Private Sector providers (e.g. OOHs/111/Patient Transport/Virgin Care)	Newsletter update with links to consultation and involvement opportunities	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Local Pharmaceutical Committee (LPC) North and South	Newsletter update with links to consultation and involvement opportunities	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Pharmacists/ Opticians/Dentists	Newsletter update with links to consultation and involvement opportunities	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Partners		
Public Health England (PHE)	Newsletter update with links to consultation and involvement opportunities	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Social Care	Newsletter update with links to consultation and involvement opportunities	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan
Housing Associations	Newsletter update with links to consultation and involvement	Arrangements to be made and dates

	opportunities	to be confirmed following formal sign off of the Consultation Plan
Fire & Rescue/ Police	Newsletter update with links to consultation and involvement opportunities	Arrangements to be made and dates to be confirmed following formal sign off of the Consultation Plan

Appendix 2

Protected Groups

The Equality Impact Assessment reveals that the groups most likely to be affected by the proposals are older people, those with Long Term conditions and mobility impaired. Therefore, those groups highlighted will be targeted for bespoke sessions and focus groups

Organisation	Age	Disability	Gender Reassignment	Marriage & Civil Partnership	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation
Action for Blind People		√				-			
Action for Children	√	√				-			
Action on Hearing Loss		√							
Adsis (Alcohol & Drug Services in Staffordshire)		√				-			
Age UK (North Staffs)	√								
Alzheimer's Society (Staffordshire)	√	√							
Apostolic Praise Centre							√		
Approach (for older people with Dementia)	√	√							
Arch (North Staffs)		√	√	√	√	√	√		√

Arthritis Care	√	√							
Asha North Staffs						√	√		
Asist - Reach	√	√				-			
Aspire Housing									
Beth Johnson Foundation	√	√							
Breathe Easy (British Lung Foundation)	√	√							
Changes (Mental Health) - North Staffs & Stoke		√							
Changes (Mental Health - young people)	√	√							
Citizens Advice - Newcastle	√	√	√	√	√	√	√	√	√
Citizens Advice - Stoke	√	√	√	√	√	√	√	√	√
Citizens Advice - Cheadle	√	√	√	√	√	√	√	√	√
Citizens Advice - Leek	√	√	√	√	√	√	√	√	√
City Central Mosque						√	√		
Community Council of Staffordshire	√	√	√	√	√	√	√	√	√
Community Drug & Alcohol Service (CDAS)		√							
Crossroads Care (North Staffordshire)	√	√							
Deafinequality		√							
Deaflinks Staffordshire		√							
Deafvibe		√							
Diabetes UK North Staffs Volunteer Group	√	√							

Disability Solutions		√							
Dyslexia Association of Staffordshire		√							
EngAGE Forum						√	√		
Equality & Diversity - Staffs Uni						√	√	√	√
Ethnic Minority Team						√	√		√
Gaylife/Galaxy Youth			√					√	√
Gillaninoormasjid Mosque						√	√		
Guru Nanah Sikh Temple						√	√		
Healthwatch Staffordshire	√	√	√	√	√	√	√	√	√
Healthwatch Stoke on Trent	√	√	√	√	√	√	√	√	√
Improving Maternity Services in Staffordshire					√				
Keele (LGBT)			√					√	√
Let's Make Jam WI	√							√	
Mencap		√							
Mind (North Staffs)		√				-			
Moorlands HomeLink	√	√				-			
National Ankylosing Spondylitis Society		√				-			
Staffordshire Autistic Society		√				-			
Netmums (North Staffs)					√				
New Leaf			√						
North Staffordshire Polish Day Centre						√			
North Staffs African Caribbean Association						√			
North Staffs Carers		√							

North Staffs Carers (includes young carers groups)		√							
North Staffs Orthotics Campaign		√							
OLGBT Stoke & N Staffs (Older LGBT group) / Consortium of LGB&T community sector organisations	√		√					√	√
Pandas					√				
Pensioners Convention	√								
RNIB		√							
Royal British Legion	√	√	√	√	√	√	√	√	√
Saltbox - OPEN	√	√					√		
Salvation Army, Stoke	√	√					√		
Sanctuary/Trans Staffordshire			√						√
Sanctus St Marks						√	√		
Staffordshire & Stoke on Trent Dementia Alliance		√							
Staffordshire Afghan Association						√			
Staffordshire Buddies		√							
Staffordshire Council of Voluntary Youth Services	√								
Staffordshire Housing Association	√	√	√	√	√	√	√	√	√
Staffordshire Pink Link								√	√
Staffs Cancer LGBT		√							
Staffordshire Women's Aid				√				√	
Stoke Expert Citizens		√							

Stoke Gujarati Samaj							√		
Stoke Hindu Temple						√	√		
Stoke Polish Catholic Centre						√	√		
Stoke-on-Trent Pride								√	√
Stoke Recovery Service / AddAction		√							
Support Staffs (Staffordshire Moorlands)	√	√	√	√	√	√	√	√	√
Trans Staffordshire			√						
The Carers' Hub		√							
VAST (voluntary sector - Stoke on Trent & North Staffs)	√	√	√	√	√	√	√	√	√
Voices of Stoke	√	√	√	√	√	√	√	√	√
YMCA	√	√						√	