

<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>25<sup>th</sup> August, 2016</b>
<b>TITLE OF PAPER:</b>	<b>Right Care, Right Time, Right Place: Consultation deliberation</b>
<b>1. Purpose of paper</b>	<p>The purpose of this paper is to update the Health and Wellbeing Board on the progress made in relation to public consultation and set out the work that the CCGs will be progressing in order to undertake post-consultation deliberation in preparation for the CCGs' Governing Body meeting in parallel on 20<sup>th</sup> October.</p>
<b>2. Background</b>	<p>The Right Care, Right Time, Right Place programme is the commissioners' response to the case for change that was developed as part of the Strategic Services Review undertaken in 2013. From this case for change and the feedback from our engagement, we know that significant changes are required in order to ensure health and social care services are fit for the future. There are three interlinked pieces of work: Calderdale Care Closer to Home Programme; Kirklees Care Closer to Home Programme; and the Hospital Services Programme. Collectively, these programmes have developed proposals for what the future community services in Calderdale and Kirklees and the future hospital services in Calderdale and Greater Huddersfield could look like.</p> <p>In January 2016, the Governing Bodies of Calderdale Clinical Commissioning Group (CCG) and Greater Huddersfield CCG decided that they were ready to proceed to public consultation and anticipated that, pending the successful completion of the Pre-consultation Business Case (PCBC), the Consultation Plan and Consultation Document, they could be ready to commence consultation in early February, 2016.</p> <p>The PCBC was completed in January, 2016. The Consultation Plan was presented to the Calderdale and Greater Huddersfield Joint Health Scrutiny Committee (JHOSC) at their meeting in January 2016 and updated to reflect feedback from the Committee. In particular, the CCGs: changed the timing of the public meetings so that they were delivered in the evening; changed the timing of the information sessions so that they ran into the evening and at weekends; and extended the proposed consultation period to 14 weeks.</p> <p>The Consultation Document, Consultation Survey and other consultation materials were completed in March 2016. The Consultation document and Consultation Survey incorporated feedback from JHOSC.</p> <p>The CCGs commenced public consultation on 15<sup>th</sup> March, 2016. Public consultation finished on 21<sup>st</sup> June, 2016.</p> <p>This report sets out the progress made in relation to consultation and the work which needs to be done during the post-consultation deliberation period.</p>
<b>3. Proposal</b>	
<b>3.1. Public Consultation</b>	<p>The consultation was conducted in line with the agreed Consultation Plan with two main adjustments. The number of Information Sessions was increased from 15 to 17 to reflect requests received that identified a geographical gap in coverage and the number of Public Meetings was increased from 2 to 3 to reflect the additional demand in Greater Huddersfield. The mid-point review with the Consultation Institute took place on 6<sup>th</sup> May.</p>

During the period of public consultation, together with colleagues from Calderdale and Huddersfield Foundation Trust (CHFT), the CCGs also attended 5 JHOSC sessions; each session covering a different element of the proposed changes. These sessions were held in public.

The independent company is in the process of analysing all the responses submitted to the consultation and producing The Consultation Report of Findings.

### **3.2 Post Consultation deliberation.**

The post consultation deliberation period is when the CCGs:

- Consider the Report of findings and their response to the issues and concerns that have been raised.
- Identify any Equality and Health inequality implications that have been identified as a result of the consultation.
- Consider the response to the consultation from the Calderdale and Huddersfield Joint Health Scrutiny Committee and their response to the issues and concerns that have been raised
- Consider the response from Healthwatch and their response to the issues and concerns that have been raised.

#### **3.2.1 Consultation Report of findings**

As identified above, the independent company is currently analysing all the responses to the consultation. In total, 7,584 surveys were returned.

The Report of Findings takes into consideration all feedback provided during the consultation. This includes consideration of all letters, comments and ballots and petitions.

The CCGs will use the report to understand and assess the impact of the consultation response on the proposals and understand and consider the issues and concerns raised.

In addition, the programme has scheduled a further stakeholder event to enable stakeholders to consider the findings from consultation and provide their contribution to the CCGs' deliberation process. This event will take place on 13<sup>th</sup> September.

The Report of findings will be published by the end of August and considered by the JHOSC when they meet on 7<sup>th</sup> September.

#### **3.2.1 Equalities and Health Inequalities Impact Assessment (EHIA)**

In order to identify any Equality and Health inequality implications that have been identified as a result of the consultation, the Programme will undertake an Equalities and Health Inequalities Impact Assessment (EHIA). This report will comprise an Equality Impact Assessment and a Health Inequality Impact Assessment. It will provide an assessment of the potential impact on both equality and health inequalities and therefore enable commissioners to pay due regard to their Equality and Health Inequality duties when making their decision on the proposed future arrangements for hospital and community services.

The EHIA will identify any potential trends in responses, determining if a particular protected characteristic group would experience the proposed changes differently, whether negatively or positively. This analysis would also support the on-going considerations of decision makers and influence any changes or mitigation introduced to

minimise potential negative impacts.

This report will be completed by the end of August.

### **3.2.3 Response from the Calderdale and Huddersfield Joint Health Scrutiny Committee (JHOSC)**

When the CCGs wrote to the Joint Chairs of Scrutiny on 26<sup>th</sup> February in line with the obligation on Commissioners under regulation 23 of the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013, they advised that they required the JHOSC to provide comments in response to the consultation by midnight on Monday 12<sup>th</sup> September, 2016. Following the public consultation, the CCGs have reconsidered their position in relation to the date by when they would require the JHOSC to provide comments and have subsequently advised that the CCGs now require the JHOSC to provide comments in relation to the consultation by midnight on 3<sup>rd</sup> October, 2016.

It is anticipated that this response will be provided within the deadline.

### **3.4 Response from Healthwatch**

Healthwatch have undertaken a separate consultation process in relation the consultation. We expect to receive their report by the end of August.

## **4. Financial Implications**

There are significant financial implications associated with the proposals. These have been outlined in the Pre-Consultation Business Case.

**5. Sign off:** Carol McKenna, Chief Officer, Greater Huddersfield Clinical Commissioning Group.

**6. Next Steps:** The report is for information

## **7. Recommendations**

**The Health and Wellbeing Board is asked:**

1. To note that the public consultation on proposed future arrangements for hospital and community health services closed on 21<sup>st</sup> June.
2. To note the work required to undertake post-consultation deliberation together with the other known key dates and events within the same timescale.

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