



| RIGHT CARE | RIGHT TIME | RIGHT PLACE

Calderdale and Greater Huddersfield Hospital and Care Closer to Home

Consultation plan

Contents	Page
1. Introduction	3
2. Background	3
3. The purpose of the consultation plan	3
4. Aim and objectives of the consultation plan	4
5. Principles for consultation	5
6. Legislation	6
7. Findings from engagement and pre-engagement activity	7
8. Consultation mandate	11
9. Process for consultation	12
10. Communications	15
11. Feedback	18
12. Equality	18
13. Budget	20
14. Analysis of data and presentation of findings	21
15. High level time line for delivery	22
16. Consultation timeline	23
Appendices	
Appendix 1: Stakeholder list	24
Appendix 2: Activities to be delivered during formal consultation	25

1. Introduction

The purpose of the consultation plan is to describe our approach to formal, public consultation on the transformation of hospital and community health services in Calderdale and Greater Huddersfield. This plan draws on feedback received to date from the public and key stakeholders, which is outlined in this report. The plan describes what we already have in place and what else we intend to do to consult with staff, the public, patient, carers and key stakeholders.

2. Background to Hospital Services and Care Close to Home

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 are developing proposals for what the future community services in Calderdale and Kirklees and the future hospital services in Calderdale and Greater Huddersfield could look like. These proposals will be implemented in three inter-related phases over the next five years:

- Phase 1 - Strengthen existing community services in line with the new model of care.
- Phase 2 - Enhance community services – which a likely to move more services closer to home.
- Phase 3 - Hospital changes.

3. The purpose of the consultation plan

The purpose of the consultation plan is to describe our process for formal consultation and how we will reach all our stakeholders including patients and members of the public across Calderdale and Greater Huddersfield (see appendix 1 – stakeholder list). We will ensure that our methods and approaches are inclusive and tailored to each audience which includes:

- Public, patients, carers and their representatives
- Key stakeholders including partner organisations
- Staff
- Local Councillors and MPs
- Particular interest groups
- Foundation Trust membership.

The plan sets out the activity which will take place and the timelines involved, including the resources required to deliver the plan. The intention of the plan is to help people understand what to expect from the formal consultation, how they can be involved and how long the process will take. The purpose of the consultation is to:

- Raise awareness of and provide information on the changes being proposed.
- Involve all stakeholders in discussions about the proposed changes and draw out any issues and concerns.
- Support us to pay 'due regard' to our equality duty in our decision making and ensure any negative consequences are minimised by promoting positive outcomes.
- Work with stakeholders to consider potential solutions to any issues raised.
- Gather feedback which will inform the decision about the future model of hospital and some community services in Calderdale and Greater Huddersfield.
- Ensure we meet our statutory duties as set out in section six.

4. Aim and objectives of the consultation

The aim of the formal consultation is to facilitate genuine and meaningful involvement to ensure we can reach, inform, communicate and formally consult with local people from Calderdale and Greater Huddersfield, including staff employed in local healthcare services. In delivering this aim the objectives will be:

- To complete the consultation in a 12 week period.
- To communicate clearly and simply our plans using various formats and approaches.
- To provide an explanation of the plans, the considerations given to those plans and describe how this will deliver service improvements for local people in Calderdale and Greater Huddersfield.
- To gather feedback on these plans using a variety of mechanisms as part of formal consultation such as face to face, electronic and paper surveys.
- To ensure we formally consult with protected groups, as defined by the Equality Act 2010, in a meaningful way, adapting materials and approaches for formal consultation as appropriate.
- To understand who is most likely to be impacted by the plans, utilising the equality analysis and ensure that these groups are particularly targeted.
- To analyse the feedback from the formal consultation process.
- To provide a report of findings on the consultation to decision makers and ensure enough time is given to consider those findings.
- To provide clear and meaningful feedback to staff, public, patients, carers and key stakeholders on the findings of the formal consultation and any decision to change the way services are currently provided or delivered.
- To ensure we can demonstrate that the views expressed have been considered as part of the decision making process.

5. Principles for consultation

NHS Calderdale and NHS Greater Huddersfield CCG's both have 'Patient and Public Engagement and Experience Strategies'. These strategies have been developed with the support of key stakeholders. The strategies set out our approach to formal consultation and what the public can expect when we deliver any consultation activity. The principles in both strategies state that we will;

- Make sure our methods and approaches are developed with a specific target audience in mind e.g. young people.
- Identify the best ways of reaching target audiences and use them.
- Always provide an easy read version of any document and offer translated versions relevant to the community as required.
- Equality monitor participants so we ensure the views reflect the whole population.
- Use different methods or specifically target communities where we become aware of any under-representation.
- Target our public meetings so they cover all the local geographical areas that make up Calderdale and Greater Huddersfield.
- Arrange meetings in accessible venues and offer interpreters, translators and hearing loops where required.
- Purchase our resources for delivering consultation activity from the local community whenever it is possible.
- Inform our partners of our consultation activity and share our plans.

Consultation is the formal process of asking the public their views on any proposals to change the way a service is provided and delivered. This process is supported by our legal obligations (see section six). Any formal consultation process requires us to follow a legal process so that we can ensure local people have a voice and an opportunity to provide us with their view. Consultations will be based on what we already know and should only take place when we have already engaged with the public (see section seven).

The strategy sets out what the public can reasonably expect us to do as part of any consultation activity and the process we need to deliver has to preserve these principles to ensure public expectations are met.

6. Legislation

6.1 Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) 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.

The requirements from The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 now require timescales to be provided to health scrutiny bodies and to be published by the proposer of substantial developments or variations, (Regulation 23). When consulting health scrutiny bodies on substantial developments or variations, a relevant NHS body or health service provider is required by the Regulations to notify the health scrutiny body of the date by which it requires the health scrutiny body to provide comments in response to the consultation and the date by which it intends to make a decision as to whether to proceed with the proposal.

6.2 The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty

so the partners will need to be assured that “due regard” has been paid through the delivery of this formal consultation.

To help support organisations to meet these duties a set of principles have been detailed in case law. These are called the Brown Principles;

The organisation must be aware of their duty.

- Due regard is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind.
- The duty cannot be satisfied by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.

This formal consultation will fulfil part of our consideration of our legal duty.

6.3 The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

7. Findings from engagement and pre consultation engagement activity

We have been talking to staff, public, patients, carers and key stakeholders for over three years. Initial engagement activities were delivered as part of the Calderdale and Huddersfield’s Strategic Health and Social Care Review and took place from October 2012 to February 2013. This activity provided us with insight on a number of key themes. The insights were supported by three years of data collection using information stored in PALS (Patient Advice and Liaison Service), Complaints, Patient Opinion, NHS Choices, local and national surveys and dedicated engagement events. During this time we were able to reach;

- 44 members of the public through planned care focus groups.
- 1, 653 people via a survey about unplanned care – this included 97 web based responses, 247 location interviews and 1,313 hard copy survey returns.

- 50 members of the public participated in a long term care event, and
- 254 children and young people were directly engaged on unplanned care.

The total number of people directly engaged in conversations was 2,002 people. In addition we combined all the data held by all seven partners' organisations using Patient Advice and Liaison Service (PALS), complaints, local and national surveys over the past three years. The key themes for this engagement were:

- Timely and consistent access to services
- Coordinated and integrated care
- Services closer to home
- Involve us in decisions about our care and in planning care
- Better use of technology.

Following this activity we have delivered the NHS national 'Call to Action' and received the views of 487 people who told us what was important to them. The public identified 13 themes, in order of importance the themes were:

- Education and information
- Invest in the community
- National solutions and campaigns
- Self- care
- Improve access to health services
- Staff and training
- Working together
- Regular check ups
- Discharge planning and better hospitals
- Manage risk and safeguarding
- More services in the community
- Invest in technology
- Accountability.

The Strategic Review, NHS Calderdale and Greater Huddersfield CCG Strategies' and the providers captured all this feedback and used it as a basis for describing the landscape of health and social care services in the future.

In May to August 2014 we engaged further with the public on the providers' response to the case for change, 'Strategic Outline Case' and NHS Calderdale CCG and NHS Greater Huddersfield CCGs' commissioning intentions. These plans were based on the engagement gathered from the previous three years engagement activity. From this engagement local people told us:

- People wanted to see more services closer to home and in a variety of community settings.
- The public in Calderdale do not want to lose their A&E as part of services changing.

- Travel and transport needed further consideration as people could neither afford the time to travel; the cost, or find suitable parking on premises. People want services to be based locally.
- Access to services in the community needed to be 24/7 including bank holidays and there was a strong message that GP access in particular needed to be addressed if the system was to change. People also wanted services they could drop in to.
- People wanted more focus on prevention and innovative opportunities to keep themselves well or be educated, particularly at a young age.
- Appropriate staff are needed in the community and this included more GP's, district nursing staff and those with a particular focus on a specialism or to meet the needs of diverse communities.
- There were concerns that the model looked good on paper but would it work in practice, this included comments relating to capacity to deliver including social care, how information is shared and how services are coordinated.
- People did not understand the detail of any of the plans and wanted to understand this further.
- People wanted the community to be part of the solution including design, delivery and estates with greater community participation being the key to delivering services for each community.
- Mental health services were not working and there was a need to look at services further in both primary and community care.
- Hospital services were poor on waiting times and needed to improve in addition there were a number of comments that people are discharged too early.
- There needs to be more consideration for vulnerable groups, protected groups, carers and those with a disability.

A composite report completed in August 2015 pulled together all the engagement activity we have delivered from the period March 2013 to August 2015, this includes the pre-consultation engagement delivered on urgent, emergency, planned care, therapies, maternity and paediatrics . The document follows on from four previous similar reports on children and young people, planned and unplanned care and long term conditions written in February 2013. Local people told us they want to see:

- Services that are coordinated and wrap around all the person's needs.
- Staff that are caring and competent and treat people with dignity and respect.
- Services that are properly planned and are appropriately staffed and resourced and maintain quality.
- More information available about health conditions and more communication about what is available.
- Services that everyone can access including the buildings, appropriate information and staff that represent the community they serve.

- Any barriers to travel and transport addressed with a clear plan which takes account of diversity and locality.
- Improved communication between all agencies involved in a person care and treatment.
- Services that are responsive and flexible - particularly in an urgent care situation.
- Reduce delays in getting the care and treatment required and improving waiting times.
- As many services as possible should be close to home in local settings such as a GP practice.

The report provides more detail to each of these key themes and further highlights the need to continually communicate, involve and engage people at each stage of service development.

The findings from this report were presented at two stakeholder events held in Calderdale and Greater Huddersfield on Wednesday 19th and Thursday 20th August 2015 for 'Right Care, Right Time, Right Place' and 'Care Closer to Home'. The joint key messages which emerged from both stakeholder events are set out below. Most replicate what we already know and there were very few additional concerns that have been highlighted that we are not already aware of. The key messages are:

- A need to communicate our plans to the wider public, explain our reasons clearly and in plain language and be honest about our constraints and resources.
- That Care Closer to Home is the way forward and some progress can be seen, more should be done to demonstrate it is working, again more publicity.
- The public want to stay involved in the development of any plans and want us to improve our engagement to ensure everyone has an opportunity to influence services in the future.
- There was a general consensus that change needs to happen, but the pace of change is slow and we need to evidence why change is necessary to wider audiences.
- Travel and transport need to be considered as part of Care Closer to Home as much as hospital services and we need a plan to address this.
- Partnerships need to be strengthened we need to show we are working with colleagues from the local authority, ambulance service and the voluntary sector to ensure our plans work.
- We have a diverse population and we need to consider all our population when designing new services, current services still don't address patient needs in terms of access, culture, information and communication.
- Workforce skills and capacity, estates and new technology are all highlighted as key areas requiring thorough consideration if models are to be delivered.

A further stakeholder event held on 10th December 2015 provided commissioners' with an opportunity to report back on the journey so far. Stakeholders were updated on the clinical model and the estate proposals. In addition the rationale for each proposal was explained including the outcome which had resulted in five potential proposals being fully considered. Following a presentation on the 'Appraisal Criteria' participants were asked to consider and tell us:

- What do you think about what you have just heard?
- What aspects of the appraisal criteria do you agree or disagree with?
- What would you change?
- Have we missed anything important?

Each table had a copy of the appraisal criteria and a description. The descriptions were based on the responses from the stakeholder event which was held in August 2015. People told us the key considerations they would like to see under each theme.

This event marked the end of engagement. The messages from this event are:

- In general people agreed with the appraisal criteria used. Additional considerations were captured that added value to the original description. There were only a few recommended changes
- The ranking of the criteria proved difficult with most tables agreeing that all were equally important. However the highest ranked criteria was 'Quality of Care' followed by either 'Access to Care' or 'Value for Money'.
- The feedback received about the event was positive, with most attendees feeling they had been able to follow the journey.
- There was a general view that engagement had informed the plans and this was evident in the work that had been presented
- GP Practices and community services need to be working, joined up and co-ordinated with better appointment times and longer 24/7 access
- There were concerns that the plans would not deliver what was needed including the right staff with the right skills in the right locations
- Support for mental health and the services required needs to be considered as part of any transformation plan
- People need to understand how services currently work and what they will look in the future to be able to fully consult on any future service options

8. Consultation Mandate

NHS Calderdale and NHS Greater Huddersfield Clinical Commissioning Groups (CCGs) need to understand the views of all patients, public, stakeholders and staff who live and work in Calderdale, Greater Huddersfield and those directly impacted by the proposals (which may include patients, public and stakeholders in surrounding areas) about the way in which: Urgent Care; Emergency

Care; Maternity and Paediatric Care; Planned Care; and Community Services are provided in the future.

The CCGs have already decided that that change is necessary to deliver safe, sustainable services that improve outcomes for patients.

However, there are a number of areas where further information and /or suggestions could be made, these could include:

Services currently provided in hospital that could be provided in a community setting

The things that matter in relation to: receiving the right care; the staff providing the care and the timeliness of provision.

The physical access to services in relation to transport and parking

This is so that by the end of September 2016 both CCGs can make an informed decision on progressing the future shape of hospital services ensuring that these are high quality, safe, sustainable and affordable and result in the best possible outcome and experience for patients, as well as on which services should be provided in the community, closer to where people live.

9. Process for consultation

9.1 What we already have in place

We currently have a number of mechanisms in place which help us provide information and communicate with a range of stakeholders. These mechanisms will continue to be utilised throughout this process. The current mechanisms are:

- **Staff**, are already being engaged through a number of working groups which will continue throughout this process.
- **Local councillors and MPs** are updated through discussions at scrutiny and Health and Well Being Boards. In addition one to one meetings with MPs and workshops provide an opportunity for regular briefings.
- **Overview and Scrutiny Committees and Health and Well Being Boards** are being kept up to date with our plans through presentations and briefings.
- **Dedicated pages on CCG websites and the Right Care, Right Time, Right Place website** contain a range of information including documents and supporting information. We will use existing social media we have in place as a communication tool to promote the consultation.
- **PALS and complaints** staff capture public views as part of their role, we will use the information they gather to help us understand individual experiences. We are

working closely with **Healthwatch** colleagues to ensure we provide consistent messages to the public.

- We will use existing staff briefings and meetings to ensure CCG, hospital and community health staff receive information and have opportunities to have their say.
- We ensure local **GP practices** are aware of any engagement and consultation and promote participation via surgeries for example through patient reference groups.
- We continue to review **existing websites** including those attached to the local media, Patient Opinion and NHS Choices to gather feedback.
- We work closely with our **voluntary and community sector** and use trained people from these organisations to share information and deliver activities to obtain feedback on our behalf.
- **Patient Reference Groups and membership councils** are informed and opportunities to engage in conversations are promoted.
- We circulate information widely to our existing **stakeholder database** which includes a range of local community, voluntary, statutory and other organisations.

9.2 What else do we need to do?

To ensure formal consultation can take place we will need to provide more opportunities for communication and information sharing and discussion, offer stakeholders the chance to host conversations and directly target identified groups. The consultation plan has been co-produced with key stakeholders through a number of workshops in order to understand the methods and approaches that are appropriate for the two local areas.

The formal consultation will be delivered over a 14 week period using a number of mechanisms. The process will need full commitment from all partners to provide staff and appropriate key speakers as required.

9.2.1 Consultation activities:

- **Launch** – The consultation launch will take place in the first week of formal consultation. The Right Care, Right Time, Right Place website will go live and contain more about the consultation, links to a consultation document and a schedule of planned events and activities. The website will provide information on how to respond to the consultation which will include a questionnaire which can be downloaded and printed and an electronic survey. A number of briefings will take

place with key stakeholders and information will be provided. We will also launch through communication channels such as local media, social media and radio.

- **Public meetings** will be held in the first month of the consultation. There will be a minimum of one event for each local area. Each event will be based in a central location in Calderdale and Greater Huddersfield. These events will be used to explain the consultation and continue to promote the opportunities to get involved. Further consideration will be given to additional public meetings during consultation.
- **Awareness raising roadshow** – There will be stands in prominent locations in the local community and a presence in the surrounding areas to engage with local people to raise awareness of the consultation and the information sessions, staff and volunteers will provide leaflets to people walking past. The location of the stands and leafleting opportunities will be market stalls, supermarkets, shopping centres, and sports centres, places of worship, existing community activities or events (anything to catch local footfall). The stands will cover a number of locations across Calderdale and Greater Huddersfield. Each roadshow will be followed by an information session held in a central location which will serve the town and surrounding area.
- **Information Sessions (drop-in)** - To ensure all members of the community we serve have an opportunity to have their say, we will deliver information sessions in a number of local areas of Calderdale and Huddersfield, and this includes the town centre and the surrounding towns and villages. The sessions will be on different days and will last long durations to give as many people as possible the chance to attend. Considerations will be given to different access needs, including religious festivals, older and younger people and those with caring responsibilities. The information sessions will provide a platform for the public to talk to us about the proposals and for staff to listen to peoples' views. There will also be an information stand displayed about the proposals in easy to understand and accessible formats, with clinicians and managers available to talk about their plans, information through film, a graffiti board and a number of mechanisms to give views. A minimum of **ten information sessions** will be delivered across Calderdale and Huddersfield; each session will take place from 2-8pm.
- **Over 100 existing networks and trained community groups** – We will capture people's views through face to face conversation using our existing relationships with the voluntary, community and third sector. We will use our networks and existing platforms to host conversations and ensure comments and views are captured by circulating our proposals using a presentation and a questionnaire for community groups to use. This will include easy read, summary and translated

documents as requested. This approach will ensure we gather view from our protected groups including carers.

- **Staff**– We will build on existing platforms in organisations and utilise notice boards, websites, staff briefings and local intranets. A range of opportunities for consultation including events, presentations and information sessions will be promoted.
- **Elected representatives** - We will use face to face meetings and regular written briefings to ensure these key stakeholders are informed and involved. In addition the Calderdale and Kirklees Joint Health Overview and Scrutiny Committees (JHOSC) will be formally consulted on our plans.
- **Stakeholder meetings** - We will continue to attend meetings/ share presentations / supporting materials, where we can at the request of voluntary, community, patient groups across Calderdale and Greater Huddersfield to discuss the proposed changes and gather people’s views.
- **Random sampling**- the Talkback survey in Calderdale can be used to gather the views of participants across Calderdale. A similar mechanism can be developed in Greater Huddersfield to increase our sample size and reach people who may not engage through other methods. A postal survey would be sent to a sample group of up to 2,000 people in each local area.
- **Consulting young people** – We will commission local engagement networks for young people to host specific conversations in both Calderdale and Greater Huddersfield to ensure that consultation activity takes place which is appropriate and accessible. This approach will also reach children and young people with a disability and groups representing gay and lesbian young people.

10. Communications

10.1 Communication material

We will produce a range of communication materials to support the consultation process including:

- Full consultation document with questionnaire which will be printed and circulated widely to key stakeholders, including equality monitoring.
- A summary document will be distributed in bulk to key outlets for example libraries, sport centres, GP practices and community venues.

- Accessible, easy read and translated materials and a contact telephone number for people to request completion over the telephone.
- Hard copy questionnaires for use at events, including an easy read version.
- Electronic questionnaire.
- Posters and flyers for distribution in bulk.
- Electronic materials for partner websites.
- Mailer for door drop.
- Displays and stands for use at public events and roadshows.

The order in which the materials will be produced including the mechanisms used are set out in more detail below:

- **Key messages:** We will ensure the key messages to support the consultation are consistent, clear and easy for people to understand, this will help people be engaged in the process. These will be used throughout the process to drive awareness and cement understanding. Key messages typically include information about why change is needed, the proposals for change, and the way in which individuals and organisations can have their say. We will produce a range of collateral to support this including:
 - Narrative to support engagement activities (for use by assets and those leading events)
 - Content for internal/external/partner bulletins
 - Content for websites/intranet
 - PowerPoint presentation for events and use by partner organisations
- **Consultation document:** to include:
 - Description of our proposals
 - Case for change, what is changing and why
 - What the consultation is about in a clear and simple way
 - How to give your views and deadline for submitting responses
 - Questionnaire
 - Equality monitoring
 - How to access alternative versions
 - How we will be using these findings/views
 - When and how a decision will be made
- **Staff training:** We will identify spokespeople and ensure they are appropriately trained to undertake this public facing role.
- **Website:** The Right Time, Right Care, Right Place website and both CCG websites will contain information about the consultation and how people can give their views. We

will be working with partner organisations and member practices to promote the Right Care website on their organisation websites.

- **Social Media:** a consultation account will be created on social media. Throughout the 14 weeks we will use it as a communication tool to promote events and the consultation to the public. We will ask partner organisations to share our social media communications to reach the widest possible audience.
- **Media:** We will work closely with local journalists to disseminate key messages including details of public events and opportunities for members of the public to have their say. This will involve proactive (press releases) and reactive (statements in response to enquiries) media relations.
- **Advertising:** We will work with local media outlets to identify paid-for opportunities to promote the consultation for example through supplements and/or advertisements for events.
- **Partnership working:** We will work with communications colleagues in partner organisations to cascade messages through their internal and external channels as appropriate.
- **Questions and Answers (Q&A):** We will monitor feedback received via questionnaires, at events and through the media and other mechanisms on an ongoing basis. Where appropriate/necessary, we will respond to feedback directly, by updating our website and using other communications mechanisms to clarify any factual information or correct inaccuracies.

We will use the following key channels to reach identified target audiences:

Target Audience	Delivery Method
<p>Service users, general public, third sector</p>	<ul style="list-style-type: none"> • Events • Printed material <ul style="list-style-type: none"> ○ Mailshots/posters etc. • Media/social media • Advertising • Partner channels • Existing meetings and forums • Relationship matrix • Patient Reference Groups • Third sector organisations • Third Sector umbrella organisations • Patient groups • Carers groups

Target Audience	Delivery Method
OSC/Health and Well-being boards	<ul style="list-style-type: none"> • Meetings • Written briefings • Possible workshop
Staff (hospital and community health services staff or CCG)	<ul style="list-style-type: none"> • Bulletins and briefings • Staff events/displays • Intranet
HealthWatch	<ul style="list-style-type: none"> • Written briefings • Face-to-face meetings
Elected members / Councillors/MPs	<ul style="list-style-type: none"> • Written briefings • Face to face meetings • Public events • Website • Media/social media • Advertising • JOS/Health and Wellbeing Board
Local Professional Committees	<ul style="list-style-type: none"> • Written briefings • Face to face meetings
Media	<ul style="list-style-type: none"> • Media releases • Briefings • Social media
Local GP practices	<ul style="list-style-type: none"> • Existing meetings • Intranet • Practice visits • Bulletins

11. Feedback

- **Capturing feedback** – all our public, stakeholder, staff meetings and events will be transcribed. Feedback through face to face contact will be recorded on data capture sheets and questionnaires will be gathered electronically and via a FREEPOST response address. Comments cards will be captured in the same way as comments are gathered through the CCG websites and all the intelligence will be independently evaluated.
- **Independent analysis** – The information we gathered will be analysed and we will secure the support of an independent organisation to provide this facility.

12. Equality

To ensure the consultation process meets the requirements on the organisations to evidence due regard has been paid to their equality duties all the consultation activity will be equality monitored routinely to assess the representativeness of the views gathered during the formal consultation process. Where it is not possible to gather such data, such as complaints and social media we will record any information provided.

Following the development of our equality analysis to ensure readiness for consultation we have identified a number of groups who are more likely to be impacted by potential changes. The recommendations of the equality analysis are as follows;

- Actively consult older people around emergency and urgent care services as they are frequent users.
- Through the public consultation gather further information and views from Asian/Asian British and White other groups who are over or under-represented in relation to the local population in service use so their views can be considered.
- Reach out to disability groups that could be significant users of the services where changes are proposed to enable potential negative impacts to be identified and mitigated.
- Carers should be reached in the consultation to identify if any proposed changes would be experienced more by carers.
- Actively consult children and young people during the public consultation.

We will ensure that our consultation process targets protected groups as above using our community assets and relationship matrix via the voluntary sector and local authority colleagues. We will also work with our equality team to ensure all adjustments and arrangements are made to enable protected groups to participate fully in the consultation process. Advice will be sought from the team to create accessible and easy read copies of the consultation, translations and language and British Sign Language (BSL) interpreters for events.

Once gathered the consultation data will be independently analysed. This analysis will be reported to highlight any under-representation of patients who we believe could be potentially affected by any change in services, and if this is demonstrated further work will be undertaken to address any gaps. Throughout the consultation a view will be taken to identify any underrepresentation where found, measures will be taken to address through the consultation process.

Once complete the analysis will consider if any groups have responded significantly differently to the consultation or whether any trends have emerged which need to be addressed in the implementation stage. This data will also be used as part of the evidence to support the equality impact assessment process which will be carried out simultaneously.

13. Non pay budget required

Formal consultation	
Item	Estimated Cost
Events/public meetings x 2	10,000
Information events	5,000
Awareness raising roadshow – various locations	5,000
Community engagement leads – Calderdale and Huddersfield – protected groups	12,000
Children and Young People specific consultation	5,000
Random sampling i.e. Talkback	10,000
Consultation document – Leaflet, summary document, questionnaire, design, printing, electronic format	15,000
Interpreters, translations Accessible formats – Language, large print, Braille and easy read	15,000
Posters in GP practices and localities	1,000
Events display materials and presentations	2,000
Media and advertising based on mid York's cost	15,000
Web refresh	1,000
Freepost	5,000
Data input and analysis	10,000
Consultation assurance – Consultation Institute	8,000
ESTIMATED total budget required	£119,000

14. Analysis of data and presentation of findings

Consultations can be sensitive and controversial and it is recommended that the analysis is independent allowing for transparency. The format for responses may also be varied and analysis may be required on data collected from a number of sources, this is not an exhaustive list:

- Hard copy and online questionnaires
- Qualitative feedback from comments cards and data capture forms
- Transcripts and minutes of meetings
- Petitions

Once the formal consultation data input has taken place and the data analysed we will ensure that all the intelligence is captured into one report. A simple summary and easy read version will be produced. This report will provide a view from staff, public, patients, carers and key stakeholders on the proposals.

To provide additional assurance 'The Consultation Institute' will be commissioned to provide an independent evaluation of the consultation.

Once finalised the report will then be received through internal reporting mechanisms and due consideration will be given to the findings to determine the next steps.

15. High level time line for delivery

What	
<p>Develop all consultation materials including consultation documents, website development, collateral for roadshows, presentations and information sessions.</p>	<p>Preparation for formal consultation</p>
<p>Pre-consultation stakeholder communications</p> <p>We will engage with the following key stakeholders either via letter or where possible face to face:</p> <ul style="list-style-type: none"> • GP members and practices • Chairs of patient engagement groups at GP practices • MPs (awareness if members of constituency approach them) • Councillors • Health and wellbeing board members (via chair) • Scrutiny panel members (via chair) • Bordering CCGs - to inform them that a formal consultation is imminent and to seek their views on an informal basis • It would be advisable to meet (informally) with staff who will directly be affected by either the process of the consultation or the outcomes particularly in departments/clinical disciplines directly impacted by the proposed changes • Professional bodies such as Royal Colleges and Councils • Unions and trade bodies • Healthwatch (via Chair) • Media (health correspondents where possible) <p>During this time, all consultation support materials – printed, electronic and all supporting software should be signed off and made ready for printing</p>	<p>Pre- launch of formal consultation</p>
<ul style="list-style-type: none"> • Publicity materials to be sent to key stakeholders who are actively involved in <ul style="list-style-type: none"> ○ Supporting the consultation process as a partner ○ Providing care or services directly related to consultation (for example National Childbirth Trust) • Media release for newspapers and voluntary sector newsletters, parish magazines and health service partner newsletters 	<p>Pending launch</p>

What	
<ul style="list-style-type: none"> • Advert in relevant local newspapers • Liaise with regulatory bodies, Patient Participation Groups, Health and Social Care Forums to inform them the consultation is going to take place and to provide relevant information <p>Liaise with key contacts on 'hard to reach' and minority groups to establish their preferred method of consultation and engagement.</p>	
<p>On the day of the launch, ALL materials need to be available and ready for distribution –</p> <ul style="list-style-type: none"> • web pages and web links live with documents uploaded and access checked • materials available in identified alternative formats • approved media releases issued • social media sites identified and content approved • Spokespeople briefed and ready to speak. • Email letter sent to all key stakeholder groups. • Posters sent to public facilities, e.g. GP surgeries, libraries, dentists, leisure centres, pharmacists. 	Launch day
<p>Information sessions, events, roadshows, conversations, sample surveying and information sessions commence</p>	Delivery

16. Consultation timeline

PHASE

TIMELINE

Delivery of a formal public consultation

14 weeks

CCGs' Deliberation of findings

6 weeks

Joint Health Overview and Scrutiny Committee deliberation of findings

6 weeks

CCGs' to deliberate the findings received from JHOSC

2 weeks

Joint CCGs' Governing Body in parallel (Decision making)

Sept 2016

IDENTIFY- High level stakeholder Groups

<p>1. Staff C OCG staff GH OCG staff Partner staff GH OCG Membership Calderdale OCG Membership</p>	<p>5. Councillors Kirklees Calderdale Area Committees (forums) People's Commission (Calderdale only)</p>	<p>11. Third Sector 12. Unions 13. Local Professional Bodies 14 Parish/Town Councils</p>
<p>2. Partner Organisations SWYPFT Locals CHFT GH OCG C OCG NK OCG Kirklees Council Calderdale Council</p>	<p>6. MPs Greater Huddersfield Calderdale</p>	<p>15. Public, Patients and Carers Private and Independent Sector Carers Residents of GH Residents of Calderdale Membership Model (FT) x2 (SWYPFT & CHFT) Locals Membership Model Patients from Out of Area Wider local population</p>
<p>3. External Assurance NHS England Clinical Senate Monitor Gateway Team</p>	<p>7. OSC Joint OSC Kirklees OSC Calderdale OSC</p>	<p>16. Service Users Patient Groups Patient Reference Groups</p>
<p>4. Media Yorkshire Post Halifax Couriers Series Huddersfield Examiner Local Radio and Television</p>	<p>8. HWB Boards Kirklees Calderdale</p>	<p>17. Stakeholder Reference Groups</p>
	<p>9. Healthwatch Kirklees and Calderdale</p>	<p>18. Non mainstream political Interest groups</p>
	<p>10. Neighbouring Health and Social Care Bodies Neighbouring FT/ NHS Trusts YAS</p>	



Appendix 2: Activities to be delivered during formal consultation (14 weeks)

Planned activity	Purpose	Delivery method	Target audience	Timing
<p>Public Meetings x 2 – one in Calderdale and one in Huddersfield</p>	<p>To deliver an event in both Calderdale and Huddersfield within the first month of the formal consultation process to:</p> <ul style="list-style-type: none"> • To deliver a presentation on the options for consultation. • Describe how people can give their views over the following weeks. • To gather interest from those wanting to deliver consultation activities on our behalf, and provide materials. 	<p>Invite key stakeholders to an event and publicise the event to the wider public:</p> <p>Calderdale – use a venue such as the ‘Halifax Victoria Theatre’ in Calderdale.</p> <p>Greater Huddersfield – use a venue such as the ‘Lawrence Batley Theatre in Huddersfield.</p>	<p>Key stakeholders</p> <p>Service users and carers</p> <p>Protected groups</p> <p>Staff</p> <p>Wider public</p> <p>Media</p>	<p>afternoon and evening session in both Calderdale and Huddersfield</p>
<p>Awareness raising road shows – to take place in various locations week prior to the information session.</p>	<p>To reach service users and carers and members of the public in locations.</p> <p>Roadshows will be used to sign post people to up and coming information sessions and other places where they can respond to the consultation.</p> <p>Individual responses could be gathered at roadshow stands – these will be location dependant.</p>	<p>To raise awareness in local areas at existing local venues including:</p> <ul style="list-style-type: none"> • Permanent stand in both hospital entrances. • Stands at local supermarkets. • Stands in central locations in the town centre. • Market stalls to be used as stands. • Leaflet distribution – local and surrounding areas • Stands in workplaces, colleges and schools 	<p>Service users, carers and families</p> <p>General public</p>	<p>13 weeks of activity over a 14 week period - Plan of weekly activities to be arranged.</p>
Planned activity	Purpose	Delivery method	Target audience	Timing

Information events to follow the roadshow activities	<p>To have a presence in a local area for a period of time (i.e. 2-8 pm) to reach local people.</p> <p>Each information session will be a drop in and used to provide information on the consultation, gather views directly or sign post people to places where they can respond to the consultation in their own time.</p>	<p>Book local venues such as Schools, Sure Start Centres, Community Venues, Mother and Toddler groups, local libraries, leisure centres and Health Centres.</p>	<p>Service users and carers</p> <p>General public</p>	<p>13 weeks of activity over a 14 week period - Plan of weekly activities to be publicised</p>
Engagement Champions/Community Voices (trained staff in community and voluntary sector organisations)	<p>To train the engagement champions and assets to deliver consultation conversations on our behalf.</p>	<p>Engagement leads to determine specific targeted consultation activity to gather views from local communities. This would include:</p> <ul style="list-style-type: none"> • Translating materials into accessible formats suitable for the target audience • Focus groups • Supporting the completion of any questionnaires on a one to one basis. • Raising awareness of the consultation and the ways in which people can be involved. 	<p>Voluntary and community groups</p> <p>Protected groups</p>	<p>14 weeks - Ongoing consultation throughout the 14 weeks</p>
Planned activity	Purpose	Delivery method	Target audience	Timing

Stakeholder meetings	To respond to requests to deliver presentations, talks and host conversations with specific audiences	<p>Promote the opportunity for groups to be involved through targeted conversations. Identify a schedule of activity and key speakers to support the attendance of meetings.</p> <p>Attendance would be by request and availability of staff.</p>	<p>Voluntary and community groups who are not part of the engagement champions network</p> <p>Patient Reference groups</p> <p>Key stakeholder groups</p> <p>Protected groups</p>	14 weeks - By request
Talkback survey – Calderdale only	To use the ‘Talkback’ survey volunteers recruited in Calderdale (approximately 2,000 members) to respond to the consultation	To liaise with Calderdale MBC to identify an edition to be circulated during the 14 week consultation period and add a specific article to gather responses.	General public in Calderdale	One circulation in the 14 week period
Targeted consultation – children and young people	To involve Children and Young Peoples Participation Project in Calderdale and Involving Young Citizens Equally (IYCE) in Kirklees to deliver appropriate consultation with young people	<p>To develop a separate plan for consultation with young people to describe the activities which will take place over a 14 week consultation period to include schools, youth groups and dedicated young people services.</p> <p>Young people friendly twitter, social media and Facebook.</p> <p>Focus groups and targeted work with specific protected groups.</p>	<p>Children and young people</p> <p>Protected groups</p>	12-13 weeks of planned activities

Facebook	Raise awareness of the consultation and to allow for comments to be gathered.	Utilise existing Facebook accounts – both internally and using partners and voluntary and community groups to circulate details of the consultation. Link to website and online survey to be attached to the information circulated.	General public	Weekly updates
Planned activity	Purpose	Delivery method	Target audience	Timing
Website	To provide information on the consultation and an opportunity to respond to the consultation online. Information in a variety of formats, languages and media available to download and use.	Online tools will be available on both CCG websites and a number of partner and stakeholder organisation websites. Smart survey will be use to gather views online.	General public	Launch date and 14 weeks online activity.

Twitter	Create twitter feeds on the consultation, including promotion of activities and tweets as conversations take place.	Via CCG twitter accounts	General public	Ongoing updates - daily
Door drop	To reach households using existing door drop publications (free magazines or newsletters) or develop a specific leaflet (like mid Yorkshire) to ensure homes in local areas receive information about the consultation.	Identify an existing provider or additional provider to create a door drop document or leaflet to ensure households in local areas are informed of the consultation. The document could be a summary consultation document or an article or flyer with key messages and information on how people can respond and provide their views.	General public	One circulation in the 14 week period
Planned activity	Purpose	Delivery method	Target audience	Timing
Raising awareness	Articles in the media to raise awareness of the consultation and the opportunities to become involved using advertising space. To include stories and interesting articles to support peoples understanding of the consultation. Utilise screens in GP practices, community venues i.e. Football stadiums, cinemas and using other promotion tactics i.e. A boards and comments camper van.	Articles via local newspapers and local and regional radio stations. Leaflets with key messages and ways to become involved. Short films and videos	General public	Weekly articles/activities