Public consultation on proposed future arrangements for hospital and community health services

Have Your Say
15th March – 21st June, 2016

Reach & Engagement Report
6.12 Questions and Answers (Q&A) .................................................................................. 33
7 Equality Close of Consultation Review ......................................................................... 35
7.1 Pre-Consultation Business Case – Equality Analysis .................................................. 35
7.1.1 Mid-Point Review .................................................................................................. 35
7.2 Reviewing the Data .................................................................................................... 35
7.3 Reviewing Engagement and Communications Activity .............................................. 36
7.3.1 Targeted Activity ................................................................................................... 36
7.3.2 Accessibility .......................................................................................................... 36
7.3.3 Documentation ...................................................................................................... 36
7.3.4 Events ..................................................................................................................... 37
7.3.5 Information sessions ............................................................................................. 40
7.4 Consultation data ....................................................................................................... 41
7.5 Equality Data ............................................................................................................ 42
7.5.1 Sex of respondents ............................................................................................... 42
7.5.2 Age of respondents ............................................................................................... 44
7.5.3 Country of Birth (excluding UK and Pakistan) ....................................................... 45
7.5.4 Religion of respondents ......................................................................................... 46
7.5.5 Ethnicity of respondents (excl White British) ....................................................... 48
7.5.6 Disability of respondents ...................................................................................... 51
7.5.7 Types of impairments ............................................................................................ 53
7.5.8 Carer status of respondents .................................................................................. 54
7.5.9 Other equality data ............................................................................................... 54

APPENDICES

Appendix 1. Midlands and Lancashire Commissioning Support Unit Media Evaluation for the Right Care, Right Time, Right Place Public Consultation
1 Executive Summary

1.1 Introduction

The Right Care Right Time Right Place (RCRTRP) Consultation, led by NHS Calderdale Clinical Commissioning Group (CCG) and NHS Greater Huddersfield CCG, commenced on 15th March 2016 and concluded on 21st June 2016.

A Consultation Plan¹ was developed to deliver a robust public consultation that would reach out to as many members of the local community as possible, ensure the consultation was open and transparent and enable the CCGs to deliver against the principles and aims (sections 4 and 5 of the Consultation Plan) and their legal obligations (section 6 of the Consultation Plan).

The Plan also included activity that would address the recommendations and output of the Equality Impact Assessment ² produced as part of the Pre-Consultation Business Case³.

The Consultation Plan was reviewed and scrutinised by the Calderdale and Kirklees Joint Health and Overview Scrutiny Committee (JHOSC) and The Consultation Institute (TCI) who both provided assurance of the robustness of the Plan as well as ongoing scrutiny (and assurance by TCI) during the consultation.

A Communications, Engagement and Equality Delivery Plan (CE&E Plan) was subsequently developed to enable delivery of the activities outlined in the Consultation Plan.

The report contains the following sections:

- **Section 3**
  Summarises the Consultation Plan, process and planned activity

- **Section 4**
  Outlines the assurance process for the consultation and delivery of the Consultation Plan

- **Section 5**
  Details the engagement activity delivered

- **Section 6**
  Details the communications activity delivered

- **Section 7**
  Demonstrates how the consultation met the recommendations of the equality analysis and details the representativeness of those who shared their equality monitoring information and arrangements made to ensure accessibility was prioritised through the delivery of the consultation.

¹ https://www.rightcaretimeplace.co.uk/wp-content/uploads/2014/03/041316_RCRTRP_Consultation_Plan-_Hospital_Services-v9.2.pdf
1.2 Consultation Activity

As with most consultations, while every effort was made to engage, increase awareness of the consultation, provide and enable access to information and encourage response to the consultation survey, not everyone engaged via the activities and methods outlined in the CE&E Plan would go on to be actively involved or choose to complete the consultation survey.

However, the scale of engagement activity was significant utilising as many mechanisms as possible, from face-to-face engagement to more general awareness raising, such as advertising, in order to reach out to as many members of the community as possible.

Activity included:

- Promoting the consultation via partnership working, stakeholders and media;
- Engaging staff through close working with Calderdale and Huddersfield NHS Foundation Trust (CHFT) and the CCGs core communications functions.
- Making the consultation document and other core consultation materials accessible both online and in hard copy at a number of key outlets;
- Producing a summary of the consultation document to support ease of understanding;
- Translating core documents into various formats such as easy read and local community languages;
- Developing leaflets, posters and advertising for more general awareness raising;
- Running a wide range of engagement events including 17 information sessions engaging over 700 people, three public meetings attended by over 800 people and various community meetings;
- Sending out a direct mail leaflet to 128,471 households;
- Undertaking two random sampling surveys which engaged 3000 people across Calderdale and Greater Huddersfield with the aim of prompting survey response; and
- Handing out 48,000 leaflets direct to the public and 800 posters to local shops and venues.

In addition, a targeted programme of work was undertaken to reach specific protected groups identified through the equality analysis in the Pre-Consultation Business Case. This work involved a large, established network of trained community engagement champions/assets and an additional focused communications engagement and equality plan to encourage involvement and survey response from Children and Young People.

It should be noted that throughout the delivery of the consultation attention was paid to the equality monitoring information of those participating, at whatever level and where it was considered necessary, additional activity was developed to reach underrepresented protected characteristic groups.
1.3 Impacts on engagement

The consultation was run against a backdrop of high profile campaigns against the proposals. The campaigns were supported through press coverage by the Huddersfield Examiner, one of the main local papers. This is demonstrated in the media analysis, ‘Right Care, Right Time, Right Place Patterns and trends in media coverage 14 January – 24 June’, produced independently by Midlands and Lancashire Commissioning Support Unit (MLCSU).

The impact of the campaigns cannot be precisely quantified, however a number of comments in feedback from events and correspondence reflected campaign messages and therefore indicate that campaign activity gained a level of traction with residents of Huddersfield.

1.4 Reach and Engagement Achieved

While the volume of activity is demonstrable, evidencing the exact level of awareness and reach generated by the various communications and engagement activities is difficult for a number of reasons such as a number of activities potentially reaching and engaging the same person more than once or some reading consultation materials or website information more than once (see section 1.4.4).

In order to provide an understanding of level of reach and engagement achieved by the various activities undertaken, the following can be considered effective indicators:

- The level of response to the survey,
- The number of people who indicated they had access to information about the consultation to support their response and/or attended an event,
- The evaluation of equality monitoring regarding reach into protected characteristic groups.

1.4.1 Level of Response

Of a total population of 463,000, 7582 people responded to the survey equating to 1.64% of the population.

1.4.2 Access to Information

Reach and awareness of information can be considered high with only 11.6% of respondents\(^4\) saying they had not read either the consultation document or consultation summary.

It should be noted that to help ensure that the consultation reached all local communities, people were invited to request documentation in another language or format or ask for assistance to complete the survey.

The table below shows the % of respondents who indicated they had read the consultation materials and/or attended an event.\(^5\)

---

\(^4\) Based on final figure of respondents to the Consultation Survey (hard copy or online copy) excluding respondents to the surveys submitted as part of the Calderdale Talkback random sampling activity – see section x

\(^5\) "Other" is an open field; Consultation Events includes both Information Sessions and Public Meetings
12.2% of respondents had attended one of the scheduled engagement events (Information Sessions and Public Meetings). Note that this does not include stakeholder meetings that were in addition to these events or those meetings that engagement champions or community assets presented at on behalf of the consultation.

1.4.3 Equality monitoring

The consultation reached a wide range of local people addressing the areas raised in the pre-consultation Equality Impact Assessment. However, on review after close of consultation, there are some areas which despite efforts to address were lower than would be representative.

This includes:

- Men
- Children and young people, including up to age 34 in Greater Huddersfield
- Muslims in Greater Huddersfield
- People of Pakistani, Indian and Caribbean backgrounds in Greater Huddersfield
- People of ‘other White’ backgrounds across Calderdale and Greater Huddersfield

Survey responses from these groups (considered as a % of overall respondents) is lower than their equivalent representation in the overall population. However, they may have been involved in the consultation, listening at events, asking questions, reading our social media output or our consultation material.
### 1.4.4 Summary of Reach

The following table lists the main communications and engagement activities undertaken during the consultation and provides an understanding of the scale of activity rather than a total figure of people reached/engaged.

The detail below explains some of the variations in the ways that activities have been quantified.

For stakeholder meetings, the number of meetings listed are those logged as part of the Forward Planner (see Section 6.4) and does not include all informal meetings, staff meetings and meetings and discussions undertaken by community assets and engagement champions as part of their role in engaging protected characteristic groups.

The figure stated for social media is the figure for the entire ‘reach’ of all Facebook posts and tweets. This means the figure includes both directly viewed (as a direct follower) and views of RCRTRP posts/tweets shared via others.

The exact number of people reached by the Kirklees Talkback equivalent and the Direct Mail activity is not known. These activities were delivered by household not individual named residents. Therefore the number of households mailed has been included.

The statistic for the activity with Children and Young People is for the Facebook advertising campaign only. Other activity, being a mix of face to face meetings, work undertaken by community organisations where delegate numbers were not recorded or activity being more generic, such as promotion via student news, means an exact number for those engaged cannot be confirmed.

The reach for consultation documents and the awareness raising days cannot be quantified in numbers of individuals. The table includes the print/number of leaflets and posters handed out.

Number of people reached by advertising cannot be exactly evidenced as more than one person may have seen a purchased copy. However to provide an indication of reach readership figures provided by print publications have been used for the purpose of this report.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Reach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff engagement (CHFT, CCGs, SWYPFT, Locala)</td>
<td>11,966 individuals</td>
</tr>
<tr>
<td>Stakeholder meetings</td>
<td>36 meetings</td>
</tr>
<tr>
<td>Calderdale Talkback</td>
<td>1000 individuals emailed via Calderdale Council ‘Talkback’</td>
</tr>
<tr>
<td>Kirklees Talkback equivalent</td>
<td>2000 households mailed</td>
</tr>
<tr>
<td>Targeted work with Children and Young People</td>
<td>133,741 (Facebook advertising figure only)</td>
</tr>
<tr>
<td>Core consultation materials (Consultation Document, Summary, Survey, FreePost)</td>
<td>137,700 professionally printed consultation materials</td>
</tr>
<tr>
<td>Activity</td>
<td>Reach</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>envelopes, additional A5 leaflets on Urgent Care Centres, Emergency Care and Planned Care)</td>
<td></td>
</tr>
<tr>
<td>Advertising</td>
<td>182,220 individuals (based on circulation provided by media for 5 adverts)</td>
</tr>
<tr>
<td>Website</td>
<td>9810 views of the website</td>
</tr>
<tr>
<td>Social media (Twitter and Facebook combined)</td>
<td>732,669 people had seen RCRTRP tweets or Facebook posts</td>
</tr>
<tr>
<td>Direct Mail</td>
<td>128,471 households</td>
</tr>
<tr>
<td>Correspondence received</td>
<td>478 logged comments reviewed by independent reviewer</td>
</tr>
<tr>
<td>Public Meetings</td>
<td>896 individuals across 3 public meetings</td>
</tr>
<tr>
<td>Information Sessions</td>
<td>762 individuals across 17 information sessions</td>
</tr>
<tr>
<td>Awareness Raising Days</td>
<td>48,000 leaflets handed out direct to public &amp; posters put up in 800 locations.</td>
</tr>
</tbody>
</table>
2 Background

2.1 Overview

The RCRTRP 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 engagement activity undertaken as part of the Pre-Consultation Business Case\(^6\), significant changes are required in order to ensure health and social care services are fit for the future.

The proposed changes were developed to deliver improved outcomes for patients, to enable local hospitals and community health services to meet national standards and to respond to the case for change and challenges being faced by local health services.

The decision was made (at the Governing Bodies meeting in parallel on 20\(^{th}\) January, 2016) to take these proposals to consultation led by NHS Calderdale and NHS Greater Huddersfield CCGs.

The consultation commenced on 15\(^{th}\) March 2016 and concluded on 21\(^{st}\) June 2016.

2.2 Consultation Mandate

The consultation mandate is published in the Consultation Plan. The mandate is:

‘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 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\(^7\) 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’.

---


\(^7\) Decision date is 20 October 2016
2.3 Preparing for Consultation

In order to move to full consultation, a period of pre-engagement was undertaken, supporting the development of the proposed changes that would be taken out to consultation and providing assurance around the process and rationale.

Over the three year pre-engagement phase, staff, public, patients, carers, clinicians and other key stakeholders were engaged and included in a variety of activities to gain their input and feedback.

A composite report completed in August 2015 pulled together all the engagement activity delivered from the period March 2013 to August 2015, and the pre-consultation engagement.

Detail of pre-engagement activity is available in the pre-engagement reports on the RCRTRP website\(^8\).

Work during this period of pre-engagement included working with clinicians to develop the hospital standards and establishing current performance and aspirations in relation to these standards which led into the identification of the outcomes and benefits that were to be achieved and development of the Quality and Safety Case for change.

There were also five clinical workshops and four clinical design groups to develop the overall potential future outline model of care for hospital services. These groups met over a period of ten months between November 2014 and August 2015. The clinical workshops and the clinical design groups represented 284 hours of clinical time, supported by research and discussion outside of these meetings. NHS Calderdale and NHS Greater Huddersfield CCGs and CHFT signed off the clinical consensus on the potential outline future model of care for hospital services in October 2015.

The Pre-Consultation Business Case, outlining the case for change; the feedback from the pre-engagement work; the changes being proposed; the impact of the proposed changes; and the options appraisal was completed in January 2016.

---

\(^8\) www.rightcaretimeplace.co.uk
3 Consultation Plan

3.1 Purpose

The Consultation Plan was developed to describe the approach to formal, public consultation on the transformation of local hospital and community health services in Calderdale and Greater Huddersfield. The purpose of the Plan was to describe what was already in place (at the time of launch) and what else the programme intended to do to consult with stakeholders including the public, patients, carers and their representatives, key stakeholders including partner organisations, staff and local Councillors and MPs.

The Plan set out the activity which would take place, timelines and resources needed in order to help people understand what to expect from the formal consultation, how they could be involved and how long the process would take.

The Plan was co-produced with key stakeholders through a number of workshops in order to understand the methods and approaches appropriate for the two local areas.

It was also reviewed and assurance provided by JHOSC who approved the Consultation Plan with the following amendments: increase the consultation timeline from 12 to 14 weeks; extend the Information Sessions from 7pm close to 8pm during the week and; add in Saturday dates to the Information Session schedule.

3.2 Process & Planned Activity

The Consultation Plan outlined a clear process for consultation utilising both existing and additional mechanisms for engaging with and communicating to stakeholders.

As part of the planning and development of the Plan, an evaluation was undertaken of key stakeholders and activity designed to provide the right level of communication and engagement for each identified group.

A number of communications mechanisms were highlighted as existing methods that could be utilised and additional activities that would need to be undertaken to effectively meet the objectives of the consultation.

These activities, outlined in sections 9.2 and 10 of the Consultation Plan were then further developed into an outline delivery plan which was detailed in Appendix 2 of the Consultation Plan.

Below is a summary of these activities:

Engagement Activity

- **Public Meetings**: Delivery of an event in both Calderdale and Greater Huddersfield in the first month of the consultation.
- **Awareness Raising Roadshows**: 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.
• **Information Sessions (drop-in):** Events to provide another avenue of engagement and provision of information to the public and enable the public to engage directly with clinicians and programme staff.

• **Engagement Champions/Community Voices:** Utilisation of trained staff in community and voluntary sector organisations to capture people’s views and encourage/increase response to the consultation through face-to-face conversation using existing relationships with the voluntary, community and third sector.

• **Random Sampling:** the Talkback Survey in Calderdale to be used to gather the views of participants across Calderdale. A similar mechanism can be developed in Greater Huddersfield to increase sample size and reach to people who may not engage through other methods. A postal survey would be sent to sample groups of up to 2000 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 disability and groups representing gay and lesbian young people.

**Communications Activity**

• **Staff:** Build on existing platforms in organisations including notice boards, websites, staff briefings and intranets to promote the range of opportunities for consultation including events, presentations and Information Sessions and encourage them to have their say.

• **Elected Representatives:** Utilise 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 Committee (JHOSC) will be formally consulted on our plans.

• **Stakeholder Meetings:** Respond to requests to deliver presentations, talks and host conversations with specific audiences.

• **Consultation Materials:** including key messages and key documents such as the consultation document (including survey); accessible, easy read and translated materials and a telephone number of people to request completion over the phone; hard copy surveys; an electronic survey; posters and flyers for distribution in bulk; electronic materials for partner websites; displays and stands for events. These will be available in hard copy at key outlets including libraries, GP practices and community venues.

• **Website:** The RCRTRP 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 practice to promote the RCRTRP website on their organisation websites.

• **Social Media:** A consultation account will be created on social media (outlined in Appendix 2 of the Consultation Plan as being Facebook and Twitter accounts). Through 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.

• **Training for Spokespeople**: We will identify spokespeople and ensure they are appropriately trained to undertake this public facing role.

• **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.

• **A Door Drop** to raise awareness and encourage survey response

• **Partnership Working**: 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.

3.3 **Resourcing**

Specific resourcing for communications was identified and commissioned in recognition of the requirement for dedicated communications support due to the high level of public interest, importance to local communities and profile of the consultation.

Engagement activity was delivered through the CCGs’ Engagement Team utilising their proven and established processes for effective engagement. Equality support was provided internally by the CCGs’ Equality Team.
4 Assurance

Assurance was provided through a number of mechanisms outlined in the sections below.

4.1 Internal assurance

1. Communications, Engagement and Equality Group: This group was set up to include the RCRTRP PMO (PMO), communications leads (CCGs, PMO and CHFT), the CCGs’ engagement and equality leads and overseen by the CCGs’ Senior Manager with CCG responsibility for consultation and engagement. The group monitoring activity and acted a decision making body for weekly activity as well as providing an assurance the consultation programme was delivering against plan and meeting consultation and equality requirements.

2. Weekly communications calls with SROs of both CCGs, the Senior Manager with CCG responsibility for consultation and engagement and PMO representatives.

3. Reporting mechanisms
   - Dashboard:
     A weekly dashboard was completed to cover the headline activity, latest statistics on survey response, media coverage and activity (proactive and reactive), CCG & CHFT communications activity, social media/digital, upcoming engagement events and summary of other proactive activity.
   - Media analysis:
     Media analysis was done via a number of reporting mechanisms: PMO media log, Dashboard updates and the CCGs media monitoring. In addition a media analysis report, ‘Right Care, Right Time, Right Place Patterns and trends in media coverage 14 January – 24 June’, was commissioned from MLCSU to provide an evaluation of media activity and sentiment during the consultation period.

4.2 External assurance

The Calderdale and Kirklees Joint Health Overview and Scrutiny Committee (JHOSC): Provided scrutiny of the consultation. Five JHOSC meetings were held, each covering a different element of the proposed changes. These meetings were held in public.

The Consultation Institute (TCI): Provided review of and assurance around Consultation Process. TCI undertook a mid-point and end-point review as part of this assurance process (detailed in 4.3 and 4.4 below).

Healthwatch Kirklees worked across Calderdale and Greater Huddersfield and throughout the formal consultation process:
   - Listened to what people were saying
   - Provided good quality, impartial information to people about the proposed changes and explained how people could have their say
   - Reflected the views of the general public back to the CCG’s and to the Calderdale and Kirklees Joint Health Scrutiny Committee.
   - Remained completely independent of the process.
4.3 Mid-Point Review

As part of TCI’s review and assurance role, it undertook a Mid-Point Review at 7 weeks into the consultation.

This review was to assess progress against the Consultation Plan, review the consultation process and provide recommendations to support delivery of a robust process.

The outcome of the review was TCI was able to ‘sign off’ the Mid-Point Review stages of the compliance process subject to actioning of the following recommendations.

**Recommendation:**

Engagement activity will be supplemented with additional dialogue methods, such as ‘Live Chat’ to increase informed responses

**Delivered activity:**

The programme delivered two hour long live Twitter Chats responding to approximately 80 questions (over the two Twitter Chats) – see section 6.7

**Recommendation:**

Appropriate action will be taken to ensure evaluation can distinguish between individual responses and those from organised campaign groups and value each appropriately.

**Delivered activity**

The independent reviewer took legal advice in regard to handling campaign ‘template’ responses.

**Recommendation:**

Explore commitments around Talkback survey in Kirklees

**Delivered activity:**

An equivalent to Calderdale Talkback was delivered – see section 5.5

**Recommendation:**

Increase efforts to reach African, Caribbean and Young People consultees. Check carefully the medium and high risk groups in the Equality Impact Assessment and pre-consultation evidence, to ensure key groups are being reached

**Delivered activity:**

As outlined in section 4.1, weekly monitoring of reach into medium and high risk groups and the profile demographics outlined in the Equality Impact Assessment was undertaken and was utilised as a means of focusing and adjusting communications and engagement activity. Details of results of activity are outlined in section 7.

Consultees from African and Caribbean background were engaged via robust monitoring of work undertaken by community assets and engagement champions (section 5.4).
An update to the Children and Young People engagement and communications plan was done that included delivery of a targeted Facebook advertising campaign – see section 5.6. Additional efforts were made to reach a number of different groups who were highlighted in the analysis. This detail is included in section 7.

**Recommendation:**

Double-check that all supporting evidence is clearly signposted and available to consultees.

**Delivered activity:**

As part of the regular updates to the website (section 6.6) links to documents were checked and refreshed and additional documents uploaded to ensure access to as much information as possible.

A ‘call around’ to locations where consultation materials were available (section 6.5) was made to ensure locations had materials in ‘stock’.

**Recommendation:**

Organise an additional public meeting in response to the capacity issues of the previous one.

**Delivered activity:**

A third public meeting was organised and held in Huddersfield – see section 5.1.

### 4.4 End-Point Review

Following close of public consultation, TCI undertook an End-Point Review to again provide review, scrutiny and assurance of the consultation process. The outcome of this review was that consultation was ‘signed off’ subject to ‘satisfaction that you will take action on the following matters’.

Below are details of the recommendations and delivered actions.

**Recommendation:**

That you will compile for us a short paper describing any new studies commissioned since the start of the consultation (and relating to it) for the purposes of decision making, so that we may check that this would not have made a difference in terms of how Consultees might have considered the issues, or the influences the consultation as whole might have on the decision making.

**Delivered activity:**

A paper was provided to TCI that enabled them to confirm they were satisfied that further studies would not have influenced/impacted on a Consultees ability to respond to the consultation.

**Recommendation:**

To strengthen the next stage by creating a more detailed, documented plan for the feed forward (to decision makers) and feed backward (to Consultees) of the consultation output and outcome.
Delivered activity:
A process has been developed (with key milestones) for development of recommendations and therefore ‘feed forward’ to decision makers.
A communications and engagement plan for the deliberation phase with outline strategy for post decision has also been developed.

Recommendation:
To provide further clarity of who the key stakeholders are in the decision making process and how the influencing process will work from this point onwards.

Delivered Activity:
The CCGs have committed to providing this detail within the deliberation process.

Recommendation:
To confirm that the output will be discussed with the relevant Healthwatch organisation.

Delivered activity:
Healthwatch has been engaged throughout the consultation. A formal response to the consultation has been submitted from Healthwatch and included in the CCGs deliberation.

Recommendation:
To take proportionate steps to mitigate the potential of unprocessed responses suffered as a result of the technical error on the last day of the consultation which resulted in the early termination of the online facility by approximately 1 hour.

Delivered activity:
The CCGs made the decision to extend the online survey facility from midnight on 21st June to 5pm on 24th June and promoted accordingly.

Recommendation:
To ensure that there is a robust and documented process for considering any new ideas or proposals as a result of the consultation.

Delivered activity:
The independent reviewer developed a coding framework for robust analysis of consultation responses.

The Consultation Institute wrote to the CCGs on 5th September as per below:
I am happy to confirm that I have now ‘signed off’ the final report stage of the Quality Assurance process. It means that we have now signed-off all the interventions for the exercise as a whole consistent with our good practice standards.

We would like to congratulate you on fulfilling the requirements of the Quality Assurance process and wish you well in continued dialogue with your community.
4.5 Healthwatch

Healthwatch Kirklees provided the following definition of their role during the formal consultation process. This was to:

- Listen to what people are saying.
- Provide good quality, impartial information to people about the proposed changes and explain how people could have their say.
- Reflect the views of the general public back to the CCG’s and to the Calderdale and Kirklees Joint Health Scrutiny Committee.
- Remain completely independent of the process.

After carefully reviewing the CCGs’ consultation documents and survey, Healthwatch Kirklees made the decision to create its own survey, which asked the public if they were aware of the proposed changes, how they had found out about the proposals and whether they felt they understood them. Then people were asked to answer two simple questions:

1. How would the proposed changes affect you and your family?
2. Tell us any other thoughts you have about the proposed changes.

The results of their survey are detailed in a report presented to the CCGs, ‘What people think about the proposed changes to hospital and community services in Calderdale and Greater Huddersfield’.

Healthwatch Kirklees stated at the JHOSC meeting on 7 September, Huddersfield Town Hall that it felt the consultation process had been open and that the Independent Report of Findings was an accurate reflection of what people had been saying.
5 Engagement Activity

5.1 Public Meetings

Planned Activity:
Delivery of an event in both Calderdale and Huddersfield in the first month of consultation.

Delivered Activity:
Within the Consultation Plan and subsequent CE&E Plan, two public meetings were scheduled:

- 14 April 2016: North Bridge Leisure Centre Halifax
- 18 April 2016: John Smith’s Stadium Huddersfield

A further meeting was arranged in Huddersfield at John Smith’s Stadium on 6th June in response to public feedback.

All events were publicised via information leaflets and posters, adverts in local papers, media coverage and proactive social media. All events were also live streamed via Facebook. Transcripts of events were produced and made available on the consultation website.

The third event was ticketed in response to concerns over safety as well as to support the management of expectations regarding availability of seating. The opportunity to submit a question for the panel was also available when booking. Questions for response at the event were selected by the independent chair. All questions submitted were answered as part of a Q&A document which was subsequently published on the consultation website.

Questions, transcripts and any other feedback from the events was gathered and provided to the independent reviewer for evaluation as part of the consultation.

The total number who attended the public meetings is detailed below:

<table>
<thead>
<tr>
<th>Event</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>14th April (Halifax)</td>
<td>112</td>
</tr>
<tr>
<td>18th April (Huddersfield)</td>
<td>520</td>
</tr>
<tr>
<td>6th June (Huddersfield)</td>
<td>264</td>
</tr>
<tr>
<td>Total attendees</td>
<td>896</td>
</tr>
</tbody>
</table>

It should be noted that while the number of attendees for the third event on the 6th June was low, 484 tickets were booked.

5.2 Awareness Raising Roadshows

Planned Activity:
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.
Delivered Activity:

Whilst stands in prominent locations were not delivered due to resourcing, the engagement team and volunteers scheduled awareness raising days prior to information sessions (all except Lockwood).

Posters and leaflets were distributed in the surrounding area where the information session was to be held and targeted:

- A variety of shops and supermarkets
- Post offices
- Hairdressers
- Cafes and takeaway restaurants
- Local gyms and sports clubs
- Pubs and clubs

On average 3,000 leaflets were distributed and posters placed in approximately 50 locations per roadshow for an approximate total of 48,000 leaflets handed direct to the public and posters put up in 800 locations.

5.3 Information Sessions (drop-in):

Planned Activity:

Events to provide another avenue of engagement and provision of information to the public and enable the public to engage directly with clinicians and programme staff.

Delivered Activity:

Initially 15 Information Sessions were scheduled across Calderdale and Greater Huddersfield. An additional two events were scheduled following feedback from the public and other stakeholders bringing the total number of events delivered to 17.

These sessions were designed to be interactive and enable the public to engage directly with clinicians, ask questions as well as provide feedback in a number of ways including via vox pops, a graffiti wall and feedback forms.

All feedback from these sessions was gathered and provided to the independent reviewer for evaluation as part of the consultation.

Additionally, during the sessions the engagement team proactively went out into local settings to: encourage people to attend; provide information; and discuss the proposed changes.

In total 762 people attended the 17 information sessions. Below are the numbers that attended each event. It should be noted that some people attended more than one event and that these numbers do not include those engaged during the time of the session either directly outside the venue, talking to people in local settings or in the town centre.

<table>
<thead>
<tr>
<th>Event</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slaithwaite</td>
<td>108</td>
</tr>
<tr>
<td>Sowerby Bridge</td>
<td>26</td>
</tr>
</tbody>
</table>
5.4 Engagement Champions/Community Voices

Planned Activity:

Utilisation of trained staff in community and voluntary sector organisations to capture people’s views and encourage/increase response to the consultation through face-to-face conversations using our existing relationships with the voluntary, community and third sector.

Delivered Activity:

Information was circulated throughout the voluntary and community group networks in Calderdale and Greater Huddersfield. In addition the trained community group members, which included 12 groups from the Greater Huddersfield programme ‘Community Voices’ and 27 groups from Calderdale ‘Engagement Champions’ were utilised to present information at meetings and encourage response from identified communities and protected characteristic groups.

These groups supported conversations with a range of protected characteristic groups:

- Sex
- Age: including the older and younger people
- Ethnicity: in line with the local demographics
- Religion: a variety of faiths
- Disability: including physical, sensory and learning disability
- Locality: from a range of local areas
- Carers
- Sexual orientation and transgender people
- Pregnancy and maternity

The groups utilised were:
Community Voices (Greater Huddersfield)
- One Good Turn Charity
- Basement Recovery Project
- Denby Dale Centre
- Moldgreen United Reformed Church
- Huddersfield Pakistani Community Alliance
- Royal Voluntary Service
- Womens Centre
- Brian Jackson House
- Indian Workers Association
- Q4E
- Honeyzz

Engagement Champions (Calderdale)
- Disability Partnership Calderdale
- Basement Recovery Project
- Centre at Threeways TBA
- Disability Support Calderdale
- Noahs Ark TBA
- Advance Community Empowerment
- St George’s Community Trust
- Age UK Calderdale & Kirklees TBA
- Forum 50+
- Healthy Minds
- Phoenix Radio
- Pleasant Pastimes
- Chiraagh
- Project Colt
- Crisis Pregnancy Care
- UCCA TBA
- Women Centre
- Healthy Living Partnership
- WES
- HOTS
- Calderdale Interfaith council
- Labrys Trust
- Compass Bridge
- CREW
- Calderdale DART
- Voluntary Action Calderdale
5.5 Random Sampling

Planned Activity:
The Talkback Survey in Calderdale to 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 sample groups of up to 2000 people in each local area.

Delivered Activity:

Calderdale Talkback Survey

In order to extend reach and also encourage a greater response to the survey, inclusion in the Calderdale Council Talkback survey was arranged. Talkback is a panel of residents set up by Calderdale Council who broadly reflect the diversity of Calderdale. It is a large group with over 1500 members being broadly representative of adults across Calderdale as a whole (with slight under-representation of those over 65 and disabled people) and is managed by the Customer Knowledge team at the Council based in the Communities Directorate.

In total 425 people responded to the Calderdale Talkback Survey.

Greater Huddersfield Talkback Equivalent

Kirklees Council do not run a similar panel to the Calderdale Talkback process. Therefore Midlands and Lancashire CSU were commissioned to deliver an equivalent survey to the Calderdale Talkback.

This involved sending out a letter and hard copy of the survey to 2000 Greater Huddersfield households randomly selected from independently sourced address data.

5.6 Consulting Young People

Planned Activity

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 disability and groups representing gay and lesbian young people.

Delivered Activity:

A variety of activity was undertaken to engage children and young people (CYP). A key engagement tactic was to offer the opportunity of face-to-face briefings to all schools via the school’s intranet and Calderdale Council, classroom based focus groups, visits to youth clubs, utilising the Involving Young Citizens Equally Team (IYCE) in Huddersfield, visits into paediatrics wards and commissioning of specific engagement activity through CYP community asset groups.
66 children in Calderdale took part in classroom based focus groups which involved a young people friendly presentation and Q&A. Each received a full document and survey which they were encouraged to complete and hand in.

All youth clubs were offered a briefing via the intranet and Calderdale Council.

117 health and social care students at Greenhead College in Huddersfield took part in five classroom based focus groups which involved a presentation and Q&A. Each received a full document and survey which they were encouraged to complete and hand in.

Colleagues in the IYCE team conducted the engagement work in Huddersfield. This involved work with six schools and a youth group for LGBTQ children and young people.

Summaries, surveys, leaflets and comment cards were left at all schools engaged for distribution to friends and families of the children that took part in the focus groups.

In addition to this activity, a targeted social media marketing campaign was delivered.

This involved two streams of work:

1. Commissioning of Fourteen19 to deliver a workshop with young people to gain understanding of how to present information and develop messaging that would resonate with young people. This also included development of a peer commentary video which was promoted via Facebook advertising. The advert ran for 12 hours and gained a reach of 4675.

2. A Facebook advertising campaign of two adverts directed at young people, with tailored messaging and linking to a specific website page (accessible only via the adverts). This page was designed to provide young people with information, direct them to the online survey and, by being a dedicated page to help enable some level of monitoring of number of responses generated.

These adverts both ran for 4 days and in total gained a reach of 129,006 with 956 actively clicking on the link through to the website page.
6 Communications Activities

6.1 Staff engagement

Planned Activity:

Build on existing platforms in organisations including notice boards, websites, staff briefings and intranets to promote the range of opportunities for consultation including events, presentations and information sessions and encourage them to have their say.

Delivered Activity:

A significant level of communications and engagement activity to CHFT and NHS Calderdale and NHS Greater Huddersfield CCGs’ staff was undertaken by their embedded communications functions of CHFT and the CCGs.

The main aims were to raise awareness and understanding of the key points of the consultation and where to access more information; raise awareness of consultation events (information sessions and public meetings); encourage completion of the survey; and work with identified stakeholder groups to ensure greater awareness and input from these groups.

Work included:

- Holding events for staff such as drop ins and/or including updates on the consultation during team and other staff meetings/briefings
- Ensuring all internal communications channels such as e-newsletters, staff updates, screen savers etc. had regular/permanent messaging regarding the consultation and continually encouraged staff to complete the survey
- Placing posters and other promotional materials in both staff and external facing areas
- Enabling dedicated time for staff to complete the survey (CHFT)
- Promoting consultation key messages through social media
- Supporting with media enquiries and providing spokespeople for interviews when available
- Supporting with gathering of additional information to help answer public queries
- Supporting the engagement team with ‘survey days’ in wards (visits to encourage public completion of surveys by the engagement teams in both hospitals)
- Promoting, providing updates and raising understanding of the proposals to Governing Body members (CCGs)
- Arranging representative cover for Information Sessions and Public Meetings
- Including information in all monthly staff meetings as well as additional 1-2-1 sessions
- Including discussions on the proposed changes and consultation in stakeholder meetings.

In total 5966 staff across both CCGs and CHFT were communicated with and provided with an opportunity to engage with the consultation.

6.2 Clinical Engagement with GPs

In addition to staff engagement outlined above, separate, focused engagement with GPs was also delivered.
Existing meetings and communications channels such as internal briefings and e-newsletters were utilised to provide updates, enable discussion and feedback and encourage involvement in the consultation for all GPs and Practice Staff and through surgeries, the public.

A summary of a number of activities is detailed below:

In Calderdale:

- LMC (Local Medical Council) received five presentations in relation to proposed future arrangements for hospital and community health services.
- Presentations to the Joint Clinical Commissioning and Practice Managers meetings (26 GPs and 26 Practice managers) in October and December, 2015 and in April, 2016.
- Information has also been included in the Jan, March and April 2016 editions of the newsletter which is distributed to all GP Practices.

In Greater Huddersfield:

- LMC received presentation at each monthly ‘interface update’ every month from September 2015 and throughout the consultation
- Presentations were made twice at the Practice Protected Time (PPT) meetings
- Updates in the newsletter distributed to all GP practices with a dedicated page on GHCCG intranet.
- RCRTRP was included as a standard agenda item at Practice Managers Reference Group since September 2015 (meet monthly)

6.3 Elected representatives

Planned Activity

Utilise 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.

Delivered Activity:

During the Consultation Phase, Councillors and MPs were provided with regular briefings and updates via the following communications channels:

- JHOSC meetings and updates
- Stakeholder briefings
- Additional one-to-one meetings with MPs as part of existing CCG stakeholder engagement activity.

6.4 Stakeholder meetings

Planned Activity:

Respond to requests to deliver presentations, talks and host conversations with specific audiences.
Delivered Activity:

A ‘Forward Planner’ was developed to monitor and detail upcoming meetings (both requests and existing opportunities) and ensure the appropriate spokesperson/representation attended.

In addition, to ensure consistent messaging was provided to all stakeholders at the same time for any key consultation updates, a cascade process was developed based on the development of a Stakeholder Briefing tailored for ‘stakeholder groups’ such as staff, MPs and Councillors and partner organisations and into other communications tools such as press releases and website copy.

In total 36 meetings or forums/events were attended. This does not include staff meetings or informal discussions. Exact number of individuals attending each event has not been recorded in full for all events and therefore not included as part of this report.

Below is a summary list of the stakeholders who were met with/engaged via this process of meetings:

- GP practice support groups
- Commissioning Development Forum Calderdale
- Practice Managers Reference Groups
- Kirklees LMC and Calderdale LMC
- Clinical Strategy Groups
- Health Forum Calderdale
- Protected Practice Time
- NHS Calderdale CCG Joint Clinical Commissioning Leads & Practice Managers
- NHS Calderdale and NHS Greater Huddersfield CCGs Finance & Performance Committees
- NHS Calderdale and NHS Greater Huddersfield CCGs Public Governing Bodies
- NHS Greater Huddersfield CCG Quality and Safety Committee
- The Consultation Institute
- Ryburn School
- CHFT staff
- Calder High
- Calderdale Deaf Society
- MP meetings
- JHOSC
- Community conference
- Calderdale PLT session
- Home Valley South Labour group
- Calderdale Health and Wellbeing Board
- Greater Huddersfield Community Voices Asset briefing
- RURAL District Committee
- Healthwatch
- Royal College of Nursing
6.5 Consultation Materials

Planned Activity:
Develop materials to include key messages and key documents such as the consultation document including survey; accessible, easy read and translated materials and a telephone number of people to request completion over the phone; hard copy surveys; an electronic survey; posters and flyers for distribution in bulk; electronic materials for partner websites; displays and stands for events. These will be available in hard copy at key outlets including libraries, GP practices and community venues.

Delivered Activity:
A full range of consultation materials were delivered:

- Full consultation document with survey in English, easy read version and translated into audio (mp3 file).
- A summary document in English, easy read, audio (mp3 file), Braille hard copy version, and translated into Urdu, Polish, Czech, Punjabi and Slovak.
- Separate Survey – online and hard copy (including easy read version) – with translations into audio (mp3) file, Polish, Czech, and Slovak
- General promotional posters and flyers including leaflets on Planned Care, Urgent Care Centres and Emergency Centre.
- Direct Mail leaflet
- Displays and stands for use at public events and roadshows
- A suite of templates for documents and presentations to support branding and identity of the programme
- A FAQ document that was the basis for online FAQs as well as media handling
- Publication as separate documents of key background and supporting information including the Pre-Consultation Business Case and the travel analyses.
- Specific materials for the public meetings (biographies, handouts re signposting for further information)
- A document containing all questions put forward to the programme by the public (published on the website)
- Transcripts of all public meetings available on the website
- Videos – 7 produced and uploaded to the website, social media and shared with partner communications. The summary video included British Sign Language for accessibility. These were streamed via YouTube from a dedicated consultation programme YouTube channel.

A dedicated telephone, text facility and email address were also created and promoted on all materials as well as a FREEPOST pre-addressed envelope for hard copy surveys.
As part of the process to increase the visibility and access to information about the consultation and proposed changes, core communications materials (consultation document, consultation summary and survey) were distributed to a number of locations including pharmacies, libraries and GP surgeries. This included posters and leaflets to support promotion of survey completion and Information Session/Public Meeting dates.

Print numbers for professionally printed copies of documentation are listed below:

<table>
<thead>
<tr>
<th>Document</th>
<th>Quantity printed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation Main Document</td>
<td>10,000</td>
</tr>
<tr>
<td>Consultation Survey</td>
<td>19,000</td>
</tr>
<tr>
<td>Consultation Summary</td>
<td>17,000</td>
</tr>
<tr>
<td>Various leaflets</td>
<td>85,000</td>
</tr>
<tr>
<td>Promotional Posters</td>
<td>2,200</td>
</tr>
<tr>
<td>Free-post envelopes</td>
<td>4,500</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>137,700</strong></td>
</tr>
</tbody>
</table>

6.6 Website

Planned Activity:

The RCRTRP 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 RCRTRP website on their organisation websites.

Delivered Activity:

The website was set up to provide as wide as possible, immediate access to a wide range of information and the online survey. It was supplemented by a number of other activities to ensure those not accessing digital communications could still gain information and complete the survey. Further detailed information such as the Pre-Consultation Business Case, Travel analyses, CHFT 5 Year Plan, Six Facet survey and PFI legal advice and responses to already submitted questions from the public were also made available on the website and promoted via social media and signposted in hard copy materials.

In total, 9810 people visited the website. Most visitors were directed from the consultation Facebook account and the main page visited was the Documents page followed by the external survey.

In addition to the dedicated consultation website, materials such as ‘screen savers’ were shared with partner organisations’ communications colleagues for use across their external and internal websites.

6.7 Social media

Planned Activity:

A consultation account will be created on social media (outlined in Appendix 2 of the Consultation Plan as being Facebook and Twitter accounts). Through 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.

Delivered Activity:

The RCRTRP programme used three social media channels: Twitter, Facebook and YouTube.

These channels were set up prior to, or shortly after the launch of the consultation on 15 March 2016 and continue to be used for messaging post-consultation (after 21 June 2016).

Social media was used to promote key messages and information, to promote the consultation and ability to ‘have your say’, gain a feel of public opinion, gather additional insight into public sentiment and concerns and provide a means of ‘visibly’ answering questions raised.

After the Mid-Point Review, social media activity was strengthened including commencement of weekly scheduling of posts and tweets ahead of time. Two Twitter Chats was also delivered in response to a recommendation from TCI, providing a means of directly engaging with and asking questions of Drs Alan Brook and Steve Ollerton.

A ‘generic’ Facebook advertising campaign which promoted completion of the survey was also delivered.

<table>
<thead>
<tr>
<th>Channel</th>
<th>Reach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook (includes social media advertising campaigns)</td>
<td>508,369</td>
</tr>
<tr>
<td>Twitter</td>
<td>224,300</td>
</tr>
<tr>
<td>Total</td>
<td>732,669</td>
</tr>
</tbody>
</table>

6.8 Media

Planned Activity:

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.

Delivered Activity:

Media was identified as a core communication channel. A dedicated media lead was employed to handle reactive as well as provide proactive media.

During the public consultation, the RCRTRP communications team:

- Responded to 52 media enquiries
- Issued 10 press releases
- Managed 2 media interviews (broadcast and press65)
- Issued 6 proactive columns for the Halifax Courier series - reported as written by RCRTRP
While there was a strong campaign against the proposed changes supported by one of the main local papers (the Huddersfield Daily Examiner), the consultation managed to mitigate some of this activity through proactive work resulting in more balanced coverage appearing in the main in the Halifax Courier and sister titles and BBC Look North (TV) and BBC Radio Leeds. The themes and sentiment of all coverage is detailed in the media analysis produced independently by the Midlands and Lancashire CSU in Appendix 1.

Further detail about media activity is included in Appendix 2 and an evaluation of media has been undertaken by MLCSU in their report ‘Right Care, Right Time, Right Place Patterns and trends in media coverage 14 January – 24 June’.

6.8.1 Training for Spokespeople

Planned Activity:
We will identify spokespeople and ensure they are appropriately trained to undertake this public facing role.

Delivered Activity:
Training was provided by an external media training provider to ensure that spokespeople were given a basic understanding of how to handle media questions, interviews and confidence in keeping on message. This activity was done ahead of launch and supplemented during the consultation by updates at established meetings such as the CEE meeting.

In addition, spokespeople were further supported at all interviews and media opportunities by attendance and liaison work of the consultation media lead.

6.9 Advertising

Planned Activity:
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.

Delivered Activity
Advertising was booked in key media (Halifax Courier and group titles and Huddersfield Examiner) to promote the consultation and proposed changes at launch stage and subsequently reiterate key messages, encourage completion of surveys, and promote the Information Sessions and public meetings.

Below is a summary of ‘reach’ – figures are based on the readership numbers provided by the publications’ advertising departments.

<table>
<thead>
<tr>
<th>Publication</th>
<th>Circulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Halifax Courier, Brighouse Echo, Todmodern News, Hebden Bridge Times</td>
<td>22,393 paid (weekly)</td>
</tr>
<tr>
<td>Huddersfield Examiner</td>
<td>14051 paid daily</td>
</tr>
<tr>
<td><strong>Total for 5 adverts</strong></td>
<td><strong>182,220</strong></td>
</tr>
</tbody>
</table>
6.10 A door drop

**Planned Activity:**
Deliver a door drop to raise awareness and encourage survey response.

**Delivered Activity:**
The Direct Mail was sent to 128,471 households with data provided by a data house based on the catchment areas of Calderdale and Greater Huddersfield wards and CCG footprints. Only households who had not ‘opted out’ of marketing were included.

The Direct Mail was designed as a 4 page summary leaflet (A4 sized) providing an overview of the proposed changes and key information that reflected main concerns raised by the public (at that point in time) and formatted to ensure as wide a readership as possible.

6.11 Partnership working

**Planned Activity:**
Work with communications colleagues in partner organisations to cascade messages through their internal and external channels as appropriate.

**Delivered Activity:**
Core partners were communications leads from CHFT, NHS Calderdale CCG and NHS Greater Huddersfield CCG. They were invited to attend all CEE meetings and were involved in communication planning as well as taking the lead role in delivering communications and engagement activities to staff of those organisations. They were also involved in development of communications materials and press lines.

Close links were developed with the communications leads in the following additional partner organisations: YAS; SWPFT; Locala; and Kirklees Council and Calderdale Councils. They were provided with regular updates and supported by disseminating information to both public and staff.

In addition, a number of organisations including the Yorkshire Chamber of Commerce were asked to include promotion of the consultation through their communications channels. This resulted in consultation promotional messaging appearing on GP surgery websites and articles in various internal staff newsletters as well as the Chambers’ member updates.

6.12 Questions and Answers (Q&A)

**Planned Activity:**
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.

**Delivered Activity:**
A correspondence log was created to enable the PMO to track all correspondence and feedback on the consultation. In addition each engagement activity was evaluated and feedback forms reviewed.
This information, combined with the key themes emerging from a weekly survey update from the MLCSU, was reviewed on a weekly basis to ensure messaging addressed any emerging issues, or was strengthened to ensure greater understanding.

This feedback was also used to review need for additional communications or engagement activity. Examples are the addition of two further Information Sessions and adjustment of content for the Direct Mail activity. On a day-to-day basis, this information informed all social media updates.

This correspondence log was also provided to the independent reviewer for evaluation as part of the consultation.

In addition, the programme published the questions and responses on the RCRTRP website\(^9\) removing any reference to who the correspondence was from for data protection and privacy of the individuals involved.

\(^9\) https://www.rightcaretimeplace.co.uk/faq/
7 Equality Close of Consultation Review

7.1 Pre-Consultation Business Case – Equality Analysis

To assure the CCGs Governing Bodies that the CCGs were ready to consult an equality analysis was prepared and taken through each CCGs Quality Committees for approval.

The analysis made a number of recommendations about the protected groups likely to be affected by the proposals and communities it would be important to reach with the public consultation.

The groups that the analysis recommended were targeted in the formal consultation were:

- Children and young people
- Older people
- Asian/Asian British and White other
- Disabled people with particular impairments which may make them higher users of services
- Carers
- Lesbian, gay, bisexual and transgender people
- Subject to the completion of the maternity and paediatrics pre engagement activity consider if further reach was required

Recommendations were also made about the consultation documentation being made available in a variety of formats, including different languages, braille and audio.

Finally the analysis made clear that the process of equality impact assessment was iterative and should continue throughout the formal consultation and beyond as any proposed changes were implemented. An Equality and Health Inequality Impact Assessment is being undertaken on the programme as a whole and will be published alongside the final report.

7.1.1 Mid-Point Review

The Consultation Institute formally reviewed our progress at the midpoint in the consultation. Their recommendations in terms of equality were;

- Increase efforts to reach African and Caribbean and young people consultees
- Check carefully the medium and high risk groups in the equality analysis to ensure key groups are being met

In some areas there was confidence that the community assets would ensure a return for a particular community so no additional action was required.

For other groups it was acknowledged that despite efforts, they were not being adequately reached and therefore specific targeted action was planned and undertaken.

7.2 Reviewing the Data

To ensure the consultation was meeting a representative sample of local communities the equality monitoring data was reviewed at regular intervals. Where any issues with underrepresentation were noted consideration was given to whether specific targeted action was required.
The groups that were identified as underrepresented as the consultation progressed were:

- Sex – men
- Age – older people – over 70’s and children and young people
- Sexual orientation – lesbian, gay and bisexual people
- Transgender people
- Those who were pregnant or had given birth in the past 6 months

7.3 Reviewing Engagement and Communications Activity

7.3.1 Targeted Activity

Specific activity was undertaken to reach out to particular groups to ensure they knew about the consultation and were encouraged to participate;

- Disability - Calderdale Deaf Society
- Disability - Disability Support Calderdale
- School and college activities
- Transgender - Transpositive
- Ethnicity - Queens Road Neighbourhood Centre – Job Club – people from the Czech Republic and Slovakian people
- Sexual orientation - Todmorden Women’s disco
- Age - Chit Chat group Elland, over 50’s
- Sexual orientation - HUGG
- Age - Age UK
- Ethnicity - Polish Roman Catholic Church Huddersfield
- Ethnicity - Supermarket that serves Polish and other European communities.
- Ethnicity - Honeyzz

7.3.2 Accessibility

When selecting venues for consultation activities, consideration was given to the physical and other access requirements of the public and staff.

In advertising and on the website people who had access needs were encouraged to get in touch, via various accessible routes to ensure the consultation met these needs.

‘All venues are disabled friendly. Anyone who additional access needs such as, BSL, language interpreter or other, or wants to check the venue meets their needs should contact us.’ (details provided)

7.3.3 Documentation

To ensure that the consultation reached the local communities, people were invited in four local community languages to request documentation in another language or format or ask for assistance to complete the survey. The languages selected reflected the four most requested interpreted languages at CHFT; Polish, Hungarian, Urdu and Czech.

There were a large number of documents prepared to support the consultation. The set of documents were;
A main consultation document
A summary of the main document
A survey

To support accessibility the full document was made available on the website in an audio format.

The summary document was made available in;

- Audio format
- Braille
- Polish
- Slovak
- Czech
- Easy read
- Punjabi
- Urdu
- Large print
- Alternative fonts, sizes and paper colours on request

The survey was made available in;

- Audio format
- Braille
- Czech
- Polish
- Slovak
- Easy read

Where requested interpreters were also made available to support consultation activity. People were encouraged to ask if they needed anything else to support them to understand and get involved with the consultation. A number of sets of documents were provided in large print, different fonts and on coloured paper; people were supported to complete the survey by having it read to through with them and completing it on their behalf and an interpreter was provided for an event to help people complete the survey.

### 7.3.4 Events

A number of events were held over the course of the consultation. There were two main types; public events and information sessions. These are reviewed below.

Initially two public meetings were planned; a third at Huddersfield was added due to public demand. Almost 500 people requested tickets for the final Huddersfield event but significantly less attended.

15 information sessions were originally scheduled and promoted and a further two added. At each event people were handed an equality monitoring form and requested to complete and return it.
7.3.4.1 Public meetings

At the three meetings 176 fully or partially completed forms were collected, approximately 900 attended the public meetings.

To support accessibility at the public meetings a team of Palantypists and BSL interpreters were employed. People were also invited to get in touch if they needed additional support to enable them to participate.

7.3.4.1.1 Greater Huddersfield public meetings

There were approximately 780 people at the two events. Due to the low number of completed equality monitoring forms it is hard to draw conclusions about representation. However would be fair to say that the people attending were not a fair representation of the Greater Huddersfield population in terms of visible diversity.

<table>
<thead>
<tr>
<th>Sex</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>86</td>
<td>64.7</td>
</tr>
<tr>
<td>Male</td>
<td>46</td>
<td>34.6</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>1</td>
<td>0.75</td>
</tr>
<tr>
<td>Grand Total</td>
<td>133</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian British/Pakistani</td>
<td>2</td>
<td>1.6</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Mixed White and Asian</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Pakistani</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>White English/Welsh/Scottish/Northern Irish/British</td>
<td>122</td>
<td>94.6</td>
</tr>
<tr>
<td>White Irish</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Grand Total</td>
<td>129</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>---------------</td>
<td>--------</td>
<td>-----</td>
</tr>
<tr>
<td>Christianity</td>
<td>82</td>
<td>63.1</td>
</tr>
<tr>
<td>Druid</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Islam</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td>No Religion</td>
<td>37</td>
<td>28.5</td>
</tr>
<tr>
<td>Pagan</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>6</td>
<td>4.6</td>
</tr>
<tr>
<td>Quaker</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Grand Total</td>
<td>130</td>
<td></td>
</tr>
</tbody>
</table>

Other equality

6.1% (8) were disabled, 15.6% (19) were carers, 2 attendees were bisexual and none were trans.

7.3.4.2 Calderdale public meeting

There were approximately 110 people at the event. Due to the low number of completed equality monitoring forms it is hard to draw conclusions about representation. However would be fair to say that the people attending were not a fair representation of the Calderdale population in terms of visible diversity.

<table>
<thead>
<tr>
<th>Sex</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>23</td>
<td>63.9</td>
</tr>
<tr>
<td>Male</td>
<td>13</td>
<td>36.1</td>
</tr>
<tr>
<td>Grand Total</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------</td>
<td>----</td>
</tr>
<tr>
<td>Asian British/Pakistani</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Other White: Danish</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>White English/Welsh/Scottish/Northern Irish/British</td>
<td>35</td>
<td>92.1</td>
</tr>
<tr>
<td>White Irish</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Grand Total</td>
<td>38</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Religion</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christianity</td>
<td>19</td>
<td>51.4</td>
</tr>
<tr>
<td>Islam</td>
<td>1</td>
<td>2.7</td>
</tr>
<tr>
<td>No Religion</td>
<td>16</td>
<td>43.2</td>
</tr>
<tr>
<td>Quaker</td>
<td>1</td>
<td>2.7</td>
</tr>
<tr>
<td>Grand Total</td>
<td>37</td>
<td></td>
</tr>
</tbody>
</table>

Other equality
24.4% (10) were disabled, 25.6% (10) were carers, there was 1 lesbian and 2 bisexuals and none were trans.

7.3.5 Information sessions
At the 17 meetings 200 fully or partially completed equality monitoring forms were collected and approximately 750 people attended the sessions which were held at both Calderdale and Greater Huddersfield venues.

As can be seen from the data below there was limited diversity in those that completed the equality monitoring forms.

<table>
<thead>
<tr>
<th>Sex</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>123</td>
<td>62.1</td>
</tr>
<tr>
<td>Male</td>
<td>73</td>
<td>36.9</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>198</td>
<td></td>
</tr>
</tbody>
</table>
### Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Bangladeshi</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Asian British/Pakistani</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Mixed White and Black Caribbean</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Other White background</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Other White - Swedish</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>White English/Welsh/Scottish/Northern Irish/British</td>
<td>188</td>
<td>96.4</td>
</tr>
<tr>
<td>White Irish</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>195</td>
<td></td>
</tr>
</tbody>
</table>

### Religion

<table>
<thead>
<tr>
<th>Religion</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atheist</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Christianity</td>
<td>104</td>
<td>54.5</td>
</tr>
<tr>
<td>Humanist</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Islam</td>
<td>3</td>
<td>1.6</td>
</tr>
<tr>
<td>Methodist</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>No Religion</td>
<td>69</td>
<td>36.1</td>
</tr>
<tr>
<td>Prefer not so say</td>
<td>7</td>
<td>3.7</td>
</tr>
<tr>
<td>Quaker</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>v</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>191</td>
<td></td>
</tr>
</tbody>
</table>

### Other equality

10.9% (21) were disabled, 13.9% (25) were carers, there was a lesbian, a gay man and a bisexual, none were transgender.

### Consultation data

7582 people fully or partially completed the survey. This includes 425 who completed the survey as part of Calderdale Talkback.

Calderdale Talkback does not ask people to complete a full equality monitoring form, so the respondents’ data will be incomplete in some areas and not comparable in others. The survey records; sex and ethnicity and ages in 20 year groupings.

An equivalent approach to Calderdale Talkback was made to households in Greater Huddersfield but as they were signposted to the online or existing hard copy survey, this included the full equality monitoring questions.
To understand the data and whether the surveys reached a representative sample of the local populations the data has been analysed. Where any underrepresentation has been identified it is highlighted in the tables provided.

Those people who identified themselves as residents of either Calderdale or Greater Huddersfield will be reported and compared to the demographic data available locally.

Where the respondent did not say they lived in Greater Huddersfield or Calderdale this data is analysed separately and reported as ‘other’.

During the analysis it became apparent that a number of people in this ‘other’ group had provided a postcode which was from Greater Huddersfield or Calderdale.

This data has been extracted, analysed and shared alongside the residents’ data as ‘additional postcode data’ to ensure that the fullest possible picture of those who participated is provided.

Of the total number of respondents 2015 (26.6%) were Calderdale residents, 4950 (65.3%) Greater Huddersfield residents, 637 (8.4%) were people who did not state a residence. This number may be made up of people from out of the area, staff or others. 20 people said they were residents of both Greater Huddersfield and Calderdale.

When the postcodes were considered of those who said they ticked yes to being both residents of Calderdale and Greater Huddersfield residence; 14 had Greater Huddersfield postcodes and 4 had Calderdale. 2 were blank. These 20 people will appear twice in the equality monitoring data analysis.

Of the 637 who did not identify as residents of Calderdale or Greater Huddersfield, 115 had Calderdale postcodes and 291 Greater Huddersfield postcodes. This will be reported as ‘additional postcode data’.

Of the 637; 131 people identified themselves as members of staff, 81 as representatives of organisations and 174 as ‘other’.

The survey allowed people to select more than one answer which has had an impact on the analysis.

7.5 Equality Data

7.5.1 Sex of respondents
What sex are you?

<table>
<thead>
<tr>
<th>What sex are you?</th>
<th>Calderdale Resident</th>
<th>Population %</th>
<th>Greater Huddersfield Resident</th>
<th>Population %</th>
<th>Other</th>
<th>Population %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>1081</td>
<td>57.7</td>
<td>2707</td>
<td>58.0</td>
<td>295</td>
<td>56.7</td>
</tr>
<tr>
<td>Male</td>
<td>736</td>
<td>39.3</td>
<td>1722</td>
<td>36.9</td>
<td>164</td>
<td>31.5</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1422</td>
<td></td>
<td>4426</td>
<td></td>
<td>102</td>
<td></td>
</tr>
</tbody>
</table>

Reviewing the additional postcode data there is very limited difference in the gender split.
### 7.5.2 Age of respondents

#### Calderdale

![Calderdale Age Distribution Chart]

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Number of responses</th>
<th>% Calderdale</th>
<th>Population Calderdale</th>
<th>Number of responses</th>
<th>% Huddersfield</th>
<th>Population Huddersfield</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>0</td>
<td>0.0%</td>
<td>6.3%</td>
<td>1</td>
<td>0.02%</td>
<td>6.7%</td>
</tr>
<tr>
<td>5-9</td>
<td>1</td>
<td>0.1%</td>
<td>5.9%</td>
<td>2</td>
<td>0.05%</td>
<td>6.2%</td>
</tr>
<tr>
<td>10-14</td>
<td>3</td>
<td>0.2%</td>
<td>6.2%</td>
<td>133</td>
<td>3.20%</td>
<td>6.2%</td>
</tr>
<tr>
<td>15-19</td>
<td>42</td>
<td>2.3%</td>
<td>6.2%</td>
<td>144</td>
<td>3.46%</td>
<td>6.5%</td>
</tr>
<tr>
<td>20-24</td>
<td>44</td>
<td>2.4%</td>
<td>5.6%</td>
<td>109</td>
<td>2.62%</td>
<td>6.8%</td>
</tr>
<tr>
<td>25-29</td>
<td>89</td>
<td>4.8%</td>
<td>5.9%</td>
<td>161</td>
<td>3.87%</td>
<td>6.5%</td>
</tr>
<tr>
<td>30-34</td>
<td>123</td>
<td>6.7%</td>
<td>6.1%</td>
<td>215</td>
<td>5.17%</td>
<td>6.4%</td>
</tr>
<tr>
<td>35-39</td>
<td>168</td>
<td>9.1%</td>
<td>6.7%</td>
<td>276</td>
<td>6.64%</td>
<td>6.7%</td>
</tr>
<tr>
<td>40-44</td>
<td>144</td>
<td>7.8%</td>
<td>7.8%</td>
<td>366</td>
<td>8.80%</td>
<td>7.5%</td>
</tr>
<tr>
<td>45-49</td>
<td>197</td>
<td>10.7%</td>
<td>7.8%</td>
<td>390</td>
<td>9.38%</td>
<td>7.2%</td>
</tr>
<tr>
<td>50-54</td>
<td>183</td>
<td>10.0%</td>
<td>7.0%</td>
<td>381</td>
<td>9.16%</td>
<td>6.4%</td>
</tr>
</tbody>
</table>
### 7.5.4 Country of Birth (excluding UK and Pakistan)

#### All Respondents

The top 16 countries of birth:

<table>
<thead>
<tr>
<th>Country</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>5</td>
<td>1.0%</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>5</td>
<td>1.0%</td>
</tr>
<tr>
<td>Canada</td>
<td>5</td>
<td>1.0%</td>
</tr>
<tr>
<td>China</td>
<td>5</td>
<td>1.0%</td>
</tr>
<tr>
<td>Ghana</td>
<td>5</td>
<td>1.0%</td>
</tr>
<tr>
<td>South Africa</td>
<td>5</td>
<td>1.0%</td>
</tr>
<tr>
<td>USA</td>
<td>6</td>
<td>1.2%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>7</td>
<td>1.4%</td>
</tr>
<tr>
<td>Germany</td>
<td>8</td>
<td>1.6%</td>
</tr>
<tr>
<td>Jamaica</td>
<td>11</td>
<td>2.2%</td>
</tr>
<tr>
<td>France</td>
<td>12</td>
<td>2.4%</td>
</tr>
<tr>
<td>Poland</td>
<td>19</td>
<td>3.8%</td>
</tr>
<tr>
<td>Ireland</td>
<td>30</td>
<td>6.0%</td>
</tr>
<tr>
<td>India</td>
<td>43</td>
<td>8.6%</td>
</tr>
<tr>
<td>Pakistan</td>
<td>194</td>
<td>38.8%</td>
</tr>
<tr>
<td>UK</td>
<td>5836</td>
<td>117.7%</td>
</tr>
</tbody>
</table>
Some people described their country of birth as Africa, others were more specific about the country within Africa; Eritrea, Ghana and other countries falling outside the top 16.

7.5.5 Religion of respondents

‘Other’ included Baha’i, Mormon, Humanist, Quaker, Spiritualist, Church of Jesus Christ of Latter Day Saints. Some were less specific; Yorkshire ee by gum, What a stupid question. What colour is your favourite unicorn?

‘Other’ included; Pentecostal, Spiritual, Humanist, Mormon, Pagan, Methodist, 7th Day Adventist Ecclesiastical Church, Jedi, Wiccan, Chaoist Discordian, Sufi, Celtic Goddess Christian. Comments questions the relevance of the question; not relevant question, we are all human beings, does it matter, none of your business.
5. Do you belong to any religion?

<table>
<thead>
<tr>
<th>Religion</th>
<th>A resident of Calderdale</th>
<th>%</th>
<th>Pop %</th>
<th>A resident of Greater Huddersfield</th>
<th>%</th>
<th>Pop %</th>
<th>Other</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buddhism</td>
<td>13</td>
<td>0.8</td>
<td>0.3</td>
<td>20</td>
<td>0.4</td>
<td>0.3</td>
<td>6</td>
<td>1.1</td>
</tr>
<tr>
<td>Christianity</td>
<td>637</td>
<td>41.5</td>
<td>56.3</td>
<td>2328</td>
<td>49.2</td>
<td>54.9</td>
<td>214</td>
<td>39.6</td>
</tr>
<tr>
<td>Hinduism</td>
<td>16</td>
<td>1.0</td>
<td>0.3</td>
<td>27</td>
<td>0.6</td>
<td>0.4</td>
<td>2</td>
<td>0.4</td>
</tr>
<tr>
<td>Islam</td>
<td>299</td>
<td>19.5</td>
<td>7.3</td>
<td>153</td>
<td>3.2</td>
<td>8.8</td>
<td>38</td>
<td>7.0</td>
</tr>
<tr>
<td>Judaism</td>
<td>2</td>
<td>0.1</td>
<td>0.1</td>
<td>6</td>
<td>0.1</td>
<td>0.1</td>
<td>2</td>
<td>0.4</td>
</tr>
<tr>
<td>Sikhism</td>
<td>11</td>
<td>0.7</td>
<td>0.2</td>
<td>38</td>
<td>0.8</td>
<td>1.2</td>
<td>3</td>
<td>0.6</td>
</tr>
<tr>
<td>No religion</td>
<td>400</td>
<td>26.0</td>
<td>28.1</td>
<td>1391</td>
<td>29.4</td>
<td>27.1</td>
<td>152</td>
<td>28.1</td>
</tr>
<tr>
<td>Other</td>
<td>31</td>
<td>2.0</td>
<td></td>
<td>129</td>
<td>2.7</td>
<td></td>
<td>24</td>
<td>4.4</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>127</td>
<td>8.3</td>
<td></td>
<td>643</td>
<td>13.6</td>
<td></td>
<td>99</td>
<td>18.3</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1536</td>
<td></td>
<td></td>
<td>4735</td>
<td></td>
<td></td>
<td>540</td>
<td></td>
</tr>
</tbody>
</table>
7.5.6 Ethnicity of respondents (excluding White British)

Due to the large number of White British – English, Scottish, Welsh and Northern Ireland this data has been extracted from the following charts. The data is included in the table.

‘Other’ included; Kashmiri, Mauritian, Multi, Polish, Scandinavian, Anglo-Indian, German. Some comments questioned the relevance of the question; what this to do with services, don’t do ethnicity.

‘Other’ included; Yorkshire, I am a person not an ethnic group. Evolve please, irrelevant – can’t see what these questions have to do with your proposals, the human race.
Other

Reach and Engagement report

---

**additional postcodes - Calderdale**

---

**additional postcodes - Greater Huddersfield**
### 6. What is your ethnic group/background?

<table>
<thead>
<tr>
<th>Category</th>
<th>A resident of Calderdale</th>
<th>%</th>
<th>Pop %</th>
<th>A resident of Greater Huddersfield</th>
<th>%</th>
<th>Pop %</th>
<th>Other</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asian or Asian British</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pakistani</td>
<td>277</td>
<td>14.1</td>
<td>6.8</td>
<td>141</td>
<td>2.9</td>
<td>7.4</td>
<td>33</td>
<td>5.8</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>16</td>
<td>0.8</td>
<td>0.3</td>
<td>6</td>
<td>0.1</td>
<td>0.2</td>
<td>2</td>
<td>0.4</td>
</tr>
<tr>
<td>Chinese</td>
<td>7</td>
<td>0.4</td>
<td>0.2</td>
<td>6</td>
<td>0.1</td>
<td>0.5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Indian</td>
<td>26</td>
<td>1.3</td>
<td>0.6</td>
<td>56</td>
<td>1.2</td>
<td>1.6</td>
<td>9</td>
<td>1.6</td>
</tr>
<tr>
<td>Any other Asian background</td>
<td>5</td>
<td>0.3</td>
<td>0.4</td>
<td>7</td>
<td>0.1</td>
<td>0.8</td>
<td>2</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Black or Black British</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African</td>
<td>3</td>
<td>0.2</td>
<td>0.2</td>
<td>30</td>
<td>0.6</td>
<td>0.8</td>
<td>2</td>
<td>0.4</td>
</tr>
<tr>
<td>Caribbean</td>
<td>3</td>
<td>0.2</td>
<td>0.2</td>
<td>45</td>
<td>0.9</td>
<td>1.8</td>
<td>12</td>
<td>2.1</td>
</tr>
<tr>
<td>Any other Black/African/Caribbean</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
<td>0.0</td>
<td>0.4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Mixed or multiple ethnic groups</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White and Asian</td>
<td>8</td>
<td>0.4</td>
<td>0.4</td>
<td>18</td>
<td>0.4</td>
<td>0.6</td>
<td>5</td>
<td>0.9</td>
</tr>
<tr>
<td>White and Black African</td>
<td>6</td>
<td>0.3</td>
<td>0.1</td>
<td>10</td>
<td>0.2</td>
<td>0.2</td>
<td>2</td>
<td>0.4</td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>11</td>
<td>0.6</td>
<td>0.5</td>
<td>49</td>
<td>1.0</td>
<td>1.8</td>
<td>12</td>
<td>2.1</td>
</tr>
<tr>
<td>Any other Mixed/Multiple ethnic</td>
<td>0</td>
<td>0</td>
<td>0.3</td>
<td>6</td>
<td>0.1</td>
<td>0.4</td>
<td>2</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>White</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English, Welsh</td>
<td>1452</td>
<td>74.2</td>
<td>86.7%</td>
<td>384</td>
<td>80.3</td>
<td>79.6%</td>
<td>388</td>
<td>68.1</td>
</tr>
</tbody>
</table>


### Scottish, Northern Irish, British

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Yes</th>
<th>No</th>
<th>Prefer</th>
<th>Total</th>
<th>Yes</th>
<th>No</th>
<th>Prefer</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irish</td>
<td>17</td>
<td>0.9</td>
<td>0.9%</td>
<td>52</td>
<td>1.1</td>
<td>0.9</td>
<td>0.9%</td>
<td>4</td>
</tr>
<tr>
<td>Gypsy or Irish Traveller</td>
<td>2</td>
<td>0.1</td>
<td>0.0%</td>
<td>7</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0%</td>
<td>1</td>
</tr>
<tr>
<td>Any other White background</td>
<td>26</td>
<td>1.3</td>
<td>2.1%</td>
<td>59</td>
<td>1.2</td>
<td>2.1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Other ethnic group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arab</td>
<td>3</td>
<td>0.2</td>
<td>0.1%</td>
<td>4</td>
<td>0.1</td>
<td>0.4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other ethnic background, please describe</td>
<td>17</td>
<td>0.9</td>
<td>0.2%</td>
<td>42</td>
<td>0.9</td>
<td>0.5</td>
<td>13</td>
<td>2.3</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>79</td>
<td>4.0</td>
<td>14%</td>
<td>405</td>
<td>8.5</td>
<td>14.0</td>
<td>80</td>
<td>14.0</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>1958</td>
<td>479</td>
<td>1</td>
<td>570</td>
<td>80</td>
<td>14.0</td>
<td>80</td>
<td>14.0</td>
</tr>
</tbody>
</table>

#### 7.5.7 Disability of respondents

**Calderdale**

- Yes: [Bar Chart]
- No: [Bar Chart]
- Prefer not to say: [Bar Chart]

**Greater Huddersfield**

- Yes: [Bar Chart]
- No: [Bar Chart]
- Prefer not to say: [Bar Chart]
7. Do you consider yourself to be disabled?

<table>
<thead>
<tr>
<th></th>
<th>A resident of Calderdale</th>
<th>Population%</th>
<th>A resident of Greater Huddersfield</th>
<th>Population%</th>
<th>Other</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1500</td>
<td>76.1</td>
<td>3794</td>
<td>79.3</td>
<td>391</td>
<td>72.4</td>
</tr>
<tr>
<td>Yes</td>
<td>382</td>
<td>19.4</td>
<td>598</td>
<td>12.5</td>
<td>73</td>
<td>13.5</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1970</td>
<td></td>
<td>4782</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
*from 2011 Census – ‘Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?’ (Limited a lot and limited a little)

7.5.8 Types of impairments

### Calderdale

![Calderdale Chart]

### Greater Huddersfield

![Greater Huddersfield Chart]

### Other

![Other Chart]
7.5.9 Carer status of respondents

<table>
<thead>
<tr>
<th>8. Are you a carer?</th>
<th>A resident of Calderdale</th>
<th>%</th>
<th>population</th>
<th>A resident of Greater Huddersfield</th>
<th>%</th>
<th>population</th>
<th>Other</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1597</td>
<td>81.1</td>
<td>%</td>
<td>3579</td>
<td>75.86</td>
<td>%</td>
<td>71</td>
<td>13.2</td>
</tr>
<tr>
<td>Yes</td>
<td>312</td>
<td>15.8</td>
<td>10.5</td>
<td>761</td>
<td>16.13</td>
<td>10.4</td>
<td>386</td>
<td>71.9</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1970</td>
<td>10.5</td>
<td>%</td>
<td>4718</td>
<td>16.13</td>
<td>%</td>
<td>537</td>
<td></td>
</tr>
</tbody>
</table>

7.5.10 Other equality data

The data below is not able to be compared to the local population as this data is not readily available, or agreed upon.
7.5.10.1 Pregnant respondents
Calderdale, 25 women (1.3%); Greater Huddersfield, 57 (1.2%) and Other, 9 (1.7%) were pregnant.

7.5.10.2 Respondents who had given birth in the last 6 months
Calderdale, 25 (1.3%) Greater Huddersfield, 53 (1.1) and Other 13 (2.4%)

7.5.10.3 Sexual orientation of respondents
(excluding heterosexual and prefer not to say)

'Other' was made up a number of comments, few related to other sexual orientations comments included; Celibate!, I am heterosexual but why is this relevant, not your business, Normal, not relevant, What's this to do with care, A bit of all of them'

'Other' was mainly made up of comments expressing concern at the question; 'none of your business, What on earth has this got to do with anything?, Unnecessary information, Why is this necessary' with fewer specific comments;' too old, Rampant sex maniac, Non Binary, asexual, Polysexual'.
### 11. Sexual orientation?

<table>
<thead>
<tr>
<th>Sexual orientation</th>
<th>A resident of Calderdale</th>
<th>%</th>
<th>A resident of Greater Huddersfield</th>
<th>%</th>
<th>Other</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisexual (both sexes)</td>
<td>26</td>
<td>1.3</td>
<td>87</td>
<td>1.9</td>
<td>11</td>
<td>2.1</td>
</tr>
<tr>
<td>Gay (same sex)</td>
<td>16</td>
<td>0.8</td>
<td>47</td>
<td>1.0</td>
<td>18</td>
<td>3.4</td>
</tr>
<tr>
<td>Heterosexual/straight (opposite sex)</td>
<td>1256</td>
<td>63.9</td>
<td>3625</td>
<td>77.4</td>
<td>350</td>
<td>65.3</td>
</tr>
<tr>
<td>Lesbian (same sex)</td>
<td>26</td>
<td>1.3</td>
<td>22</td>
<td>0.5</td>
<td>6</td>
<td>1.1</td>
</tr>
<tr>
<td>Other</td>
<td>18</td>
<td>0.9</td>
<td>123</td>
<td>2.6</td>
<td>11</td>
<td>2.1</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>625</td>
<td>31.8</td>
<td>780</td>
<td>16.7</td>
<td>140</td>
<td>26.1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1967</strong></td>
<td></td>
<td><strong>4684</strong></td>
<td></td>
<td><strong>536</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### 7.5.10.4 Transgender respondents

<table>
<thead>
<tr>
<th>12. Are you transgender?</th>
<th>A resident of Calderdale</th>
<th>%</th>
<th>A resident of Greater Huddersfield</th>
<th>%</th>
<th>Other</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>6</td>
<td>0.3</td>
<td>3</td>
<td>3.2</td>
<td>6</td>
<td>1.1</td>
</tr>
<tr>
<td>No</td>
<td>1805</td>
<td>92.8</td>
<td>70</td>
<td>74.5</td>
<td>433</td>
<td>80.5</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>134</td>
<td>6.9</td>
<td>21</td>
<td>22.3</td>
<td>99</td>
<td>18.4</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1945</strong></td>
<td></td>
<td><strong>94</strong></td>
<td></td>
<td><strong>538</strong></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 1

Media Evaluation for the Right Care, Right Time, Right Place Public Consultation
Independent report completed by Midlands and Lancashire Commissioning Support Unit

Right Care, Right Time, Right Place

Patterns and trends in media coverage

14 January – 24 June 2016
Process and methods
What was analysed

217 press cuttings read and judged on sentiment and main topic areas.

19 TV Broadcasts assessed based on online summary on each broadcaster website and archived clips.

Coverage collated from the media reports produced by project team and also an independent trawl of the coverage.
Assessment of media coverage

Analysis carried out by MLCSU media team.

Coverage was allocated a sentiment and overall theme.

If an item gave balancing views or just reported the facts of an event (time, place etc.) it was judged as neutral.

If an RCRTRP quote or other information was published in isolation or was by far the most prominent then a positive rating was applied.

If views opposed to the consultation proposals, the process or similar were reported without any form of balancing view or quote then it was judged as negative.
Key objectives for RCRTRP media relations and activity

The RCRTRP programme set out to inform people about the proposed changes being consulted upon. Media relations objectives were to:

- Maintain public confidence through proactively promoting the consultation process and proposals.
- Raise public awareness about the proposed future arrangements for hospital and community services.
- Specifically focus on areas of proposed change (Planned Care, Paediatrics, Urgent and Emergency Care).
- Ensure both Calderdale and Greater Huddersfield are profiled in any media coverage.
- Respond to media enquiries and ensure negative coverage is accurately rebutted and is damage-limiting.
- Develop a robust media plan, allowing scope to change tactics in order to respond to new opportunities or specific issues.
The RCRTRP programme’s proactive approach

The RCRTRP programme took a proactive approach to informing the media, issuing information, arranging interviews and responding to enquiries. This proactive approach included:

- Responding to 52 media enquiries
- Issuing 10 press releases
- Managing 18 broadcast media interviews (BBC Look North, BBC Radio Leeds, ITV Calendar, Pulse Radio)
- Managing media interviews with the BBC, ITV and the Examiner all or one of whom attended public meetings, the Huddersfield CCG Governing Body and the Joint Health Overview and Scrutiny Committee meetings
- Arranging for six half-page columns to be published in the weekly Halifax Courier series (reported as written by RCRTRP)
The media landscape

The RCRTRP programme’s media plan encouraged broadcast and print media to inform people about facts concerning the proposals and the consultation process. Key local media included:

**Broadcast TV**
- BBC Look North
- ITV Calendar

**Broadcast Radio**
- BBC Radio Leeds
- Sunrise Radio
- Pulse Radio

**Print**
- Huddersfield Examiner
- Halifax Courier Series

The RCRTRP programme liaised with 48 individual media contacts in total.
The majority of print coverage has been from the Huddersfield Daily Examiner. This newspaper has been open in its support of a ‘Hands off HRI’ campaign.

TV coverage (with far higher audience reach than print) and radio coverage has been very largely neutral.

Other print titles have been more balanced in stance than the Examiner.

Publication of columns supplied by RCRTRP programme in the Halifax Courier series have assisted in providing the overall balance in the coverage.
Volume and sentiment - print

The Huddersfield Examiner actively supported the Hands Off HRI campaign

Spike in negative coverage in January when the intention to consult was announced and campaigning started

Spike in positive coverage in March – due to proactive activity by the team following the launch of consultation

Volume tailed off in May but proportion of neutral coverage increased - with another spike in volume of neutral/negative coverage around consultation public meeting on June 6
Overall volume and sentiment - print

Consultation announced
Hands off HRI launches
Consultation opens
Volume and sentiment – TV and Radio

TV and radio gave much more balanced coverage with all pieces carrying key RCRTRP messages.

Spike in March following opening of consultation.

TV volume tailed off in May but maintained neutral coverage.

Final TV spike on June 6 where public meeting was reported in neutral terms.
Volume and sentiment - TV

Midlands and Lancashire Commissioning Support Unit

- neutral
- negative
- positive

Consultation announced
Hands off HRI launches
Consultation opens

28/09/2016
Volume - Radio

Midlands and Lancashire Commissioning Support Unit

- Pulse FM
- BBC Radio Leeds

Consultation announced Hands off HRI launches
Consultation opens

BBC Radio Leeds reach = 99,000 weekly
Print and Broadcast media in context

The number of articles published by the Huddersfield Daily Examiner newspaper significantly outweighed the number published in other media.

Other print media and the broadcast media were assessed as being balanced in their reporting.

Viewers numbers for a single edition of the BBC Look North evening edition average nearly half a million. Average weekday print circulation of the Huddersfield Daily Examiner is 13,152 according to the Audit Bureau of Circulation in 2016.

The main themes across the media were:

Advocates - Extensive print use of 'advocates' to forward the Hands Off HRI' campaign in the Huddersfield Examiner. Other titles gave more prominence to RCRTRP spokespersons and statements.

Public meetings – coverage of the meetings and articles discussing/promoting the meetings and their output.

Consultation process – common phrases being 'it's a done deal' and questioning the 'one option.'

Protest meetings and Hands off HRI - key themes for the Huddersfield Examiner.

Much less 'campaign' coverage by TV. Focus on reporting the public meetings themselves, the consultation process and the high profile advocates.
Geography and reach

Majority of print coverage from Huddersfield.

Other areas’ print coverage largely neutral and centred around possible impact on neighbouring areas.

Extensive use of ‘advocates’ to forward the ‘Hands Off HRI’ campaign. Range from former local doctors to sportsmen and local celebrities, including Patrick Stewart.

Coverage of protest meetings, call to action, consultation – were all badged by the Examiner under the Hands Off HRI campaign.

Coverage of consultation largely due to proactive work by RCRTRP comms team around consultation launch date in mid-March.

Much less ‘campaign’ coverage by TV and radio. Focus on reporting the public meetings themselves, the consultation process and the high profile advocates – Patrick Stewart and local MPs.
Appendix 1
Media Evaluation for the Right Care, Right Time, Right Place Public Consultation
Independent report completed by Midlands and Lancashire Commissioning Support Unit

TV
relative volume of coverage

- BBC Look North evening bulletin (average 491,000 viewers) 12 items
- Calendar News evening bulletin (average 309,000 viewers) 7 items
Appendix 1

Media Evaluation for the Right Care, Right Time, Right Place Public Consultation
Independent report completed by Midlands and Lancashire Commissioning Support Unit

Print titles
relative volume of coverage

Midlands and Lancashire Commissioning Support Unit

- Huddersfield Examiner (13,401) 179 items
- Halifax Courier 25 items
- Other (Hebden Bridge, Yorkshire Post, (26,491) Spenborough, Barnsley Chronicle,(25,997) Brighouse Echo)

Figures in brackets are ABC circulation figures where available
Appendix 1

Media Evaluation for the Right Care, Right Time, Right Place Public Consultation
Independent report completed by Midlands and Lancashire Commissioning Support Unit

Themes – Huddersfield Examiner

Stories: 157

- travel times
- financial sustainability/PFI
- safety
- petitions/#HOHRI campaign call to action
- advocates/expert opinion
- consultation process
- jobs
- protest meetings

28/09/2016
Themes – Halifax Courier

- travel times
- financial sustainability/PFI
- safety
- petitions/#HOHRI campaign call to action
- advocates/expert opinion
- consultation process
- jobs
- protest meetings
Themes – Hebden Bridge Times

- travel times
- financial sustainability/PFI
- safety
- petitions/#HOHRI campaign call to action
- advocates/expert opinion
- consultation process
- jobs
- protest meetings

Analysis carried out on online edition
Themes – BBC Online

Stories: 9

- travel times
- financial sustainability/PFI
- safety
- petitions/#HOHRI campaign call to action
- advocates/expert opinion
- consultation process
- jobs
- protest meetings
Themes – Brighouse Echo

- travel times
- financial sustainability/PFI
- safety
- petitions/#HOHRI campaign call to action
- advocates/expert opinion
- consultation process
- jobs
- protest meetings
Themes – Todmorden News

- travel times
- financial sustainability/PFI
- safety
- petitions/#HOHRI campaign call to action
- advocates/expert opinion
- consultation process
- jobs
- protest meetings

Analysis carried out on online edition
Themes – ITV Online

- travel times
- financial sustainability/PFI
- safety
- petitions/#HOHRI campaign call to action
- advocates/expert opinion
- consultation process
- jobs
- protest meetings
Media Evaluation for the Right Care, Right Time, Right Place Public Consultation
Independent report completed by Midlands and Lancashire Commissioning Support Unit

Appendix 1

Others – one story each

- travel times
- financial sustainability/PFI
- safety
- petitions/#HOHRI campaign call to action
- advocates/expert opinion
- consultation process
- jobs
- protest meetings

Stories: 7

Batley News / Spenborough Guardian / Mirfield reporter / Dewsbury Reporter / Lancashire Evening Post / Socialist Worker / World Socialist Web Site
Contributors:
James Turner
Lynda Scott
Gary Young
John Barbour
Marijke Richards

MLCSU thanks the RCRTRP programme for data supplied in the production of this report and in particular to Carol Hirst.