‘Right Care, Right Time, Right Place’ and ‘Care Closer to Home’

Stakeholder Event report of findings

13 September 2016
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1. Purpose of the Report

The purpose of this report is to present the findings from the stakeholder event on Tuesday 13 September 2016 on the findings from the formal consultation on hospital and community services for Right Care, Right Time, Right Place.

The report explains the background, the consultation, mandate and the principles which must be considered for both consultation and equality. The report provides information on the stakeholder event, the findings and next steps.

2. Background

The Right Care, Right Time, Right Place programme is the commissioners' response to the case for change that was developed as part of the Strategic Services Review undertaken in 2013. From this case for change and the feedback from our engagement, we know that significant changes are required in order to ensure health and social care services are fit for the future. There are three interlinked pieces of work: Calderdale Care Closer to Home Programme; Kirklees Care Closer to Home Programme; and the Hospital Services Programme. Collectively, these programmes have developed proposals for what the future community services in Calderdale and Kirklees and the future hospital services in Calderdale and Greater Huddersfield could look like.


An independent report of findings was published by Midlands and Lancashire Commissioning Support Unit on the 25th August, 2016.

The post consultation deliberation period is when the CCGs:

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

This report does not provide the CCGs’ response to the Joint Health Overview and Scrutiny committee’s response and recommendation to the consultation. The JHOSC recommendations were received by the CCGs on the 3rd October, following their formal public meeting on the 30th September. The CCGs’ response to the JHOSC recommendations will be considered by the Governing Bodies of NHS Calderdale Clinical Commissioning Group and NHS Greater Huddersfield CCG when they meet in parallel in public on Thursday 20 October.
3. Consultation Mandate

The consultation mandate sets out the purpose of the consultation, the parameters in which the consultation will be delivered, what people can influence and how the findings from consultation will be considered.

The consultation mandate forms part of the consultation strategy which is published on the Right Care, Right Time, Right Place website. The mandate is as follows:

‘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 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’.

4. Gunning Principles

The Gunning Principles set out the legal context for the consultation process. CCGs need to ensure that they are working within this framework and can withstand any scrutiny on each of the principles set out below. The CCG has been mindful of these responsibilities which are;

1. Consultation should occur when proposals are at a formative stage;
2. Consultations should give sufficient reasons for any proposal to permit intelligent consideration;
3. Consultations should allow adequate time for consideration and response;
4. Consultation responses must be conscientiously taken into account- there must be clear evidence that the decision maker has considered the consultation responses, or a summary of them, before taking its decision.

Deliberation forms part of principle 4 and the CCGs need to ensure they can demonstrate principle 4.
5. Brown Principles

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

Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance ‘Equality of Opportunity’, and c) foster good relations. All public authorities have this duty so the partners will need to be assured that “due regard” has been paid through the delivery of this formal consultation.

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

The organisation must be aware of their duty.

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

6. The Stakeholder Event

A plan was developed (see appendix 1) to deliver a joint event for both Calderdale and Greater Huddersfield in one central location the event was supported and hosted by an independent chair. The stakeholder event took place on Tuesday 13th September 2016 at Cedar Court Hotel, Ainley Top, Huddersfield from 9:30-12:30pm. In total 91 people attended the event. The content and delivery of the event is described below in more detail.

Stakeholders were invited by invitation (see Appendix 2) and through this invitation were asked to nominate representatives to attend the event. This was to ensure there was representation from a number of local areas, protected groups, organisations and stakeholders.

6.1 Purpose of the Event

The purpose of the stakeholder event is set out below:

- **To provide an overview of the consultation process** – To describe the consultation activity and provide an overview of the activities which took place over the 14 week period.

- **To describe the process of how the report of findings has been developed** - to describe the methodology used and how consultees responses were analysed
- **To present the findings from the consultation process** – To use the event to share the findings from the consultation process, in an accessible way, using the report of findings. This section would be presented by the independent provider.

- **To provide the opportunity to** identify the most important issues and make recommendations to address / mitigate the issues/ main themes

- **To describe the next steps** – To describe where we are in the process and the next steps.

### 6.2 Presentations and Content

The event was delivered as part presentation and part discussion. The event content was as follows:

- Welcome, introduction and housekeeping
- Agenda for the day
- Introduction
- Our consultation journey
- Findings from the consultation process & description of how the feedback was analysed
- Introduction to table activities
- Pop up feedback
- Next steps
- Close and thanks

The presentation used to deliver the event is included in the report (see appendix 3). In addition there were a number of stands placed around the room which described the journey to date and to provide feedback on the key findings from the engagement phase including the previous stakeholder events.

### 6.3 Gathering views

There were a number of mechanisms for gathering views at the event. Following the presentation on the report of findings we asked participants as part of a table discussion to answer the following questions;

**Activity 1:**

- Are you surprised by the findings, are they what you expected?
- From what you heard, what do you think the main issues are?

**Activity 2:**

- From the main issues you have identified in activity 1- What are the potential solutions to address the main issues raised in the consultation?
Participants were asked to write comments on a post it note as part of a facilitated table discussion and place those comments on an opinion board. In addition to the table discussions each table was able to provide views or comments using:

- **A comments clothes line** for participants to peg up comments on flags of anything they wanted to say that may have not been captured adequately in the table discussions.
- **An evaluation form** gathered people’s views at the end of the event, and provided a final opportunity for participants to tell us anything they thought we should know (see appendix 4).

The findings from the stakeholder event are captured below. The findings include all the feedback received from the table discussions and flags.

### 7. Findings from the ‘Stakeholder Event’

Below are the findings from the stakeholder event. The findings are captured under each of the questions asked. In addition each table was asked to identify one key theme from the table discussion on a green flag. The green flag responses are recorded as a separate section.

#### Q1. Are you surprised by the findings, is it what you expected?

Participants told us the following using post it notes (these are direct quotes from the people at the event):

- Not surprised by the findings, they reflect what people are saying in Huddersfield, Calderdale people less aware of impact on them
- What about those who did not respond? We cannot assume they agree or disagree? Do we have confidence in the findings, are they representative enough?
- GP surgeries and other frontline services needed to raise awareness of this more and encourage people to respond
- Can the numbers of those who disagreed because they did not understand be defined?
- What are the timings for any change is there a pilot stage? It needs explaining to help people understand
- People do not understand the terms urgent care and emergency care
- People have not bought into the clinical need for change
- A&E dominated the conversation, not much change to debate other services – community services and Children and young people’s emergency care did not come out as strongly as expected
- Calderdale PFI not explained properly, there also needed to be more emphasis on workforce and finance
- People’s sense of place is not taken into account as much as it should be – we need to understand this more
- Clinicians and staff need to be listened to and their views considered if services are to work, not enough feedback from staff
- Is there a contingency?
• The model depends on people’s confidence in community services – current lack of confidence
• The model depends on community services working in practice – reduction of beds in hospitals requires effective health, social care and community services
• General agreement things need to change
• Make the public feel listened to and thank people
• Do the proposals put us at risk of privatisation? People need assurance on this.

Q2a. From what you heard, what do you think the main issues are? And;

Q2b. From the main issues you have identified in activity 1 – what are the potential solutions to address the main issues raised in the consultation?

Participants told us the ideas and solutions identified from all table discussions. These are set out in themes below and include all the post it note responses from all the table discussions. The quotes here are directly lifted from the post-it notes. The themes are in no particular order.

Theme 1 - Community services:
• Create a tier of intermediate services
• Early intervention - Respond sooner, find quick solutions then assess later to gather more information. Assessment can slow things down and time can assessing could release more capacity to deliver
• Commission good quality services over cost
• Direct payments and personalisation to be increased
• A solution to managing complex cases

Theme 2 - Staff:
• Regional approach to workforce skills and training – invest in local people. Regional training centre, teaching hospital and stronger links with the university
• Right balance of trained staff
• Get the balance right between specialism and generalism
• Listen to what staff are saying and draw that information out of the consultation findings – staff retention is important to deliver any proposal
• Need a workforce plan to attract good staff to the area
• Be clear how this will affect staff – including any job losses

Theme 3 - Information, engagement and communication:
• Hearts and minds need to be won – more work is needed, honest clear facts are needed
• Clear information on where to go for what – broken down into clear scenarios – what does it mean for me?
• Do a ‘you said we did’ to break down the considerations taken into account from the consultation and publish. Provide a response to each key area of focus
• Create a summary of the findings
• Provide a clear answer to the finance – be transparent
• Use film to assure people of what a typical patient journey would be for particular conditions or illness
• Continue to be honest in communication, keep communicating and gain trust
• Continue to involve people in solutions including more work with partners – use more local networks to get messages out to people
• Be clear about the national issues and local issues – influence national plans with the findings

Theme 4 - Patient focus:
• Listen to the patient – enable and support
• Enable patients to navigate the system by making services more joined up and providing good clear information
• More investment in prevention

Theme 5 - Improving the system:
• More initiative to help identify and eradicate waste
• Address primary care capacity to deliver services
• Use technology i.e. SKYPE more to prevent travel

Theme 6 - Estates:
• Can knocking down HRI be reviewed? Perceived as a perfectly adequate building.

Theme 7 - Travel and transport:
• Sufficient car parking
• Park and ride schemes, including improvements to the shuttle service
• Improved bus service or dedicated service
• Road improvements – Elland bypass is the main concern and requires a solution to provide confidence it will improve
• People need assurance on ambulance journey times and confidence from the ambulance service it can work
• Solutions to travel for people having planned care needs consideration – parking spaces, time of appointments and procedures and visiting
• Need to be clear on travel that we address both travel for urgent and emergency in an ambulance and routine travel to receive a service – different issues
• Relax parking charges
• Reduce the need to attend hospital and ensure care is closer to home or technology is an option for patients i.e. facetime/skype

The comments on the clothes line were:
• Where is the finance coming from?
• A route to privatisation and limitation and reduction of service
• Has anyone calculated the economic impact on Huddersfield when the old hospital is replaced?
• In future PR material, there is a need to emphasise modern medical acute care that is more specialist e.g. Heart attack in Leeds, burns at Pinderfields, Stroke at Calderdale. We can't have two sets of all specialities in the two sites locally.
Green flag from each table

In addition to the discussions each table agreed to identify one agreed key message from each table. Key messages from each table were written on a ‘green flag’ and presented to the facilitator to read out at the end of the stakeholder event. The messages were;

- **A&E versus urgent and emergency care** – there needs to be a clear understanding of the differences. Communication and trust are needed and case studies and stories would help.
- **Travel concerns** – there needs to be some explanation of what A&E is and isn’t to help people understand.
- **Need to communicate clearly and widely the model** – the consultation suggests people still do not understand the urgent and emergency care model.
- **Communicate how things will work in practice (the language we use is important)** – help people to understand patient pathways, explain terminology, clarify things practically.
- **Communication and culture shift** – describe the bigger NHS picture and provide clear messages that hospitals are not always the answer. Make sure information is collaborative (everyone working together for both communities) and honest (including finance) to improve outcomes.
- **Communicate the benefits and facts of the proposal** - emphasise care closer to home.
- **Need for change** – clear understanding required, need to communicate.
- **The rational for change needs a better explanation.**
- **Clinical case for change needs more describing** - to help people understand how it affects ‘me’, this could include case studies.
- **Clinical safety** – emphasise the opportunity for new ways of working between hospital and GP practices and the use of new technology and better use of staff.
- **The impact on GP services, including access** – we need to start from the services closest to the individual and ensure community services are in place in order to design a secondary care system. This should be phased in and tested at each stage.
- **Workforce planning** – the system needs the right numbers of staff with the right breadth of competencies across a health and social care system. There needs to be the right balance between generalist and specialists and services need to be joined up.
- **Recognition of the need for change and that all issues can be resolved** – CCGs need to be sure that any issues identified can be achieved. The next stage is to win hearts and minds in order to progress further.
- **64% do not agree with the proposal** – how will the CCG now flex the proposal and improve communication of any plans.
- **We need to thank people for responding to the consultation** – patients and public deserve a response.
8. How the findings will be used

The Governing Bodies of NHS Calderdale Clinical Commissioning Group (CCG) and NHS Greater Huddersfield CCG will meet in parallel in public on Thursday, 20 October 2016 to reach a decision on the outcome of the consultation and next steps on proposed changes to hospital and community health services in Calderdale and Greater Huddersfield. The findings from the stakeholder event and CCGs’ deliberation will be considered by the Governing Bodies at this meeting.
1. Purpose of the plan
The purpose of the plan is to provide information on the event which includes:

- The event objectives
- An overview of the event including its purpose and delegates
- Communications collateral required
- Presenters, facilitators and venue
- A proposed agenda and collateral
- A draft invitation

2. The event objectives
RCRTRP has valued the contribution of stakeholders in the development of options, prior to undertaking public consultation with regards to major service change. Following public consultation the aim of the event is to continue this dialogue post consultation. The objectives of the event are as follows:

- **To provide an overview of the consultation process** – To describe the consultation activity and provide an overview of the activities which took place over the 14 week period.

- **To describe the process of how the report of findings has been developed** - to describe the methodology used and how consultees responses were analysed

- **To present the findings from the consultation process** – To use the event to share the findings from the consultation process, in an accessible way, using the report of findings. This section would be presented by the independent provider.

- **To provide the opportunity to** identify the most important issues and make recommendations to address / mitigate the issues / main themes

- **To describe the next steps** – To describe where we are in the process and the next steps.
The event will provide information and enable stakeholders to participate by:

- Providing feedback on the consultation findings and allowing time to deliberate over the findings.

The following set out the methodology to achieve the objectives above.

3. **An overview of the event**

The purpose of this event will be to describe how the consultation data was analysed and to receive the findings from the consultation from the independent provider. From this we will be able to demonstrate that we have listened to and fully considered the views of staff, patients, carers and the public as part of our deliberation process.

The event will provide an opportunity for managers and clinicians to engage with key stakeholders as part of a table discussion to deliberate over the findings from the consultation activity and ensure any recommendations to mitigate the issues, raised in consultation, are captured as part of this process. The feedback and recommendations will be used as part of a suite of information that will be presented to the CCG Governing Bodies in October that will be considered as part of their decision making.

The event will demonstrate that we have taken the time to listen to stakeholders’ views around the Report of Findings. The full stakeholder list is under development but this will include the stakeholders involved in previous RCRTRP conversations including:

- Patient Reference Groups
- Healthwatch
- Kirklees Council and Calderdale MBC
- Third sector organisations
- MPs and local councillors
- Local health providers
- Patient and carer representatives recruited through the pre-consultation engagement activity

The stakeholder event is not:
• An event for the wider public, the public have been consulted over the past 14 weeks in a variety of ways
• An event for us to persuade people of our thinking; It is a listening exercise and is part of our deliberation process
• A platform to describe any future plans or decisions or a continuation of the consultation

4. Communications, engagement and equality collateral required

The communications collateral required prior to and after the event are set out below. The development of these materials will be led by the programme office communications lead and will be managed centrally by the ‘Right Care, Right Time, Right Place’ programme office as part of a planned approach to delivering the stakeholder event.

Pre event activity:

• To revisit a stakeholder list for both Calderdale and Greater Huddersfield
• To develop an invitation (see draft appendix 1)
• To co-ordinate the development of presentation material
• Organise any displays for the room
• Develop discussion material and mechanisms to capture discussions
• Develop a facilitators brief
• Develop a set of ground rules for each table

Post event activity:

• Engagement team for the CCG to analyse the event discussions
• Oversee the production of an event report with the support from engagement and equality colleagues
• Feedback the findings to participants with a covering letter to thank them for participating

The team will utilise the equipment developed for the previous stakeholder events delivered in 2015 which are:
• Comments cards
• Conversation clothes line
• Data capture form - scribes
• Opinion boards and bulls eye board
• Post it notes comments flags, marker pens and facilitator material will all be available on each table
• Colour coded name badges – corresponding table numbers and colours
• Signing in sheets
• Evaluation and feedback, including an equality monitoring form
• Signage
• Park it sign

5. Presenters, facilitators and venue

Presenters: will be supported by the relevant communication lead to develop presentation material. The sessions will be independently chaired and CCG and CHFT staff will act as facilitators. We will require the following presentations on the day:

• Welcome, introduction and housekeeping
• Agenda for the day
• Introduction
• Our consultation journey
• Findings from the consultation process & description of how the feedback was analysed
• Introduction to table activities
• Pop up feedback
• Next steps
• Close and thanks

Facilitators: In order to facilitate the event we will require a number of staff to facilitate and scribe table discussions. We will encourage clinicians to facilitate and participate in a discussion with managers and staff acting as scribes. We will require the following:
• 10 clinicians willing to facilitate and participate in a table discussion on the consultation findings
• 10 scribes who can support the clinicians capturing data

Each facilitator and scribe will receive a facilitator pack and be offered the opportunity to have a brief. It is intended that we will brief facilitators on the following days and times:

Dial in brief to be offered – (1 hour slot): tbc

On the day brief – (1/2 hour slot): tbc

Scribes will be asked to collect in all the table material including the notes they have captured.

**Event Chair:** The day will be chaired by an independent chair and Jonathan Bradley has been approached from ‘Participate’. The chair will manage the agenda, present housekeeping, introduce each presenter and the activities and provide a close and thanks.

**Venue management:** Communications engagement and equality staff supporting the programme office will manage the event which will include setting up the venue, providing AV and roaming mike, managing upload of presentations and room set up, registration, packing up and transporting equipment and collateral.

**Seating arrangements:** tables will be allocated using colour coded badges and table numbers. Each table will be allocated to ensure we have a cross section of people on each table representing a protected group, locality, stakeholder or organisation. Tables will be allocated prior to each event and a table plan developed.

**Room layout:** the room layout will be café style and we anticipate 150 attendees for the event. Each table will hold 10 people including the facilitators and we will provide 15 tables in total.

**Refreshments and breaks:** We will provide refreshments on arrival only and water will be available on each table.
6. Proposed agenda

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<thead>
<tr>
<th>Timings</th>
<th>Activity</th>
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<tr>
<td>9.30</td>
<td>Coffee/Registration</td>
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<td>10:00</td>
<td>Welcome, introduction and housekeeping</td>
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<td>10:05</td>
<td>Agenda for the day</td>
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<td>10:10</td>
<td>Introduction</td>
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<td>10:15</td>
<td>Our consultation journey</td>
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<td>10:25</td>
<td>Findings from the consultation process</td>
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<td>10:50</td>
<td>Introduction to table activities</td>
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<td>10:55</td>
<td><strong>Table activities</strong></td>
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<td>11:40</td>
<td>Pop up feedback</td>
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<td>11:55</td>
<td>Next steps</td>
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<td>12:00</td>
<td>Close and thanks</td>
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### Further detail including collateral

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<th>Activity</th>
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<tr>
<td>9:30</td>
<td><strong>Coffee and registration:</strong></td>
<td>Signage, Roller banner</td>
<td>Staff and PMO</td>
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<td>• Participants registered and provided</td>
<td>Signing in sheet, Name badges</td>
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<td>refreshments</td>
<td>Table plan – numbered tables</td>
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<td>• Table allocated and delegate pack</td>
<td>Table numbers and stand</td>
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<td>provided</td>
<td>At least two full presentations per table, printed report of findings</td>
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<td>• Opportunity to network</td>
<td>Delegate pack: agenda, event evaluation form, comments card, flag for</td>
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<td>• Background music/video/film?</td>
<td>comment, ground rules, green flag for final comment</td>
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<td>Travel expense forms?</td>
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<tr>
<td>10:00</td>
<td><strong>Welcome, introduction and Housekeeping:</strong></td>
<td>Presentation</td>
<td>Chair</td>
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<td>• Check everyone is comfortable and can</td>
<td>Fire procedure and any fire drills</td>
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<td>hear</td>
<td>Location of toilets etc.</td>
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<td>• Ensure people are welcomed and</td>
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<td>thanked for attending</td>
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<td>10:05</td>
<td><strong>Agenda:</strong></td>
<td>Presentation</td>
<td>Chair</td>
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<td></td>
<td>• A chance to go over the agenda</td>
<td>Park it sign</td>
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<td>• Ensure all participants understand the</td>
<td>Comments clothes line, flags</td>
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<td>content of the event and how they will</td>
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<td>10:10</td>
<td><strong>Introduction:</strong></td>
<td>Presentation</td>
<td>Chair</td>
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<td></td>
<td>• Setting the scene - narrative</td>
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<td>• Where are we in the process</td>
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<td>• What we hope to achieve from today</td>
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<td>10:15</td>
<td><strong>Our consultation journey:</strong> A chance to describe our process</td>
<td>Presentation</td>
<td>Penny</td>
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<td>• What did we do?</td>
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<td>• Who did we talk to?</td>
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<td>• Did we change or add anything to our planned approach?</td>
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<td>10:25</td>
<td><strong>Consultation Findings</strong></td>
<td>Presentation</td>
<td>CSU</td>
</tr>
<tr>
<td></td>
<td>• A description of how the feedback/ data</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Printed tables and data on tables for those who</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
<td>collateral</td>
<td>Who</td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>10:55</td>
<td><strong>Activity 1: What have you heard, what do you think are the main issues?</strong> – table discussions (15 minutes):</td>
<td>- Are you surprised by the findings, is it what you expected?</td>
<td>Chair and facilitators</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- From what you heard, What do you think the main issues are?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- A chance to remind people to use the comments clothes line</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Activity 2: Solutions and recommendations?</strong> – table discussions (30 minutes):</td>
<td>- From the main issues you have identified in activity 1 - What are the potential solutions to mitigate the main issues raised in the consultation?</td>
<td>Chair and facilitators</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- A chance to remind people to use the</td>
<td></td>
</tr>
</tbody>
</table>

- Collateral includes:
  - Printed questions on tables
  - Copies of key themes/ statistics on the tables-accessible formats
  - Opinion board each table
  - Post it notes/ marker pens each table
  - Data capture form – scribes
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>collateral</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>comments clothes line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:40</td>
<td><strong>Pop up feedback</strong> (15 minutes):</td>
<td>Roving microphone</td>
<td>Chair</td>
</tr>
<tr>
<td></td>
<td>- A chance for participants to tell us the key theme from their table discussion</td>
<td>Green flags</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- A chance to remind people to use the comments clothes line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:55</td>
<td><strong>Next steps:</strong></td>
<td>Presentation</td>
<td>Penny</td>
</tr>
<tr>
<td></td>
<td>- What will happen next</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- What will we do with the information we have gathered today</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00</td>
<td><strong>Close and thanks:</strong></td>
<td>Verbal</td>
<td>Chair</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The future delivery of healthcare services in Calderdale and Greater Huddersfield

Dear Colleague/friend

You are invited to attend an event at Cedar Court on Tuesday 13\textsuperscript{th} September 2016, 09:30-12:00 to hear the findings from the public consultation

As you will be aware Calderdale and Greater Huddersfield CCGs launched a public consultation on the 15\textsuperscript{th} March 2016 in order to gather views from the wider public and stakeholders on the proposed future arrangements for community health services and hospital services. The public consultation lasted for 14 weeks and closed on the 21\textsuperscript{st} June, 2016. All survey responses, comments, letters and petitions were sent to the independent organisation to be analysed. The independent organisation will publish a report of findings in late August that will be considered at this event.

This is a follow up event from the joint stakeholder event in December 2015. At that event we presented the proposed changes for hospital and community health services and described how engagement had influenced the development of the proposed changes and the criteria we planned to use to determine the proposals that would be put forward for public consultation.

We are planning to hold this further event to;

- Provide an overview of the consultation process
- Present the findings of the analysis of the response to consultation
- Describe the next steps in the process

We want you to help us by getting involved in table discussions to consider the most important issues from the consultation responses and to make recommendations on how the issues could be addressed.

Your contribution will help us to ensure your voice is heard in the decision making phase of this programme.
Please can you confirm your attendance by returning the attached ‘booking form’ to the freepost (no stamp required) return address. Alternative ways to contact us are listed at the end of the booking form.

Places can only be booked in advance; unfortunately we will be unable to allocate places on the day. Please book your place by Friday 26th August, 2016.

If you would like to nominate someone to attend on your behalf please contact us.

If you have any access requirements please add these to the reply slip or get in touch so we can ensure you can fully participate on the day.

We look forward to seeing you on the day.

Kind regards

Matt Walsh
Chief Officer
Calderdale Clinical Commissioning Group

Alan Brook
Chair
Calderdale Clinical Commissioning Group

Carol McKenna
Chief Officer
Greater Huddersfield Clinical Commissioning Group

Steve Ollerton
Chair
Greater Huddersfield Clinical Commissioning Group
Stakeholder Event
Right Care, Right Time, Right Place
Consultation Report of Findings

13th September, 2016

Welcome
Jonathan Bradley
Director – Participate

Fellow of The Consultation Institute
What happens today

- The Consultation Journey
- Consultation findings and description of how the feedback was analysed
- Table talk on two key elements:
  - Consultation findings - what are the main issues?
  - Solutions and recommendations
- Feedback
- Next steps
We’re here to talk and work together

- A few ground rules
  - Open discussion
  - Share information
  - Debate the issues
  - Hear different people’s points of view
  - Listen to other people without interrupting
  - Seek clarification
  - Give time for people to have their say
  - Help everyone to take part

Penny Woodhead
Head of Quality

NHS Calderdale CCG and NHS Greater Huddersfield CCG
Journey so far

- **Engagement:** March 2012 – July 2014
- **Pre-consultation engagement:** July – Dec 2015
- **Consultation:** 15 March – 21 June 2016
- **Deliberation:** July – Mid October 2016
- **Decision:** 20 October 2016

The output from today will form part of the suite of information that will be presented to the Governing Bodies to support their decision making.

Our consultation journey
Public Consultation

- 15 March – 21 June 2016

**Communication activities**
- Consultation materials
- Right Care, Right Time, Right Place Website
- Awareness raising roadshows
- Media, social media, advertising and direct mail were used to promote awareness of the consultation

Public Consultation cont...

**Engagement activities**
- 3 public meetings
- 17 information sessions
- Conversations via an established network of local community groups and organisations
Public Consultation cont…

- Calderdale Talkback Survey
- Kirklees random sample
- Children and Young People
- Staff
- Other stakeholders

Public Consultation cont…

- We participated in the Consultation Institute’s assurance process

Main mid-point review issues identified:
- Additional activity needed in order to reach specific demographics
- 1 additional public meeting in Greater Huddersfield
- Live chat to increase informed responses

TCI End Point review: Consultation in line with TCI good practice standards
Independent Report of Findings

- The two CCGs commissioned Midlands and Lancashire Commissioning Support Unit to produce the consultation report of findings
- Equality and Health Inequality Impact Assessment- CCGs have commissioned the Midlands and Lancashire CSU to produce this
Objectives

To support deliberation by

- Providing an independent review of feedback
- Identifying recurring themes
- Distinguishing between Calderdale and Huddersfield responses
- Identifying any particular impacts for protected groups
- Enabling further analysis of the data

Feedback - sources

- 7582 surveys
- 40,000 comments to 11 open-ended questions
- 500+ phone calls, letters, documents, texts and email
- 195 pages of transcripts from 3 public meetings
- 17 information sessions
- 36 meetings
- 10 Vox Pops
- 8 petitions
The Survey

Who responded

- 69.1% from Greater Huddersfield
- 27.8% from Calderdale
- 13.9% postcodes in areas of high deprivation
- 4.5% staff
- 53.8% women and 31.4% men
- 5.4% children and young people (0-20) - 10.7% over 71
- 74.8% White British – English, Welsh, Scottish or Northern Irish
Who responded

- 7.8% Asian/Asian British including ‘other Asian’
- 41.9% Christian
- 6.5% Muslim
- 13.9% Disabled
- 15% Carers
- 3.2% Lesbian, gay and bisexual
- 1.2% pregnant or given birth in the last 6 months

Questions

- 22 questions directly related to the proposals
  - Emergency and Urgent Care
  - Planned Care
  - Community Services
  - Paediatrics and Maternity
- 11 of the 22 questions were open ended
- Open – ended questions encouraged testing of the proposals
- Equality Monitoring Form
The coding centre

15 coders
Training
3 quality controllers
IT support
Dedicated office

 Theming the open ended responses

• Each comment was read
• Classified positive, neutral, negative
• Themed by 68 sub-themes
• 68 sub-themes grouped into 16 main themes
How we coded the open ended responses

- c40,000 Responses
- Quality Control checks sample of themed responses
- All questions signed off by CSU Research lead
- 250 responses to each questioned to create the themes
- Coders allocate responses to themes
- Coders read each response
- Each coder then allocated responses to a particular question

Report of Findings

Coding Categories: example main and sub themes

- Main themes
  - Theme 1
    - 1A
    - 1B
    - 1C
  - Theme 2
    - 2A
    - 2B
    - 2C
  - Theme 3
    - 3A
    - 3B
    - 3C
6 Key Focus Areas
(From all the themes)

1. Travel & transport

- Greater Huddersfield respondents particularly worried
- Impact of increased travel times on patient safety
- Main concern – Elland Bypass congestion
- Access to and cost of public transport
- Car parking at Calderdale Royal Hospital
2. Clinical safety and capacity

- Will the proposed model be able to cope?
- Impact on GPs and Ambulance service
- Capacity at Calderdale Royal Hospital—sufficient beds?
- Impact on other areas, for example Barnsley
- Urgent Care Centres and emergencies

3. Rationale for change

- Is the proposed model clinically driven?
- Other drivers - financial such as Private Finance Initiative at Calderdale Royal Hospital and privatisation
- Are clinical staff supportive of the proposals?
4. The consultation process

- Consultation on a single option
- References to ‘done deal’
- Criticism of options appraisal process
- Lack of information for example actual travel times

5. Understanding the proposals

- How they would work in practice
- Lack of information on some proposals
- The rationale for removing A&E from Huddersfield
6. Need for change

- Acknowledgment that change is necessary
- Demonstrated by:
  - Alternative sites
  - Suggestions on travel and transport

Question 10:
Do you think you will be negatively affected by our proposed changes?

- **Huddersfield** - 80% said Yes, 12% said No and 7% Don’t Know
- **Calderdale** – 47% said No, 33% said Yes and 20% Don’t know

Overall 67% of all respondents stated they would be negatively affected by the proposed changes
Question 12:
Overall after reading the document do you agree or disagree with our proposed changes?

- **Huddersfield** - 79% disagreed, 11% neither agreed/disagreed, 7% agreed.

- **Calderdale** - 47% agreed, 28% disagreed, 22% neither agreed/disagreed

Overall 64% of all respondents said they disagreed with the proposals.

Local demographics

The survey heard from a mostly representative sample of the local population.

The responses from the groups below were lower than would be representative;

- Men
- Children and young people
- ‘Other White’ background
- Asian/Asian British, Black/Black British - Caribbean people and Muslim people in Greater Huddersfield
Local demographics

The survey heard from a mostly representative sample of the local population.
The responses from the groups below were lower than would be representative;
• Men
• Children and young people
• ‘Other White’ background
• Asian/Asian British, Black/Black British - Caribbean people and Muslim people in Greater Huddersfield

Conclusions

• Good response to the survey
• High levels of awareness
• Robust approach to analysis of feedback
• Demographics
• 6 key areas of focus to support deliberation
Activity 1
Table discussions
10:55-11:10

Q. Are you surprised by the findings, is it what you expected?
Q. From what you have heard, what do you think are the main issues?

- Place your comments on the opinion board

Activity 2- part 1
11:10-11:40

Q. From the main issues identified in activity 1 - what are the potential solutions to mitigate these issues?

Add your key theme & solution to the Green flag

- Place your comments on the opinion board
Pop up feedback
(green flag from each table)

Next Steps
Next steps

- The recommendations from today will be considered as part of the information to support the CCGs Governing Bodies in making their decision.

- Sept – Mid Oct - CCGs continue to review the findings and to understand potential impacts on the proposed changes.

- 20th Oct 2016 - CCG Governing Bodies meet in public to decide on outcome of consultation and next steps.

Thank you!

Email: rcrtp.myview@nhs.net

By post:

NHS Calderdale CCG
F Mill, 5th Floor
Dean Clough
Halifax HX3 5AX
### APPENDIX 4: Event Evaluation

<table>
<thead>
<tr>
<th>Presentations (including content and presenter) – Was the information presented in a way that you could understand?</th>
<th>Please rate by circling the appropriate number - 1 being no understanding at all and 10 being completely understand</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Presentation 1 – Our Consultation Journey</strong></td>
<td>0 0 0 1 1 2 11 8 20</td>
</tr>
<tr>
<td><strong>Presentation 2 – Consultation findings</strong></td>
<td>0 0 0 1 3 2 12 7 18</td>
</tr>
</tbody>
</table>

**Is there anything else you would like to tell us?**

- Be clear about Emergency Service/Urgent Care
- The content was clear and well précised considering the wealth of information.
- Need to read full document to assess.
- Both the above questions are leading and as such misleading and meaningless.
- Bit too wordy second part
- My experience of asking people about NHS is that you get anecdotes from “7” years ago or of experiences of friends of friends. The consultation did not ask people when their last experience was. This could differentiate “opinion” from experience.
- Very good PowerPoint slides - clear, good contrast and not too much text. Health forum presenters please note!

<table>
<thead>
<tr>
<th>Activities (including facilitators) – were you able to contribute fully, tell us everything you wanted to and feel that you where listened to?</th>
<th>Please rate by circling the appropriate number - 1 being no not at all and 10 being yes completely</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity 1 – Opinion Board</strong></td>
<td>0 0 1 0 1 3 7 10 18</td>
</tr>
<tr>
<td><strong>Activity 2 – Opinion Board</strong></td>
<td>0 0 1 2 1 2 6 11 17</td>
</tr>
</tbody>
</table>

**Is there anything else you would like to tell us?**

- Roving mic please next time
- Insufficient time to debate the issues
- Felt alienated from much of the discussion
- Well facilitated
- In spite of facilitator trying really hard, I felt the "political" people at the table had an agenda which overruled
- Could have done with more time. Facilitators/Scribblers were excellent.
- One participant tended to dominate - chair needed to do more to involve more.
- I acted as a scribe so gave no opinion. However, I felt that staffing levels at the hospital weren't covered and I was surprised this wasn't a key finding.
- Hard not to return to consultation style.
My scoring is largely because I am very new to my role and I am not in a position to engage fully at this moment. So no criticism of how this was organised.

<table>
<thead>
<tr>
<th>Please rate the following by ticking the appropriate box – (number of responses included in each box)</th>
<th>Very good</th>
<th>Good</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>35</td>
<td>5</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Welcome</td>
<td>31</td>
<td>11</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other ways in gathering your views (i.e. comments cards, washing line, park it sign)</td>
<td>18</td>
<td>16</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Venue</td>
<td>17</td>
<td>20</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

**Is there anything else you would like to tell us?**

- Registration quick and efficient. Venue very warm. Too many people round table.
- Too hot!
- I object to having RCRTRP being printed on my name plate. It suggests support.
- Start time was published at 9am. Actual 10am. Regulations NHS waiting time?
- Good event

**Any other general comments?**

- Interesting comments and issues - how do we get it across re clinical input, need for change. Fears of privatisation of NHS - 1 person - using private companies to provide NHS services, Clinicians - more that the patients do not pay and is free at point of need.
- I would have appreciated more discussion around the impact of the "non-respondents" – non-involved of the 98% who did not respond in any way.
- Well facilitated and organised event.
- Divide and rule.
- Good honest discussions which did recognise the good work into consultation and the next steps needed.
- Excellent balance of participants
- The summary of green flags was a good outcome. Don’t forget to respect 7500 peoples input. Thank you for putting in the time to respond. Here is a comprehensive response - 6 key points. The plan will be better for the input received. Be careful - don't patronise by just saying "you didn't understand the plan"
**APPENDIX 4: Event Evaluation - Equality Monitoring Form**

<table>
<thead>
<tr>
<th>1. What is the first part of your postcode?</th>
<th>6. What is your ethnic group?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example HD6 / HX3</td>
<td>Asian or Asian British:</td>
</tr>
<tr>
<td>Yours</td>
<td>☐ Indian</td>
</tr>
<tr>
<td>☐ Prefer not to say</td>
<td>☐ Pakistani</td>
</tr>
<tr>
<td></td>
<td>☐ Bangladeshi</td>
</tr>
<tr>
<td></td>
<td>☐ Chinese</td>
</tr>
<tr>
<td></td>
<td>☐ Other Asian background (please specify)</td>
</tr>
<tr>
<td></td>
<td>☐ Prefer not to say</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. What sex are you?</th>
<th>Black or Black British:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Male</td>
<td>☐ Caribbean</td>
</tr>
<tr>
<td>☐ Female</td>
<td>☐ African</td>
</tr>
<tr>
<td>☐ Prefer not to say</td>
<td>☐ Other Black background (please specify)</td>
</tr>
<tr>
<td></td>
<td>☐ Prefer not to say</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. How old are you?</th>
<th>Mixed or multiple ethnic groups:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 42</td>
<td>☐ White and Black Caribbean</td>
</tr>
<tr>
<td>Yours</td>
<td>☐ White and Black African</td>
</tr>
<tr>
<td>☐ Prefer not to say</td>
<td>☐ White and Asian</td>
</tr>
<tr>
<td></td>
<td>☐ Other mixed background (please specify)</td>
</tr>
<tr>
<td></td>
<td>☐ Prefer not to say</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Which country were you born in?</th>
<th>White:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Prefer not to say</td>
<td>☐ English/Welsh/Scottish/Northern Irish/British</td>
</tr>
<tr>
<td></td>
<td>☐ Irish</td>
</tr>
<tr>
<td></td>
<td>☐ Gypsy or Irish Traveller</td>
</tr>
<tr>
<td></td>
<td>☐ Other White background (please specify)</td>
</tr>
<tr>
<td></td>
<td>☐ Prefer not to say</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Do you belong to any religion?</th>
<th>Other ethnic groups:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Buddhism</td>
<td>☐ Arab</td>
</tr>
<tr>
<td>☐ Christianity</td>
<td>☐ Any other ethnic group (please specify)</td>
</tr>
<tr>
<td>☐ Hinduism</td>
<td>☐ Prefer not to say</td>
</tr>
<tr>
<td>☐ Islam</td>
<td>☐ Prefer not to say</td>
</tr>
<tr>
<td>☐ Judaism</td>
<td>☐ Prefer not to say</td>
</tr>
<tr>
<td>☐ Sikhism</td>
<td>☐ Prefer not to say</td>
</tr>
<tr>
<td>☐ No religion</td>
<td>☐ Prefer not to say</td>
</tr>
<tr>
<td>☐ Other (Please specify in the box below)</td>
<td>☐ Prefer not to say</td>
</tr>
</tbody>
</table>
7. Do you consider yourself to be disabled?
- Yes
- No
- Prefer not to say

Type of impairment:
Please tick all that apply

- **Physical or mobility impairment**
  (such as using a wheelchair to get around and / or difficulty using their arms)
- **Sensory impairment**
  (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)
- **Mental health condition**
  (such as depression or schizophrenia)
- **Learning disability**
  (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)
- **Long term condition**
  (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Prefer not to say

8. Are you a carer?

Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?
- Yes
- No
- Prefer not to say

9. Are you pregnant?

- Yes
- No
- Prefer not to say

10. Have you given birth in the last 6 months?

- Yes
- No
- Prefer not to say

11. What is your sexual orientation?

- Bisexual (both sexes)
- Gay (same sex)
- Heterosexual/straight (opposite sex)
- Lesbian (same sex)
- Other
- Prefer not to say

12. Are you transgender?

Is your gender identity different to the sex you were assumed at birth?
- Yes
- No
- Prefer not to say

Once completed please either leave on the table with your evaluation form or hand them both to a member of the team.