



CHIEF OFFICER REPORT

1. Kirklees Health and Wellbeing Board

At its meeting on 20 March 2013, the Council approved the establishment of a Health and Wellbeing Board with effect from 1 April 2013 with membership as follows:

Voting members (14)

3 members of Kirklees Council Cabinet (Leader's nominations Councillors Khan, Harris and Walton)

1 Senior Councillor from the main opposition group (Leader's nomination Councillor Light)

1 Councillor from a political group other than the administration and main opposition group (Leader's nomination Councillor Wilkinson)

Director for Children and Adults

Director of Public Health

A representative of the Local Health Watch

3 representatives of North Kirklees CCG

3 representatives of Greater Huddersfield CCG

Non-voting members (2)

Chief Executive Kirklees Council

Members of the NHS Commissioning Board in relation to the Kirklees HaWB area)

Invited observers

Member of the political group on the Council which is not otherwise represented on the Board

Chief Executive or nominated representative of significant health partners:

Mid Yorkshire Hospitals Trust

Calderdale and Huddersfield Foundation trust

South West Yorkshire Partnership Foundation Trust

Locala Community Partnerships (as current community health provider)

2. Procurement Policy

The CCG is in the process of developing a Procurement Policy which will set out how to decide the procurements arrangements once a commissioning decision

has been made. The Policy will describe the support which is being received from West and South Yorkshire and Bassetlaw Commissioning Support Unit (WSYBCSU), and the legal framework on which the policy is based. The Policy has been discussed at the CCG's Clinical Strategy Group and will be presented to the next meeting of the Governing body in May for approval.

3. Mid-Yorkshire Transformation

Attached to this report is a full progress on Meeting the Challenge, public consultation exercise

4. Exceptional Cases Committee

To ensure continuity in relation to the handling of individual funding requests (IFRs) through the Exceptional Cases Committee (ECC), it has been agreed that a shared ECC and associated Appeals Committee should continue to operate across the North Kirklees and Greater Huddersfield CCGs for 2013/14.

The intention is to retain the expertise of the two former PEC members – Dawn Gordon and Carl Chapman – on a shared basis with North Kirklees CCG as members of the ECC. In addition, it is proposed that the membership is increased by one additional GP member from each Governing Body and that each of the two CCGs has senior managerial representation. In the case of GHCCG this is through the Chief Officer who chairs the ECC.

Lay member input will continue to be through Tony Gerrard, acting as the lay member representation for each of the two CCGs.

The Terms of Reference will be updated in due course to reflect these arrangements.

Chris Dowse

Chief Officer Designate

March 2013

MEETING THE CHALLENGE

PUBLIC CONSULTATION EXERCISE – UPDATE APRIL 3 2013

1 Meetings - public

- 1.1 The consultation launched on 4 March and is now in full swing. The 'set piece' **launch events** public meetings in Dewsbury, Wakefield, Pontefract and Morley have now all taken place. The meetings have been recorded and both the recordings and the written transcripts are now on the Meeting the Challenge website. All meetings were well attended and lively with numbers present ranging from around 150 in Dewsbury to approximately 15 in Morley. Meetings in Dewsbury and Morley were characterised by the expression of pronounced, vociferous and emotionally charged opposition to many aspects of the proposals. At the meetings in Wakefield and Pontefract, whilst some concerns were aired, there was far less opposition to the proposals and a much greater willingness to consider the proposals in the round, rather than focussing on the implications for the local hospital in those areas.
- 1.2 In addition to the relatively large scale public meetings we are also attending **area forums and neighbourhood network** meetings across the Wakefield District. We have attended six area forums, speaking to a total of 318 people. We have also attended three of the smaller neighbourhood network meetings.. These are key elements of the Council's public involvement programme.
- 1.3 In North Kirklees a different format is followed, with fewer but potentially more formal meetings of **area committees**. We have presented at all of them as part of the pre-consultation campaign. For the full consultation, so far we have attended the Dewsbury Area Committee on 26 March, and sent information packs to Spennings Area Committee. Batley, Birstall and Birkenshaw Area Committee have declined to give us slots on their programmes, but have taken and distributed consultation literature.
- 1.4 We have written to all relevant **town and parish councils** to offer more information or to attend meetings. So far we have attended Normanton Town Council on 9 April. Mirfield Town Council cancelled a scheduled visit, so we have agreed to attend their next available meeting on 28 May.
- 1.5 Members of the engagement team are actively working with **local groups** representing the nine protected characteristics of the Equality Act to provide information and meeting opportunities in the format that suits them best. This includes the south Asian community, particularly in North Kirklees where we have already agreed roadshows and will be attending an open meeting at the Al-hikmah Centre in Batley on 25 April. Engagement and Diversity staff are working together to ensure

those groups of higher impact from the changes have their say. This will be via attendance at specific community groups eg Children's Centres or focus groups eg in the Dewsbury and Spenningsdale areas.

- 1.6 Wakefield CCG's quarterly meeting with public and patients to talk about commissioning intentions took place on March and included a round-table option to discuss MtC. That was attended on behalf of the Communications and Engagement team by Ruth Unwin. Planning is taking place to have a round table discussion at the Older People's Forum as all services apart from maternity SCBU and paediatric s will impact more on the over 65 age group.

2 Meetings - key stakeholders

- 2.1 We are continuing to work with the **Joint Overview and Scrutiny Committee** and have agreed a series of evidence gathering sessions to look in more detail at each of the key areas. A schedule for these meetings, which begin on 12 April, is attached as **Appendix A**. We also accepted an invitation to attend the **North Yorkshire OSC** on 22 March, to present on both content and process. Unfortunately, this meeting was cancelled at short notice due to the bad weather and we are in the process of liaising with the OSC to agree how best to take this forward as they have indicated a desire to make a formal response to the consultation.

3 Meetings - focus groups

- 3.1 These are being planned with invited groups around each of the key areas. At least eight focus groups are being planned to take place, mainly in the evening and mainly in the North Kirklees areas. Clinicians will need to attend service specific ones such as maternity and A & E.

4 Roadshows/ drop in sessions

- 4.1 The roadshow has completed 22 full days so far and there are already 18 others confirmed dates. These are staffed partly by our own engagement staff, but also with staff supplied through a promotional agency. **It should be noted** that the roadshows are about providing information, raising awareness and capturing any feedback that is given. They are not primarily an opportunity for in-depth debate or discussion and it is important that we do not raise false expectations when promoting these events. We are now collecting and collating intelligence from these sessions (numbers attending, questions asked, feedback etc) and submitting it to the campaign Company for analysis. Feedback so far has mostly related to concerns about travel but also about the level of current service at MY hospitals which has been fed directly back to the PALS service.

- 4.2 We have agreed dates for our **drop in sessions** which will take place when the roadshow is stationed at the three hospitals. The first of these took place at Pontefract Hospital on 9 April where two people came to speak to Stephen Eames, and felt they had an invaluable discussion. We have one planned at Dewsbury Hospital on 13 May with hourly slots with clinicians for maternity, paediatrics and A&E, plus a two hour general slot. We are still negotiating arrangements for the Pinderfields Hospital session with MYHT. We will be linking these with themed weeks in the local media and plan to have key clinicians and board members available to do slots throughout the day when they are on the roadshow and can answer questions. We are also looking at the possibility of doing evening drop in sessions with clinicians.

5 Literature and publicity

- 5.1 Distribution of the summary document to 240,000 households has been completed and we have requested a report on the coverage achieved from Royal Mail. It has also been distributed to libraries, community centres, GP surgeries, pharmacies etc (along with posters promoting the public meetings).
- 5.3 The final version of the full consultation document is now on our website. Printed copies have now been delivered and are being sent out to key stakeholders and members of the public on request.
- 5.4 Work has been taking place to produce an easy read version of the document. This will be available within the next few days to enable the engagement team to do more focused work with some groups in the community.

6 Website and social media

- 6.1 An interactive tool has now been placed on the website which can be accessed through the homepage. This allows people to enter their postcode and see how far hospitals are from them, and which services would be provided at each under the proposed changes.
- 6.2 We tweet regularly with a planned programme of messages, and we monitor activity. Social media activity has been comprised of an average three tweets per day (including once daily at weekends) from the two CCG accounts at times when traffic to Twitter is most likely to be at its peak. Tweets have been used to advertise public meetings, roadshows, direction to website content and consultation documents. External Twitter accounts have been approached to re-tweet our messages to widen the reach as far as possible.

Average weekly activity so far:

Wakefield CCG:

8 re-tweets and 2 replies (11 – 18 Apr)

Average weekly reach of 11,218 accounts

Exposure of 72,183 impressions. (11 – 18 Apr)

North Kirklees CCG:

3 retweets and 2 replies (11 – 18 Apr)

Average weekly reach of 6,444 accounts

Exposure of 10,277 impressions (11 – 18 Apr)

- 6.3 All tweets are automatically fed into the CCGs' Facebook pages – however interactivity from the public has been very minimal. We are responding to tweets and Facebook comments where needed.

7 Media

- 7.1 We continue to actively encouraging coverage in the local media which has resulted in radio interviews and a double page editorial in the Reporter series of papers. The roadshows are covered weekly in local papers across North Kirklees and Wakefield.

- 7.2 We are also monitoring media coverage: we are correcting inaccuracies and, where appropriate, responding to readers' letters. A recent example of a successful rebuttal is agreement by the Dewsbury Reporter newspaper to take down an online report which falsely gave the impression that we were bowing to public pressure to attend and hold meetings in public when the reality is we have been extremely proactive in this respect and not at all reticent at accepting invitations to address various public and private meetings. We have recently had a positive reader letter printed in the North Kirklees papers from a member of the public saying the clinicians who presented at Dewsbury Area Committee came across as experts and allayed his concerns.

In addition, we are now exploring the possibility of starting regular webchats and online polling around emerging key issues/themes.

8 Internal

- 8.1 **Communication:** Briefing documents have been emailed to all GPs and Practice Staff in North Kirklees and Wakefield. Articles in Wakefield's Practice Matters have been printed and items within weekly e-bulletins across the CCGs, PCTs and the Cluster have been included. We are now looking at how we can further communicate with Practice Managers and encourage more information to be displayed in GP surgeries.

- 8.2 Updates have been fed regularly in to internal communications channels at Wakefield Council, Kirklees Council, SWYFHT and Locala and we are currently working with Voluntary Action Kirklees and Voluntary Action Wakefield to expand communications channels there.

- 8.3 **Engagement:** The consultation was on the agenda at the North Kirklees Local Medical Council meeting to update them on the process and the issues arising from the consultation so far. A presentation has

recently been made at the NK GP's Practice Protected Time. The consultation document was also distributed at the NK Nurses Forum. We are due to attend Wakefield's monthly Target meeting and the CCG quarterly meeting to provide a brief update on consultation activity and are currently aiming to be on the agenda for the Clinical Network meetings for Practice Managers. The hospital Trust has established its own plan for internal communication with all its staff, and we are liaising to ensure consistency of information and messages. There will also be focus groups with staff who are also patients at White Rose House and Broad Lea House.

9 Advisory group

- 9.1 The group has asked for a presentation about Care Closer to Home and this will take place on 2 May. They will also be involved in the development of decision-making criteria in preparation for the end of the consultation period. We expect that The Campaign Company will facilitate this session.

10 Feedback and evaluation

- 10.1 The volume of traffic to the consultation email address and phone line continues to grow.
- 10.2 We are working with two external companies to ensure:
- that all feedback is recorded and analysed independently (the Campaign Company); and
 - that our process is robust (the Consultation Institute).
- 10.3 The Campaign Company is collating all feedback and the second report for the period 1 March to 3 April is attached as **Appendix B**. That report shows that at the time of writing this report, 1,438 questionnaires had been received. An area highlighted for action is the need to elicit more responses about maternity services. This is being tackled through a series of focus groups and arrangements for those are in hand.
- 10.5 The Campaign Company will be carrying out a telephone survey towards the end of April, and we continue to have a valuable and flexible arrangement with them to enable us to respond to feedback as the consultation process continues. This is likely to include independent facilitation of the focus groups and, as we review the progress of the consultation, is likely to include a deliberative event at the end of the consultation period to help facilitate the decision making process.
- 10.6 The Consultation Institute provided their initial view that:
- the summary document is very clear and understandable and;

- the plan is very comprehensive.
- 10.7 We have since had further discussions with the Institute to further strengthen our plan in a number of areas. They have, in particular, provided extremely helpful and valuable assessment of our plans to mitigate a significant risk. This risk is the possibility of a legal challenge (judicial review) of the consultation process on the basis that the time between close of consultation and making a final decision is too short for meaningful consideration of consultation output, post consultation discussion with key stakeholders and revision or fine tuning of plans, if required. We have proposed making a commitment to extend consultation at the end of the process **if** evidence emerges which leads us to make significant changes to the clinical changes planned. The Institute's view is that provide that plan is shared and agreed with the Chairman of the JOSc, it will almost certainly eradicate – or at least significantly mitigate – that risk. That liaison with the JOSc Chair is in hand.

11 Interim Integrated Impact Assessment

- 11.1 In response to a request from a member of the public at the Dewsbury public meeting, a summary, of key highlights, report drawn from the IIA report has been posted on the website. The intention now is to post the full document on the website as soon as possible. That report will carry an important caveat to the effect that it is a living document which will require amending and updating over time as we reach key milestones such as finishing the formal consultation process, producing a full business case etc. A Equality Impact Assessment for the consultation has also been completed and this is helping to identify specific groups to ensure engagement with a diverse population.

12 The Consultation Institution

- 12.1 As part of the assurance and governance process, the Consultation Institute will be reviewing our progress against the consultation plan via a series of gateway reviews. The first of these has now been held and early feedback suggests we will have achieved and exceeded the required standards. A Decision-making flow diagram has been developed and agreed by the Institute and is attached as **Appendix C**

Martin Carter

Head of Communications and Engagement

18 April 2013