

AGENDA

Health & Social Care Overview and Scrutiny Committee

Date: **Monday 12 December 2016**

Time: **2.00 pm**

Place: **Council Chamber, The Shire Hall, St. Peter's Square,
Hereford, HR1 2HX**

Notes: Please note the time, date and venue of the meeting.

For any further information please contact:

Ruth Goldwater, Governance Services

Tel: 01432 260635

Email: councillorservices@herefordshire.gov.uk

If you would like help to understand this document, or would like it in another format, please call Ruth Goldwater, Governance Services on 01432 260635 or e-mail councillorservices@herefordshire.gov.uk in advance of the meeting.

Agenda for the meeting of the Health & Social Care Overview and Scrutiny Committee

Membership

Chairman	Councillor PA Andrews
Vice-Chairman	Councillor J Stone
	Councillor CR Butler
	Councillor ACR Chappell
	Councillor PE Crockett
	Councillor CA Gandy
	Councillor MD Lloyd-Hayes
	Councillor MT McEvelly
	Councillor GJ Powell
	Councillor A Seldon
	Councillor NE Shaw
	Councillor D Summers
	Councillor EJ Swinglehurst

AGENDA

		Pages
1.	<p>APOLOGIES FOR ABSENCE</p> <p>To receive apologies for absence.</p>	
2.	<p>NAMED SUBSTITUTES (IF ANY)</p> <p>To receive details of any members nominated to attend the meeting in place of a member of the committee.</p>	
3.	<p>DECLARATIONS OF INTEREST</p> <p>To receive any declarations of interest by members in respect of items on the agenda.</p>	
4.	<p>MINUTES</p> <p>To approve and sign the minutes of the meeting held on 14 November 2016.</p>	9 - 14
5.	<p>SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY</p> <p>To consider suggestions from members of the public on issues the committee could scrutinise in the future.</p> <p><i>(There will be no discussion of the issue at the time when the matter is raised. Consideration will be given to whether it should form part of the committee's work programme when compared with other competing priorities.)</i></p>	
6.	<p>QUESTIONS FROM THE PUBLIC</p> <p>To note questions received from the public and the items to which they relate.</p> <p><i>(Questions are welcomed for consideration at a scrutiny committee meeting so long as the question is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it no later than two working days before the meeting to the committee officer. This will help to ensure that an answer can be provided at the meeting).</i></p>	
7.	<p>WYE VALLEY NHS TRUST CARE QUALITY COMMISSION (CQC) INSPECTION</p> <p>To review the performance of Wye Valley NHS Trust (WVT) in the light of the recent Care Quality Commission (CQC) re-inspection.</p>	15 - 18
8.	<p>ENGAGEMENT AND CONSULTATION PROCESS FOR THE REDESIGN OF PRIMARY CARE SERVICES IN HEREFORDSHIRE</p> <p>To make the committee aware of a decision made by Herefordshire Clinical Commissioning Group's (CCG) governing body to engage and consult with patients, public and wider stakeholders on the delivery of 7 day primary care medical services in Herefordshire, and to seek members' views on the breadth of the engagement process and timeline proposal in the paper.</p>	19 - 28

PUBLIC INFORMATION

Public Involvement at Scrutiny Committee Meetings

You can contact Councillors and Officers at any time about Scrutiny Committee matters and issues which you would like the Scrutiny Committee to investigate.

There are also two other ways in which you can directly contribute at Herefordshire Council's Scrutiny Committee meetings.

1. Identifying Areas for Scrutiny

At the meeting the Chairman will ask the members of the public present if they have any issues which they would like the Scrutiny Committee to investigate, however, there will be no discussion of the issue at the time when the matter is raised. Councillors will research the issue and consider whether it should form part of the Committee's work programme when compared with other competing priorities.

2. Questions from Members of the Public for Consideration at Scrutiny Committee Meetings and Participation at Meetings

You can submit a question for consideration at a Scrutiny Committee meeting so long as the question you are asking is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it **no later than two working days before the meeting** to the Committee Officer. This will help to ensure that an answer can be provided at the meeting. Contact details for the Committee Officer can be found on the front page of this agenda.

Generally, members of the public will also be able to contribute to the discussion at the meeting. This will be at the Chairman's discretion.

(Please note that the Scrutiny Committee is not able to discuss questions relating to personal or confidential issues.)

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YOU HAVE A RIGHT TO: -

- Attend all Council, Cabinet, Committee and Sub-Committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting.
- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public Register stating the names, addresses and wards of all Councillors with details of the membership of Cabinet and of all Committees and Sub-Committees.
- Have a reasonable number of copies of agenda and reports (relating to items to be considered in public) made available to the public attending meetings of the Council, Cabinet, Committees and Sub-Committees.
- Have access to a list specifying those powers on which the Council have delegated decision making to their officers identifying the officers concerned by title.
- Copy any of the documents mentioned above to which you have a right of access, subject to a reasonable charge (20p per sheet subject to a maximum of £5.00 per agenda plus a nominal fee of £1.50 for postage). Agenda can be found at www.herefordshire.gov.uk/meetings
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HEREFORDSHIRE COUNCIL

SHIRE HALL, ST PETER'S SQUARE, HEREFORD, HR1 2HX.

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HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held in the Council Chamber, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Monday 14 November 2016 at 9.30 am

Present: Councillor PA Andrews (Chairman)
Councillor J Stone (Vice Chairman)

Councillors: PE Crockett, MD Lloyd-Hayes, MT McEvelly, GJ Powell, A Seldon, NE Shaw, D Summers and EJ Swinglehurst

In attendance: Councillors JM Bartlett, WLS Bowen, H Bramer, J Hardwick, EPJ Harvey, AW Johnson, JG Lester, PM Morgan, AJW Powers and SD Williams

Officers: Jo Davidson, Audrey Harris, Geoff Hughes, Josie Rushgrove, Martin Samuels and Mark Taylor

112. APOLOGIES FOR ABSENCE

Apologies were received from Cllr CR Butler, Cllr ACR Chappell and Cllr CA Gandy.

113. NAMED SUBSTITUTES (IF ANY)

None.

114. DECLARATIONS OF INTEREST

None.

115. MINUTES

RESOLVED

That the minutes of the meetings held on 28 September 2016 and 19 October 2016 be agreed as correct records of those meetings and signed by the chairman.

With reference to the minutes of 28 September (minute number 104, penultimate paragraph), membership of a task and finish group on child and adolescent mental health services was considered and agreed as: Cllr Crockett, Cllr Lloyd-Hayes, Cllr Norman and Cllr Summers. It was agreed that Cllr Powell would chair the group.

116. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY

No suggestions were received.

117. QUESTIONS FROM THE PUBLIC

No questions were received.

118. DRAFT 2017/18 BUDGET AND MEDIUM TERM FINANCIAL STRATEGY (MTFS) UPDATE

The interim director of resources gave a presentation on the 2017-18 budget. It was noted that the Chancellor's autumn statement was due on 23 November and it was suggested that there be a further scrutiny meeting after that.

The budget delivered the key priorities for the council; these were to:

- enable residents to live safe, healthy and independent lives;
- keep children and young people safe and give them a great start in life;
- support the growth of our economy; and
- secure better services, quality of life and value for money

It was a statutory requirement to approve the council tax base (which was set at 2% plus a 2% precept for adult social care), the gross revenue budget, and the net spending limit for directorates.

A more detailed review of the core grant and the capital programme would take place at the general overview and scrutiny committee today. However, the main points were that:

- the calculation of the capital finance requirement was reflected in the revenue budget;
- it was a statutory requirement to state the deliverability of the budget plus the level of reserves to ensure protection for unplanned circumstances;
- the efficiency plan for a four-year funding settlement had been submitted and agreed with the government;
- there were significant pressures and increased demand for services alongside increasing costs and inflationary issues that could have an impact;
- grants had reduced significantly, the core by some 90% since 2010, and it was necessary to identify savings and reduce costs from the business to operate within available funding;
- council tax revenue was the new driver, through the delivery of new houses in the county;
- revenue from business rates was also a factor although in the county this was limited as employers tended to be small and the impact of statutory relief on business rates, such as for charities, requires review;
- reserves were generally sufficient at the present time;
- pressures on the budget included inflationary costs, demographics and long term contracts where pressures had to be absorbed, as well as statutory pressures such as the living wage which also affected contractors;
- pressures were being offset through savings generated, creating efficiencies and reducing waste. Service reviews contributed to this, in changing service delivery methods, supported by a business-like approach to fees and charges within the market context;
- the overall picture was reflected in the medium term financial strategy over four years, a final review with the three directorates of proposed budget savings was planned to assess deliverability.

The net revenue budget is currently £139.8m. Although the council tax base was known, it was noted that there were business rates appeals in process.

It was not anticipated that there would be significant changes following the autumn statement, although there could be some adjustments, an example being the better care fund. The public health grant and the better care fund were ring-fenced, although the public health grant could be used to support other activities. It was clarified that the better care fund was separate from the troubled families budget.

Given the austerity measures and the extent of global political changes it was not realistic to expect significant cash injections. A further scrutiny review was proposed following the autumn statement. Most of the budget consultation was completed and being analysed, and the budget would be finalised at the council meeting on 3 February 2017.

A member asked for clarification regarding adult preventive measures of 600k income. The head of corporate finance explained that an additional £800k was allocated on a one-off basis and this represented the recoupment

In response to a member's comment that the sustainability and transformation plan (STP) could add pressures to adult social care, the director for adults and wellbeing explained that there could be challenges arising from the STP and this had been raised with NHS England. Although the STP was not yet in the public domain, there was commitment from NHS England to publish it before Christmas and the clinical commissioning group in Herefordshire planned to hold public meetings towards end of this month. The impact on adult social care was not yet clear and although there were legitimate concerns over the development of the STP, it was positive that the NHS planning process had sought to involve councils from the outset.

A member requested that the figures in relation to savings and recommissioning be clarified to show the net effect of managing contract inflation.

With regard to a projected overspend of £1.4m for learning disabilities against a savings plan of £700k, a member asked for more detail about the number of people receiving support and how the funding was used.

The director for adults and wellbeing clarified that people with learning disabilities had an increased life expectancy and so there was a larger proportion of the population of working age. This was a national trend although Herefordshire was the eleventh highest spender, spending significantly more per head in comparative terms. This was being addressed through developing new pathways, strengthening capability within the workforce and financial forecasting, which had resulted in a reduction in the projected overspend. This was a key area for focused improvements and there was an imperative for improved outcomes.

With regard to commissioning, the director explained that contracts for services were being renegotiated to reflect changing needs and there was more confidence that savings were deliverable. It was recognised that there were genuine inflationary elements to account for such as the living wage, but with planning the impact could be mitigated.

Noting reductions in spending in children's services, a member asked about the transition from agency to permanent staff.

The director for children's wellbeing confirmed that the strategy to 'grow our own' was bearing fruit. Agency staff had reduced from 60 to 18 and there was ongoing recruitment to reduce this further with the aim to have a maximum of 5 agency workers at any one time depending on need for cover.

This achievement brought substantial cost savings and services were operating within cost. There was confidence that savings would be achieved next year, with a more stable service.

The director also commented on placement costs, noting that the number of children on child protection plans had stabilised over the past few months and had reduced from over 200 to 140. The safeguarding board was confident that children were getting right support and the service was working acceptably. There was slower progress in reducing the number of looked after children, with the aim to reduce to around 150 children to compare with neighbouring authorities. There had been investment in development work to ensure that the focus was on reunifying children with their families or

establishing more permanent arrangements such as adoption or special guardianship. It had not been possible to reduce this as quickly as wished but there was confidence that this would be more on track next year.

The cabinet member for young people and children's wellbeing added that the reduction of agency workers from 60 to 18 was significant and he was proud of the team for achieving this. The safeguarding thresholds were being applied rigorously so that children were not on child protection plans unnecessarily, and the right resources were being applied properly.

Responding to a member's request for clarification on how the rural services delivery grant related to budget proposals and delivery within sparsely populated areas, the interim director of resources explained that the grant was utilised to support service delivery where costs were higher because of factors such as travel. The fund was currently held in reserve in order to be able to respond to demand and pressures.

A member commented that more information was needed in order to comment on the impact of the STP, and there were further issues related to changes to local health services and the expectation to achieve full integration of health and social care by 2020. She added that the development of different ways of working were to be applauded but funding needed to be established.

The interim director of resources commented that it was important to build up the level of reserves to protect support services from unforeseen circumstances such as for winter crises, floods etc.

Business rates were a powerful income stream but it was not yet clear from the government how the proposed new system would work. The council had until 2021 before the new system came in and in the meantime the council should endeavour to enhance its business rates base until the impact was clearer.

The director for adults and wellbeing commented that with regard to changes in local health service management speculated by the media, there had been a long standing budding relationship with South Warwickshire NHS Trust and although there had been ongoing discussions, there were no indications of a formal merger at this point and no decisions had been taken. The current arrangement was in order to support local management.

With regard to the STP, the director had been involved in its development and it was important to recognise that there would be a series of iterations before the document would be published before the end of November. This provided opportunity for all to be engaged in the process and NHS England expected this. It was anticipated that there would be general direction from central government on integration but the specific approach was for local determination.

In response to a member's question regarding areas of concern in relation to equality impact assessments, the head of corporate finance explained that these were a continuous process and had been summarised for the report, and more information could be provided.

Commenting on the service at Ledbury Road, the director for children's wellbeing clarified that the current service provider, Wye Valley NHS Trust, had served notice that it would not be retendering for the contract. Extensive consultation and detailed discussions with families had taken place with regard to short breaks and it was anticipated that at the end of the procurement period this month, contracts would be offered for a range of short breaks, details of which would be provided in the new year, but it was confirmed that there was a better range of family based provision and demand

could be met. The director confirmed that training was taking place and parents were praising the transformation in provision. The cabinet member for adults and wellbeing assured members that care was being taken to understand needs.

A member asked about the new homes bonus and the number of properties this was based on and reflected in the core strategy. The head of corporate finance explained that the new homes bonus grant was in relation to around 500 new homes per year and it was expected that the funding stream would reduce to four years. This would include homes coming into re-use as well as new homes. Members noted that this area presented an opportunity for future scrutiny.

RESOLVED

That the report be noted.

The meeting ended at 10.53am

CHAIRMAN



Meeting:	Health and social care overview and scrutiny committee
Meeting date:	12 December 2016
Title of report:	Wye Valley NHS Trust Care Quality Commission (CQC) inspection
Report by:	Interim chief nurse (NHS Herefordshire Clinical Commissioning Group)

Classification

Open

Key Decision

This is not an executive decision

Wards Affected

Countywide

Purpose

To review the performance of Wye Valley NHS Trust (WVT) in the light of the recent Care Quality Commission (CQC) re-inspection.

Recommendation(s)

THAT:

- (a) the performance of Wye Valley NHS Trust be reviewed;**
- (b) the committee makes recommendations to the trust and to commissioners regarding further improvements required in relation to performance; and**
- (c) any items for further attention be identified for addition to the committee's work programme.**

Key considerations

- 1 The CQC undertook an announced inspection of services provided by WVT at the County Hospital site from 5 to 8 July 2016 and unannounced inspections on 11, 17 and 18 July 2016. Community services were not inspected at this time. The report was published on 3 November 2016, and can be found on the CQC website: http://www.cqc.org.uk/sites/default/files/new_reports/AAAF7512.pdf

Further information on the subject of this report is available from
Mike Emery on Tel (01432) 260618

- 2 Overall, the CQC rated WVT as requires improvement, which is an improvement on the previous rating of inadequate.
- 3 Three of the five domains: safe, effective and well led were judged as requiring improvement. WVT was rated as inadequate for being responsive as patients were unable to access all services in a timely way for initial assessments, diagnoses and/or treatment.
- 4 WVT was given a rating of good for the caring domain. Patients were treated with kindness, dignity and respect and were provided the appropriate emotional support.
- 5 As a result of the improved outcome of the inspection, NHS Improvement (NHSI) has removed WVT from special measures.
- 6 The trust must ensure that all risks identified during the inspection are on the risk register and appropriate mitigating actions are taken. WVT is developing an improvement plan to address this.
- 7 The CCG has worked with NHSI, WVT's regulator, to monitor and gain assurance on the improvements required from the previous inspection. Arrangements are being made for ongoing assurance of the trust's improvement plan.

Community impact

- 8 The CQC report has noted the improved quality and safety of care at WVT, which is of importance to local people who use services. However, people sometimes have to wait longer for treatment than they should expect.
- 9 The community has an opportunity to exercise choice when making appointments for planned care.

Equality duty

- 10 The CCG ensures that its key programmes of work undertake an Equality Impact Assessment and it also adheres to the NHS Equality Development Scheme, designed to ensure it pays due regard to the public sector equality standard and improved outcomes for vulnerable groups. This will include undertaking reviews on any proposed de-commissioning or disinvestment decisions.

Financial implications

- 11 There are no financial implications arising from this paper.

Legal implications

- 12 The ability for the committee to review and scrutinise any matter relating to the planning, provision and operation of the health service in its area is derived from the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. Following the review and scrutiny of this report the committee can make reports and recommendations to WVT. It can also request a response from WVT in writing within 28 days.

Risk management

- 13 Mitigation actions for the risks identified during the inspection will be monitored through WVT's improvement plan.

Further information on the subject of this report is available from
Mike Emery on Tel (01432) 260618

Appendices

Appendix a - Presentation (to follow)

Background papers

None identified.



Meeting:	Health and social care overview and scrutiny committee
Meeting date:	12 December 2016
Title of report:	Engagement and consultation process for the re-design of primary care services in Herefordshire
Report by:	Director of primary care, Herefordshire Clinical Commissioning Group

Classification

Open

Key decision

This is not an executive decision.

Wards affected

Countywide

Purpose

To make the committee aware of a decision made by Herefordshire Clinical Commissioning Group's (CCG) governing body to engage and consult with patients, public and wider stakeholders on the delivery of 7 day primary care medical services in Herefordshire, and to seek members' views on the breadth of the engagement process and timeline proposal in the paper.

Recommendation(s)

THAT:

- (a) the committee considers the contents of the report; and**
- (b) identifies recommendations on how the CCG takes forward the engagement and consultation activities as outlined in appendix a attached.**

Further information on the subject of this report is available from
Lesley Woakes, director of primary care, Herefordshire CCG on Tel (01432) 383574

Alternative options

- 1 The committee is being asked to note the paper and provide the CCG with their views and recommendations on how it takes forward the engagement and consultation activities on the future of an equitable 7 day primary care service across Herefordshire.

Reasons for recommendations

- 2 The CCG will bring a more detailed report, which will include the consultation brief and engagement activities, to the next meeting of the committee.

Key considerations

- 3 Through previous engagement activities supporting the development of the urgent care pathway, patients told the CCG that there are multiple access points into health services for urgent needs and that it was not clear to them which service would be appropriate to manage their healthcare need.
- 4 Currently there are 24 GP practices, three Taurus hubs, a walk in centre, four minor injury units, accident and emergency and GP out of hours centres providing services in Herefordshire over 24 hours, with many overlapping.
- 5 The responsibility for commissioning the 7 day services in primary care pilots is being transferred to CCGs from April 2017, so there needs to be a plan on how the CCG takes this forward using the learning from the pilots to be able to integrate services with primary care core 8:00am to 6:30pm provision.
- 6 The walk in centre (WIC) contract expires at the end of March 2017.
- 7 The four minor injury units (MIUs) at Kington – provided by Blanchworth; Ledbury – provided by Shaw Healthcare; Ross-on-Wye and Leominster – provided by Wye Valley NHS Trust (WVT) have low activity and will link to a community services review.
- 8 The Hereford city GP estates bid to the Estates Technology and Transformation Fund overseen by NHS England, will potentially see three city practices relocate into a central primary care hub in Hereford and all the city practices coming together to deliver services from a ‘hub and spoke’ model in Hereford from 2019.
- 9 It is important that patients who reside south of the river in Hereford have access to equitable primary medical care services, so it is proposed to relocate one of the ‘spokes’ into the facility adjacent to the Asda store to provide a primary medical care service to a registered population between 8:00am and 6:30pm.
- 10 It is also proposed that a 7 day service hub will deliver primary care services on a planned appointment basis between 6:30pm and 8:30pm.
- 11 The CCG will also be making an application to NHS England to take on delegated commissioning of primary care from April 2017 and intends to widen the scope of commissioning services for the vulnerable population of Hereford.
- 12 The process for engagement and consultation, with the proposed timeline, can be found at Appendix a.

Further information on the subject of this report is available from
Lesley Woakes, director of primary care, Herefordshire CCG on Tel (01432) 383574

Community impact

- 13 The model for 7 day services has interdependencies with a number of work streams that are described within the Sustainability and Transformation Plan and many are pieces of work that have been progressed as part of the One Herefordshire programme.
- 14 A key programme of work where 7 day primary care services has been integral is the re-design of the urgent care pathway, where there has already been an extensive engagement process undertaken with patients, public and wider stakeholders.

Equality duty

- 15 An Equality Impact Assessment and a Quality Impact Assessment were undertaken as part of the urgent care pathway engagement and consultation process, which was submitted to NHS England as part of the assurance required for any service change proposals.
- 16 This process is defined in the NHS England document 'Planning, assuring and delivering service change for patients' (2015).
- 17 The assurance process has been completed and the CCG can move to the next stage in engaging and consulting with patients, public and wider stakeholders.
- 18 These key documents will be included in the detailed consultation pack, which will be brought to the next meeting of the committee.

Financial implications

- 19 The GP access fund hubs provided by Taurus are currently funded by NHS England.
- 20 The funding for these will transfer to the CCG in April 2017.
- 21 The CCG is applying to NHS England to take on delegated commissioning responsibilities for primary medical care and the responsibility for the budget for the GP contract and related funding streams will transfer to the CCG from April 2017, if approved.

Legal implications

- 22 The CCG has followed the legal process as required by NHS England by following the guidance cited above in the report 'Planning, assuring and delivering service change for patients' (2015).
- 23 The ability for the committee to review and scrutinise any matter relating to the planning, provision and operation of the health service in its area is derived from the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. Following the review and scrutiny of this report the committee can make reports and recommendations to the CCG. It can also request a response from the CCG in writing within 28 days.

Risk management

24 All risks to the programme will be managed in line with the CCG's governance process.

Appendices

Appendix a – 7 day services engagement and consultation process and timeline

Background papers

- None identified.

One Herefordshire

7 Day Primary Care

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Your **success** is our **success**



Process overview

Phase	Key activities	Timing
1 Testing case for change	<ul style="list-style-type: none"> Briefing stakeholders Testing underlying principles at engagement event 6 Dec 	Dec
2 publishing case for change	<ul style="list-style-type: none"> Consider results of above Draft publically accessible case for change and test with patient reader panel Stakeholder update and engagement with groups Publish 	Dec Early Jan

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Process overview continued

Phase	Key activities	Timing
3 Pre consultation	<ul style="list-style-type: none"> Identify groups who might be potentially impacted by change to informed by EIA Update to stakeholders PR activity; press release, website update Identify patient and clinicians reps for project team or reference group Develop and test consultation documents and survey questions Seek approval to consult – HOSC, NHSE, TDA, DH gateway review 	Dec
4 Launch Formal Consultation	<ul style="list-style-type: none"> Senior stakeholder face to face briefings PR; press release, media appearances, web update, newsletters, twitter etc Publish documents 	Dec

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Yc

Process overview continued

Phase	Key activities	Timing
5 Deliver consultation	<p>A variety of activities to ensure those likely to be impacted by proposed changes are targeted and views captured. Actions are subject to agreement and funding with partners and may include:</p> <ul style="list-style-type: none"> • Press conference • Meetings with key groups • Deliberative events in main localities (deliberative events that take people through understanding the need for change and giving real opportunities to influence outcomes.) 	Jan - March
6 consultation results – analysis and reporting		March

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Process overview continued

Phase	Key activities	Timing
7 Decision making	Sign offs from partner organisations and NHSE	March 2017
8 Announcing results and next steps	Subject to above	March 2017

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