Item 9 – Appendix 1

Hertfordshire Health Concordat

between

Hertfordshire County Council

and

Local NHS Organisations

and

HealthWatch Hertfordshire

Dated October 2017

This Concordat is agreed between the following bodies:

1. Hertfordshire County Council (HCC) which will act through its Health Scrutiny Committee (HSC)
2. The Hertfordshire Partnership University NHS Foundation Trust (HPFT)
3. East & North Hertfordshire NHS Trust (ENHT)
4. West Hertfordshire Hospitals NHS Trust (WHHT)
5. East of England Ambulance Service NHS Trust (EEAST)
6. Hertfordshire Community NHS Trust (HCT)
7. Herts Valleys Clinical Commissioning Group (HVCCG)
8. NHS East & North Hertfordshire Clinical Commissioning Group (ENHCCG)
9. Cambridge & Peterborough Clinical Commissioning Group (C&PCCG)
10. Princess Alexandra Hospital, Harlow (PAH)
11. Healthwatch Hertfordshire (HWH)

The signatories attached in Appendix 5 reflect the commitment of all partners involved in the Strategic and Transformation Partnership (STP) to follow the Concordat principles for all service changes arising from the STP work plan. This would also include any future developments including the creation of an Accountable Care System or Organisation.

Supporting documents
Appendix 1 Background to NHS consultation & HSC Concordat
Appendix 2 Consultation Principles 2016
Appendix 3 Substantial Variation
Appendix 4 Checklist
Appendix 5 Signatories

HERTFORDSHIRE HEALTH CONCORDAT

Executive Summary

The Concordat applies to relations between the Health Scrutiny Committee (HSC) and the health bodies serving the population of Hertfordshire. It also covers consultations and engagement carried out by any of the NHS Bodies, where HCC is among those formally consulted. The principles outlined below apply not only to extensive formal public consultations of the kind required by legislation, but also to developments which will affect smaller numbers of patients, smaller geographical areas or particular services only. The Concordat covers changes resulting from commissioning decisions or service changes.

The principles that the Concordat are built on underpin the whole relationship between scrutiny and health. The NHS Five Year Froward View states that 'we need to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services'

Given the financial and service landscape it is accepted that changes will have to be made but that they are done so for the best interest of the population of Hertfordshire and the Hertfordshire and West Essex health and social care system. There is also recognition of the aim to balance timely, well informed decision-making with the use of public monies.

The advent of the Sustainability Transformation Partnership (STP) requires local government and health bodies to work together and that discussions around service changes held in the STP forum will be fed back to HSC.

The Concordat facilitates discussion between HSC and partners so that a culture of 'no surprises' is engendered and maintained through regular contact with Head of Scrutiny and the Chairman of the Committee, to develop engagement into agreed approaches to identify substantial variation and more formally structured consultation.

When consultations take place the Concordat highlights the need to consult the relevant stakeholders in the right way using 'digital by default' as per Central Government consultation principles guidance 2016. While digital contact through social media and webpages should be at the forefront of any consultation, this does not preclude the use of alternative methods to reach all stakeholders. All communications need to have accessible language so that it is clear and allows for responses to be captured resulting in effective reporting, which in turn informs effective decision making.

Ongoing engagement with the population is necessary to create transparency and awareness of the direction of travel for services. To further this goal it is anticipated that engagement will be ongoing; and all consultations should allow everyone to see the use of stakeholder feedback in formulating any final strategy.

PRINCIPLES

1. What is consultation?

1.1 Consultation within the Concordat covers commissioning decisions or service changes with stakeholders to communicate any proposals as well as to gain feedback. All proposed changes require informal liaison with Head of Scrutiny and Chairman of HSC at an early stage and prior to a final decision on consultation being taken by the relevant organisation. At this first meeting the proposals will be shared and agreement sought for the required programme of consultation, which will be dependent on the likely impact of the proposals to residents and/or partner organisations.

2. Consulting the HSC on "substantial variations"

2.1 Legislation requires that scrutiny committees must be consulted in the event of a substantial development or variation. A substantial variation is dependent on local circumstances. **The final definition of what constitutes a substantial variation is determined by the HSC.** The Concordat assumes that a substantial variation is defined as a change or augmentation to a service or provisions that will impact on the health of the local or wider population (see App 3). The relevant NHS body must discuss this with the Head of Scrutiny. If it is agreed that the proposed changes are substantial, HSC will require the NHS to undertake a formal consultation process.

2.2 Consultation on substantial variations will extend to an appropriately wide group of stakeholders in addition to the HSC and will conform to the principles outlined in this Concordat. Proposals for substantial variations in NHS services will be the subject of a formal public consultation. It is anticipated that consultation will be undertaken for a proportionate period. This may mean 12 weeks and the Head of Scrutiny must be consulted before any reduction in this timeframe is considered. HSC may decide not to scrutinize the proposal or consultation as detailed at Appendix 3 and agree to a consultation period shorter than 12 weeks.

2.3 It is not the function of HSC to manage the NHS; therefore scrutiny will not consider managerial decisions

2.4 Where there is a national consultation from NHS England, NHS Improvement or other national body, it is agreed that local commissioners

and/or providers will share any national consultations that they are aware of with Head of Scrutiny and Chairman when relevant to Hertfordshire. At this time it should be made clear whether the consultation is taking place nationally or locally. If it is nationally there is an understanding that local commissioners and/or providers will share such information with the Committee. This may then mean that local consultation is undertaken in addition to national consultation.

3. No surprises

3.1 **A principle of "no surprises" will operate** i.e. Scrutiny officers and the HSC chairman meet regularly with health bodies providing opportunities for informal discussion of upcoming issues.

3.2 The Government has replaced previous consultation guidance by issuing the Consultation Principles 2016. The key Consultation Principles are:

- departments [*here health bodies*] will follow a proportionate timescale dependent on the expected impact of the decisions or proposals;
- departments [*here health bodies*] will need to give more thought to how they engage with and consult with those who are affected;
- consultation should be 'digital by default', but other forms should be used where these are needed to reach the groups affected by a policy and are seldom heard;
- that the consultation should provide sufficient information to consultees so that they can provide informed responses;
- that consultation should state how responses have been received and how they have informed policy.

3.3 The work of HSC will reflect the Consultation Principles and follow agreed ways of working

- advance notification to HSC of the proposed work programmes
- formal consultation is preceded by extensive discussions and engagement with a wide range of stakeholders and those likely to be affected
- detailed informal pre consultation activity takes place to develop proposals
- formal proposals in consultation documents should come as no surprise to many of those consulted
- the level of consultation should be proportionate to the change and those affected.

3.4. The NHS should look to provide as much evidence as possible to the extent and effectiveness of its engagement processes and formal consultation. The Chairman, on behalf of the HSC will take this into account when discussing the expected timescales for consultation or to include matters in its work programme for scrutiny. Evidence that NHS bodies have a culture of engagement and consultation embedded in their day-to-day activities will include

- board papers or other strategy and action planning documents indicating a rich and ongoing process of engaging/consulting service users and potential service users
- evidence that this process is part of a circle of dialogue and feedback that influences service planning and delivery
- feedback and updates to HSC from relevant health bodies and HWH over the course of the planning and delivery cycle about the level, extent, inclusiveness and influence of patient and public consultation and involvement.

3.5 Where urgent action is required because of concerns about risks to the safety, or welfare of patients and staff or the viability of a service to safeguard public safety and the financial stability of a health body HSC would expect to be engaged and informed of any actions as soon as is possible.

3.6 Where the provider or commissioner is operating regionally, information affecting the region is shared with Head of Scrutiny and Chairman, especially when a regional change could affect Hertfordshire.

4. Consulting the right people

4.1 It is anticipated that consultation will be underpinned by the NHS Constitution, principles of good practice accepted nationally and the Secretary of State's 4 Tests (updated 2015)

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- Clear, clinical evidence base.
- Support for proposals from commissioners.

4.2 Consultation processes will attempt to gather the views of a representative cross-section and a geographical spread of the relevant population. The NHS consulting body, including Foundations Trusts, will be able to show how it has encouraged a wide range of people to give their views and how

it has enabled the voices of seldom heard people and minorities as well as the majority to be heard.

4.3 Those consulted (key stakeholders, groups and individuals with an interest and those likely to be affected by any proposed changes) will all be given an opportunity to provide an informed view. HCC, the Health & Wellbeing Board, Healthwatch, District/Borough Councils in Hertfordshire and HSC, will be consulted separately as will elected representatives (including MPs) and stakeholders, as appropriate. Consultation with the HSC will not be used as a substitute for consultation with HCC's executive (and vice versa). The organisation will need to consult the executive as HCC's decision-making body and with the executives or other decision-making bodies of the Hertfordshire District/Borough Councils, where appropriate, all of whom may have different perspectives from HSC.

5. Being clear about proposals and options

5.1 It will be clear that it is a **consultation** not a vote or referendum.

5.2 Consultations will have clear stated objectives. It will be made clear to those being consulted what is being proposed. Options will be put forward in good faith, i.e. it will be made clear which options the consulting body considers to be viable ones, what, if any, its current preferences are among these options and what consultees can still change or influence. If certain options have been excluded as being completely unviable, this will be made clear and the constraints spelled out. If the pre consultation engagement has been extensive and the NHS body is able to provide substantial evidence of engagement and how this activity has shaped proposals, the NHS body may consult on one proposal only. It is anticipated that this will be the exception.

5.3 The consulting body will also make clear that it will give due regard to new alternative options or aspects of options proposed by consultees during the consultation process. Consultees will be specifically asked for their views on options which they do not favour as an understanding of the advantages and disadvantages of all options from the public perspective may be helpful to decision makers.

5.4 Where possible an assessment of the likely effects of proposals on other services and of the groups of people most likely to be affected will be given, including an assessment of the impact of making no change. This should also include the likely impact on other organisations that interact with this service. Short and long-term impacts, knock-on effects, equalities

impacts, sustainability and opportunity costs of options will be outlined with an assessment of the likely impact on transport and local site issues.

6. Consulting in the right way

6.1 Consultation will take many forms, both formal and informal, proportionate to the issue and population being effected. Consultation documents will be made available widely and public consultation events will be well publicised using 'digital by default', but also make sure that a range of suitable media communication is used and events are held at times and venues that will suit as many people as possible to be fully inclusive and allow informed decisions to be made. Materials will state clearly how consultees should respond. They will include a contact point for any consultee who wishes to complain about the consultation process. The numbers responding and their submissions to consultation documents or at consultation events will be recorded and reported in a final summary. Questionnaires will be objective, appropriate and fair and the methodology for analysing them will be indicated in the final report of a consultation.

6.2 HSC recognises that public meetings and questionnaires are not always the most appropriate method of consulting people. Where appropriate smaller scale engagement with specific groups can be a more effective means of capturing the views of defined users of particular services and of people whose views are seldom heard, and therefore its use is encouraged.

7. Using accessible language

7.1 The language of consultation documents and at consultation events will be accessible, user-friendly and jargon free. Publicity for consultation events and documents will make clear what the overall implications of proposed changes are likely to be (e.g. a proposal to "reconfigure" services that may result in a closure of a hospital or facility will say so and **not** simply use vague terms such as "Come to a meeting about NHS changes" or "new ways of providing health services").

8. Effective reporting

8.1 Responses to consultations will be analysed using methods that can be shown to be fair and objective and will, where possible, give a demographic breakdown of those responding, including a geographic breakdown.

8.2 NHS boards, HSC, HWB, HWH and the public will have access to full reports of consultations. Access for this purpose may include publication of consultation reports to boards as posted with board papers on health body websites. All signatories to this Concordat shall also comply with their obligations under the Freedom of Information Act 2000 and shall also disclose such information as may be requested under that Act unless they can clearly demonstrate that exemption from disclosure under the Act applies. However, this is likely to be exceptional in the case of information relating to a public consultation exercise.

9. Objective decision-making and feedback

9.1. Decisions made by boards will give due weight and attention to the full range of consultation formats used, including oral and written responses in formal and informal settings. In general, reports of decisions on issues where consultation has taken place will make clear how the pre consultation informal engagement and consultation process has influenced the decision. It is also necessary to include in the report how feedback from stakeholders has been used in the decision making process.

9.2. Health bodies need to ensure that sufficient consideration has been given to any issues raised during the consultation concerning the impact of the proposals on clinical quality and outcomes

9.3. Wherever possible, direct feedback will be given to groups and individuals who have responded to a consultation, indicating where their views have influenced a decision. Where a decision goes against a large body of opinion of those consulted, or against the view of those who will be most affected, reasons will be given for this.

10. Lessons learned

10.1 In their overall consultation strategies, NHS bodies will show how they have evaluated previous consultations and put into practice the lessons they have learned about how to improve consultation.

10.2 This Concordat will be reviewed and its effectiveness tested with both signatories and other stakeholders including HWH, on a four year basis unless other factors suggest an earlier revision is necessary.

11. Implementation of an agreed strategy

11.1. The implementation of a strategy does not require further scrutiny, unless it is a substantial variation to the agreed strategy. This is especially important if implementation of all or part(s) of the strategy will not take place for a considerable period of time. To enable HSC to monitor implementation it has been agreed that health bodies will undertake a full range of activities as requested by HSC in relation to specific strategy implement. This will include

- regular, short, written updates
- assurance that reconfiguration/service changes is in line with the agreed strategy
- reassurance of substantial engagement with users and the community to inform service changes
- hosting site visits for HSC members, where appropriate

The Concordat will be reviewed every four years

Appendix 1

HERTFORDSHIRE COUNTY COUNCIL (HCC)
HEALTH SCRUTINY COMMITTEE (HSC)

BACKGROUND TO NHS CONSULTATION & HCC CONCORDAT

1. INTRODUCTION

1.1. It is the role of HCC to hold the local NHS to local democratic account. However, the relationship between HCC's Health Scrutiny Committee (HSC) and its health partners is only one of the many that operate at different levels across the two sectors. The Health & Wellbeing Board (HWB) will influence the strategic direction for commissioning services that relate to the health and wellbeing of the population. HCC and health staff work closely together to ensure that their commissioning strategies are aligned and that patients' experience of moving between health and social care services are as seamless as possible.

2. Legislative background

2.1. The law gives powers to local authorities (other than districts in two-tier areas) to consider issues affecting the health of local people and to call the NHS and private providers whose services are funded by the NHS to account on behalf of local communities.[1] The primary aims of health overview and scrutiny is to ensure that:

- health services reflect the views and aspirations of local communities
- all sections of local communities have equal access to services
- all sections of local communities have an equal chance of a successful outcome from services.[2]

2.2. The regulations specifically require NHS bodies to consult on any proposals for "substantial variations or developments" of health services. HSC does not have powers to enforce any of the recommendations it makes to the NHS or private providers, either as a result of carrying out a scrutiny review, or in responding to a consultation. It can only hope to influence decisions by the evidence it brings forward and to ensure that

[1] Health and Social Care Act 2001, National Health Service Act 2006 (section 244) **as amended by Health and Social Care Act 2012; Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013**
[2] Centre for Public Scrutiny, *Substantial Variations and Developments of Health Services: a Guide*, 2005.

consultation by the NHS has been of a high quality. The final decision on how NHS services are run and developed remains with NHS Boards. In Hertfordshire HSC and NHS bodies have agreed an approach to monitoring the implementation of recommendations through the OSC Review of Recommendations Topic Group.

2.3. In addition to the creation of duties relating to local authority scrutiny, legislation requires the NHS to involve and consult the public widely on what it does.[3] Clinical Commissioning Groups (CCGs), NHS Trusts and NHS Foundation Trusts must involve and consult people who receive or who may receive health services on:

- the planning of the provision of those services,
- the development and consideration of proposals for changes in the way
  those services are provided, and
- decisions affecting the operation of those services

3. Hertfordshire County Council Health Scrutiny Committee (HSC)

3.1 HSC has been carrying out its scrutiny powers since 2002. The statutory health scrutiny powers, following changes made by the Health and Social Care Act 2012, now rest with HCC, but they will continue to be exercised on behalf of HCC by HSC. HSC includes representation from all the districts/boroughs in Hertfordshire. All districts/boroughs, and HCC's executive , continue to provide an executive response to NHS consultation proposals and service developments.

3.2 HSC is aware that the NHS in Hertfordshire has also been developing the ways it involves and consults patients and the public and HSC wishes to encourage these developments, at the same time recognising the finite resources available. HSC aims to ensure that it has a comprehensive overview of NHS developments and an opportunity to contribute to improving the health of the people of Hertfordshire. It wishes to support new developments designed to improve health services, as long as it is assured that good and comprehensive involvement and consultation with patients and the public is happening. HSC believes that the best way for it to scrutinise the activities of the NHS locally is to act as a challenging critical friend.

[3] National Health Service Act 2006 (section 242) as amended by the Health and Social Care Act 2012.

3.3 HSC expects to be informed of proposed substantial variations in services, as is required by law. However, HSC would not wish – and indeed would not have the capacity - to carry out detailed scrutiny in relation to the content of all new NHS proposals or existing services. This does not preclude HSC from undertaking scrutiny on specific issues it deems necessary. It is very important, therefore, that HSC can be satisfied that adequate, appropriate and effective consultation and involvement of patients and the public has takes place as a matter of course.

3.4 HSC understands that consultations are not referenda and that NHS Boards must weigh up a number of factors in making decisions about changes in services. HSC and the NHS signatories to this Concordat agree that the views of patients and the local population are an important factor which must play and be seen to play a role in those decisions.

4. The Concordat between Health & HCC

4.1. HCC, acting through HSC, and the NHS signatories of this Concordat have agreed to develop a Concordat on the way in which patients and the public in Hertfordshire are informed, consulted and involved in decision-making by the NHS. The purpose of this Concordat is:

- to create an explicit consensus between HSC and the NHS in Hertfordshire about the principles that should underlie good consultation of patients and the public
- to enable HSC to prioritise its scrutiny activity and to maintain the role of critical friend referred to above
- to assist patients and the public, including HealthWatch Hertfordshire (HWH), to understand the principles on which consultation with them is carried out by the NHS.

4.2. The guiding assumption is that, only where there is clear evidence that a consultation process has failed to comply with the principles of the Concordat in a way which has materially affected the process or outcome will there be a need for detailed and formal scrutiny review by HSC. Such principles and assessment of compliance with them could never be wholly scientific, since they require a degree of judgement about whether their spirit has been fulfilled, and an understanding of local circumstances. However, it is hoped that they will provide a public benchmark to assist patients, the public, and NHS bodies themselves as well as HSC to plan patient and public involvement and consultation and to evaluate the adequacy and effectiveness of consultations.

4.3. It is accepted that both providers and commissioners have a statutory duty to “involve and consult”; however, the lead organisation in respect of public consultation is the commissioning body. This body is expected to lead the contact with HSC.

4.4. Each signatory shall notify HCC’s Scrutiny Officer of the name and contact details for a lead officer within their organisation who shall act as the principle point of contact for all matters in relation to this concordat. Any amendments to the name, role or contact details of a lead officer shall also be notifed accordingly.

5. Status of the Concordat, Amendments, Withdrawal and Successor Bodies

5.1. The Concordat is not a legally binding contract or agreement. However, the signatory organisations voluntarily subscribe to its provisions. Agreeing the Concordat shall be approved by each organisation in accordance with its Constitutional requirements. HCC’s Head of Scrutiny shall maintain a definitive current version of the Concordat.

5.2. Significant amendments which impact on the substance of the Concordat or any of its provisions will continue to be revised and agreed by health and HSC. Amendment will only be made with the agreement of all signatories. Minor amendments (including e.g. changes of organisation name or post titles) shall not require agreement.

5.3. Any signatory may withdraw from the Concordat by giving three months notice in writing to HCC’s Head of Scrutiny. Withdrawal from the Concordat does not exempt an organisation from the fulfilment of its statutory duties in respect of consultation.

5.4. An organisation shall automatically cease to be a signatory to this concordat in the event of it ceasing to exist as a statutory body. The Concordat does not bind successor organisations but any successor organisation shall be invited and encouraged to become a signatory. Notification in writing to HCC’s Head of Scrutinyl shall constitute an organisation becoming a signatory for this purpose, subject to their having complied with paragraph 12.1 above.

5.5. The establishment of HWH requires inclusion within any Concordat arrangements. Where a member of the public, a representative organisation of the HWH or a member of HSC believes that consultation has not been carried out according to the spirit of the principles in the Concordat they may submit evidence to HSC as to why they consider the

Concordat has not been complied with. In such instances HSC will either as a whole, or appoint a sub-group of it members to assess the process of consultation against the principles in the Concordat and decide, on this basis, whether further scrutiny is necessary. Appendix 4 to the Concordat provides a checklist of questions to assist any assessment of whether consultations have followed the principles of the Concordat.

5.6. The Concordat draws on the relevant legislation (referred to in footnotes) and the experience of HSC and the NHS in developing and overseeing good practice on consultation and involvement at a practical level. In addition, the Concordat has drawn on principles outlined in the following documents:

- *Hertfordshire County Council's Have Your Say principles for consultation*
- *Consultation Principles 2016*
- *The Independent Reconfiguration Panel's best practice guidance.*
- *NHS Constitution*
- *Health & Social Care Act 2012*
- *Care Act 2014*

Appendix 2

Consultation Principles 2016

A. Consultations should be clear and concise

Use plain English and avoid acronyms. Be clear what questions you are asking and limit the number of questions to those that are necessary. Make them easy to understand and easy to answer. Avoid lengthy documents when possible and consider merging those on related topics.

B. Consultations should have a purpose

Do not consult for the sake of it. Ask departmental lawyers whether you have a legal duty to consult. Take consultation responses into account when taking policy forward. Consult about policies or implementation plans when the development of the policies or plans is at a formative stage. Do not ask questions about issues on which you already have a final view.

C. Consultations should be informative

Give enough information to ensure that those consulted understand the issues and can give informed responses. Include validated assessments of the costs and benefits of the options being considered when possible; this might be required where proposals have an impact on business or the voluntary sector.

D. Consultations are only part of a process of engagement

Consider whether informal iterative consultation is appropriate, using new digital tools and open, collaborative approaches. Consultation is not just about formal documents and responses. It is an on-going process.

E. Consultations should last for a proportionate amount of time

Judge the length of the consultation on the basis of legal advice and taking into account the nature and impact of the proposal. Consulting for too long will unnecessarily delay policy development. Consulting too

quickly will not give enough time for consideration and will reduce the quality of responses.

F. Consultations should be targeted

Consider the full range of people, business and voluntary bodies affected by the policy, and whether representative groups exist. Consider targeting specific groups if appropriate. Ensure they are aware of the consultation and can access it. Consider how to tailor consultation to the needs and preferences of particular groups, such as older people, younger people or people with disabilities that may not respond to traditional consultation methods.

G. Consultations should take account of the groups being consulted

Consult stakeholders in a way that suits them. Charities may need more time to respond than businesses, for example. When the consultation spans all or part of a holiday period, consider how this may affect consultation and take appropriate mitigating action.

H. Consultations should be agreed before publication

Seek collective agreement before publishing a written consultation, particularly when consulting on new policy proposals. Consultations should be published on gov.uk.

I. Consultation should facilitate scrutiny

Publish any response on the same page on gov.uk as the original consultation, and ensure it is clear when the government has responded to the consultation. Explain the responses that have been received from consultees and how these have informed the policy. State how many responses have been received.

J. Government responses to consultations should be published in a timely fashion

Publish responses within 12 weeks of the consultation or provide an explanation why this is not possible. Where consultation concerns a statutory instrument publish responses before or at the same time as the

instrument is laid, except in exceptional circumstances. Allow appropriate time between closing the consultation and implementing policy or legislation.

K. Consultation exercises should not generally be launched during local or national election periods.

If exceptional circumstances make a consultation absolutely essential (for example, for safeguarding public health), departments should seek advice from the Propriety and Ethics team in the Cabinet Office.

This document does not have legal force and is subject to statutory and other legal requirements.

Appendix 3

HSC Substantial variation guidance

1. Department of Health guidance (2014), good practice as recorded by the Centre for Public Scrutiny (CfPS 2005) and Section 10.6.3 of Local Authority Scrutiny regulations recommend that the following are taken into account when considering whether a development, proposed change or variation is 'substantial':
    - Changes in accessibility of services
    - The impact of the proposal on the wider community and other services (including economic impact, transport and regeneration)
    - The degree to which patients are affected
    - Changes to service models and methods of service delivery NHS e.g. moving a particular service into a community setting from an acute hospital setting

2. Section 242 of the NHS Act places a statutory duty on the NHS to engage and involve the public and service users in:
    - Planning the provision of services
    - The development and consideration of proposals to change the provision of those services
    - Decisions affecting the operation of services.

To assist in transparency a template for detailing service changes that can be shared with HSC is in Appendix 3a.

Appendix 3a:

Service Changes

Organisation	
Lead manager & contact details	
Description of service variation	
Reasons for service variation i.e. Case for Change	
Impact on the Wider Community *(e.g. transport, accessibility)*	
Number of Patients/Carers Affected	
Changes in Methods of Service Delivery	
Impact on other Services (e.g. health, social care, voluntary sector)	
Impact on different communities *(e.g. age, gender, locality)*	
Date due at Health & Wellbeing Board or relevant Commissioner	
Proposed Engagement	

Appendix 4

Checklist to ascertain if consultations have followed the Concordat, Consultation Principles, NHS Constitution & best practice

Reflecting the 4 Tests, cconsultation should provide evidence of

- clarity on the clinical evidence base underpinning the proposals
- support of GP commissioners i.e. CCGs
- that it promotes choice for patients
- genuine engagement with the public, patients and local authorities

1. What efforts has the health body made from an early stage to inform relevant stakeholders that a proposal is being formulated?

2. What evidence is there of patient and public involvement and/or consultation in the development of the proposal?

3. If the proposal is clearly a substantial variation in services and not subject to formal public consultation, how will the health body ensure stakeholder input?

4. If there is doubt about whether the proposal constitutes a substantial variation have the Head of Scrutiny and the Health Scrutiny Committee (HSC) been asked for their views?

5. In the case of proposals that will not lead to substantial variations in services, is the timescale for consultation realistic and acceptable?

6. Have those being consulted been made aware of the objectives of the consultation? Have options been put forward in good faith? Has it been made clear which options are still “on the table” and which have been ruled out and the reasons given in sufficient depth to justify their exclusion?

7. Have the right people been consulted: key stakeholders, users (current and past) groups and individuals with an interest and those likely to be affected? Has consultation sought to elicit responses from a representative cross-section and a geographical spread (where appropriate) of views? Has the health consulting body encouraged people to give their views and enabled the voices of seldom-heard people and minorities to be heard?

8. Has consultation taken the right forms appropriate to the subject matter and to those being consulted? Have responses to consultation been captured,

recorded and reported appropriately? Have consultees been made aware of how they can complain about the consultation process, if they wish?

9. Is the language of any consultation documents and events accessible, user-friendly and jargon free? Has any publicity made clear what the overall implications of any proposed changes will be?

10. Has analysis of consultation responses used fair and objective methods? Has the methodology for analysing consultation responses been recorded in any report of consultation, where appropriate? Where possible, has a demographic and geographic breakdown of responses been provided in any final report? Is any final report available to relevant Boards, HSC and the public and is anonymised raw data from consultation available on request?

11. Have any decisions made after a consultation period given due weight and attention to consultation responses and made it clear how they have influenced the decision(s)? How will feedback be given, where possible, to those consulted? Where a decision goes against a large body of opinion of those consulted, or against the view of those who will be most affected, have reasons been given for this?