Calderdale, Kirklees and Wakefield
Joint Health Overview and Scrutiny Committee

Feedback into stakeholder workshop 23 August 2024

Feedback on the older people's mental health inpatient services consultation report and the equality impact assessment.

Following a meeting of the JHOSC held on the 15 August 2024, the Committee was asked to provide feedback from their deliberations on the consultation report and EIA.

Set out below is the Committee's initial comments.

The Committee was asked to provide feedback on the following areas:

Considering the findings of the report and the equality impact assessment, are the committee assured that:

- Due regard to equality and diversity has been paid through the delivery of consultation activity, and in the independent report of findings.

- Adequate time has been given for you to consider the responses contained in the independent report and findings.

- The product of consultation has conscientiously taken into account all the key themes that need to be considered.

The Committee felt that the Equality Impact Assessment Report is robust and demonstrates that equality and diversity has been considered both in the consultation delivery and in the independent report of findings.

Members of the JHOSC were provided with the consultation report and the EIA on the 17 July 2024, and although these documents ran to nearly 500 pages, sufficient time was allowed prior to the formal meeting of the JHOSC on the 15 August 2024. The presentation at Committee was helpful in segmenting key points whilst maintaining a necessary overview to allow meaningful discussion, questions and comment.

The key themes are adequately reflected, and the report demonstrates diligent and careful consideration of those areas the committee would expect to be included in the process and product of consultation.

The Committee would make the additional following observations:

<u>Transport, Travel and Parking</u>

The Committee welcomes the emphasis placed on transport, travel and parking and notes the commitment to consider the implications on those people impacted by the proposed options. However, there is no indication in the consultation report as to how much weight the decision-maker will place on transport considerations, as opposed to

clinical quality, for example. The Committee understands there will be conflicting views as the decision-maker seeks to balance 'trade offs' between local access and the provision of centralised specialist services.

Mixed Wards

The consultation shows that the public are not in favour of mixed wards. However, it was indicated at the JHOSC that there may have been some misunderstanding as to the nature of mixed wards on mental health inpatient wards. The Committee felt this should have been better explained in the consultation and will need further explanation in any feedback.

Lived experience

The Committee believes it is important that patient experience commands the same level of importance as other dimensions of quality of care, and this is largely reflected in the consultation report and findings.

However, one area perhaps worthy of further examination is lived experience. Did the consultation fully capture the opinions of previous service users, for example:

Did the consultation adequately seek the views of those with lived experienced of dementia and functional mental health needs - carers and family members, whose loved ones have sadly passed away and who have had the time to reflect on their experience, rather than being in the moment, so to speak. Is the Trust assured they have captured all relevant constituent stakeholder views on this point?

In all public consultation, the response cannot be seen as representative of the whole population but is representative of interested parties who were made aware of the consultation and who were motivated to respond. In light of this, is the Trust assured that the consultation process accurately captured the views of the wider population rather than just those who are self-motivated to respond?

Other points and questions

A number of other points were raised at the JHOSC and answers were given including:

- Cost of the consultation compared to volume of people who have contributed – is this good value for money?
- Staffing – will re-training be required for pre-existing staff currently working at sites that will be re-purposed?
- Community based healthcare – involvement in the consultation?
- Does the diversity captured within the survey respondents reflect the diversity of the communities/Local Authorities that will be impacted by this proposed change?
- Current financial figures are likely to go up – subject to inflation and pay awards.
- Voluntary sector – how are they reflecting the views of the people they represent?

Conclusion

It was suggested that the consultation themes will be used as part of the decision-making process. The JHOSC was informed that the aim of the programme board is to develop a set of recommendations that will be taken back through appropriate governance, and this will include a further JHOSC meeting to share the proposed recommendations.

At this further JHOSC meeting, members will be asked to make an assessment of how the Trust has taken into account the consultation findings, what weight has been given to consultation outcome, how public opinion has influenced their decision, and what, if anything has been discounted and why.

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On behalf of Calderdale, Kirklees and Wakefield JHOSC

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