

Appendix 2: Statement of Consultation Response

The Strategic Plan has been prepared through the Strategic Planning Group with each revision being discussed and revised following each meeting.

Consultation on the Strategic Plan took place from 1st November to 31st December 2015 and included a wide range of stakeholders including health and social care professionals, providers of health and social care, users of health and social care and their carers, providers of social housing and third sector providers.

23 responses were received: 6 from individuals and 17 on behalf of groups.

Overall the responses were largely positive, welcoming the plan and supportive of the strategic intentions. In particular, respondents felt that reducing health inequalities and the focus on prevention and early intervention were important.

The following details the main themes arising from the consultation and the response to these.

Theme	Response	Plan Section
Plan was felt to be too general and lacked detail	This has been considered and plan has been fully revised	All sections
There was support to deliver services based on local needs	The needs assessment section of the plan has been revised to provide a more detailed summary of our populations needs.	2
There was support to have more meaningful engagement and partnership working with communities	The engagement framework and information in relation to partnership working has been revised	3
There were concerns regarding the formation of localities and how they will work	The structure of the localities has been based on the guidance. More detail has been provided within the plan including the development of locality groups and how they will link with the CPP regeneration areas and GP Practices. It is anticipated that once the locality groups have been formed and start to work there will be clearer understanding of communities needs, this will be an iterative process and will be reviewed through the Strategic Planning Group	2
Respondents highlighted the need for the continued development of constructive and supportive alternatives to hospital for people who wish to remain independent and that services and sectors need to plan and work better together to ensure that support is available in the community to prevent crises and to ensure that more acute and palliative care needs can be met at home or in a homely setting.	This has been further developed within our strategic priorities and will be captured within the commissioning priorities for the relevant care group commissioning plans	4;5
There was concern that improving psychological wellbeing and	This will be further developed through the care group needs assessments and determined	4

employability for those with mental health problems and learning disability was not clearly articulated nor the needs to improve physical health and management of long term conditions within these groups.	within the commissioning priorities for the relevant care group commissioning plans	
There was strong support for carers and how they should be supported in their caring role and to look after their own health and wellbeing	Carers needs have been highlighted and prioritised within the plan	2, 3,5
The success of the IJB in delivering health and wellbeing outcomes will be dependent on establishing strong relationships and partnerships in particular with regard to independent contractors	Our approach has been further detailed within the plan including commitments to develop partnerships with service users and carers, the public and local communities, and with service providers across the independent and third sectors, independent contractors, acute services, hosted services, neighbouring IJBs.	3
Staff were keen to be fully engaged in all developments and implementation of the Strategic Plan It was also recognised that change will need to be supported	The workforce plan and commitment to involvement of staff and their representatives is clearly documented	3;5
	Our approach is outlined within our engagement, workforce and organisational development plans.	3
The role of housing and their contribution to integration of health and social care	The Housing contribution has been detailed within the plan and housing contribution statement.	3, Apx. 3
People wanted to know what success looks like and asked about performance targets. The balanced scorecard approach was supported	The transformation required is more clearly defined within the plan over the 10 year period. The performance framework provides more detail on how we will monitor our performance and includes the baseline and initial performance targets which will be reviewed on an annual basis,	5, 6, Apx. 2
References to children's services were questioned	Children's services are out of scope and these have been removed	
Lack of detail about dementia	Dementia prevalence is detailed and will be key component of strategic commissioning plans	2,4
Third sector involvement	The third sector is a key partner and is involved in the SPG and IJB. Commissioning of services will be informed by the care group needs assessment and commissioning plans	3,4
Relationship with CPP	This has been confirmed within the plan with clear linkages to localities, regeneration areas and as a key partner relationship. Delivery of the SOA is clearly stated within the outcomes	2,3
The need to define the scope of inequalities was highlighted and that these did not only affect those living in areas of deprivation	The wording has been amended to include reference to the fact that not everyone experiencing inequalities lives in the most deprived areas and references the other factors that may be present. This is also referenced within our strategic priorities	2, 5
Little reference to end of life and palliative care needs	This has been included within our populations needs and within our priorities. This will be further highlighted through the care group	2,4,6

	commissioning needs assessments and plans. Key performance indicators are included in our performance framework	
Consultation on care group commissioning plans	There is commitment to fully consult on the needs assessments and formation of the commissioning plans., this will be overseen by the Strategic Planning Group	4
Membership of the Strategic Planning Group	As agreed with the IJB the membership of the Strategic Planning Group will be reviewed in 6 months time.	
Clinical and care governance framework supported, assurance sought on engagement of professional groups	Professional groups will be involved in the Health and Care Governance Group and are represented on the SPG and IJB. Operational and professional lines of accountability are within the Management Structures.	8
Community pharmacy contribution	The role of community pharmacy providers as a key partner in delivery of health and social care has been defined	3
Police would like to be involved in relevant discussions	This is noted and will involve where appropriate	