

WORKING DOCUMENT

Consultation Process Plan

All Age Autism Strategy

Proposed consultation 7 September to 19 October 2021

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DRAFT

Background

This five-year (2021-2026) All Age Autism Strategy supports our aim for Cambridgeshire and Peterborough to be an autism friendly place where children and adults with autism can live full, healthy, and rewarding lives, within a society that accepts and understands them. This All-Age Autism Strategy is the continuation of the journey to deliver good local services to people with autism and their families and meet statutory duties.

The development of the strategy was supported by the Autism Centre for Excellence (ACE), parent carer forums Family Voice Peterborough and Pinpoint Cambridgeshire, parents, carers, Healthwatch and other interested and autism specific groups and organisations including Cambridgeshire and Peterborough's branch of the National Autistic Society (NAS) along with professionals across Health, Education and Social Care.

Together Cambridgeshire County Council (CCC), Peterborough City Council (PCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) will work with local organisations and groups to co-produce and achieve the vision and outcomes together.

Why are we consulting now?

This All Age Strategy for people with autism in Cambridgeshire and Peterborough was co-produced with parents, carer's, and people with lived experience of autism as well as all local partners. It has been co-produced in partnership with people with autism and their families across Cambridgeshire and Peterborough; we have sought to capture their lived experiences and what is most important to them.

This All Age Strategy for people with autism in Cambridgeshire and Peterborough was co-produced with parents, carer's, and people with lived experience of autism as well as all local partners:

- Family Voice Peterborough
- Pinpoint
- National Autistic Society, Cambridge Branch
- The Speak Out Council
- Voiceability
- Healthwatch Cambridgeshire and Peterborough
- The Autism Centre for Excellence
- Cambridgeshire Constabulary
- Cambridgeshire and Peterborough NHS Foundations Trust
- Cambridgeshire Community Services NHS Trust

The area wide All Age Autism Strategic Group will lead on co-ordinating the implementation of the strategy across partners to achieve the outcomes and to provide clear, accountable leadership in collaboration with all partners with the responsibility, expertise, and passion to take forward work together to improve outcomes, services, and lives of people with autism and their families.

This strategy is a living document that we will continue to use to review our progress and work with partners to deliver the outcomes that we want for people with autism and their families.

The All Age Autism Strategic Group wants to take time now to ensure that this co-produced strategy meets the needs of all people with Autism across our area and gain the views of local people on the priorities identified by the group and the partners that worked alongside them to co-produce this strategy.

We are proposing a six week consultation jointly run by Cambridgeshire County Council, Peterborough City Council and Cambridgeshire and Peterborough Clinical Commissioning group. As many of the key stakeholder groups and local people with Autism have been involved for the past eighteen months in the co-production of the strategy, we feel that a six week consultation would be sufficient time to gather any further feedback.

Process

Pre-consultation

Cambridgeshire and Peterborough CCG will:

- Use the feedback received from the BIG conversation to inform the direction for this relocation move.
- Use the Citizen's Panel feedback on Urgent and Emergency care gathered by Healthwatch as part of the BIG conversation to inform the direction for this relocation.
- Prepare a full and comprehensive consultation document that explains the programme and the options for consultation in clear plain English.
- Translate a summary consultation documents into key community languages, if requested
- Prepare text rich and plain text versions of all of the consultation documents for people with sensory disabilities to download.
- Prepare an Easi-read document for people who prefer to read with pictures and easy text.
- Ensure that drafts of the full consultation documents and questions for consultations are shared with the following groups:
 - UEC collaborative
 - CCG Integrated Performance & Assurance Committee
 - CCG Governing Body
 - Health Scrutiny Committees from Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire
 - The CCG Patient Reference Group (PRG)
 - Healthwatch organisations from Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire.
- Ensure that the final consultation document reflects feedback from these groups.

Consultation

CCC, PCC and the CCG will:

- Produce a summary version of the strategy and prepare a survey of questions for people to share their views and responses. These will be available online from the start of the consultation, along with copies of the full strategy.
- Prepare an Easi-read summary of the strategy.
- Have rich text versions of the documentation on the CCG website as close to the start of the consultation as possible.
- We will distribute copies of the consultation summary as well as links to the survey and full strategy to:

- Healthwatch Cambridgeshire and Peterborough, and Herts and Northants
 - Family Voices
 - Pinpoint
 - Voiceability
 - The Speak Out Council
 - National Autistic Society (cambs branch)
 - Little Miracles, Peterborough
 - Autism Centre of Excellence (ACE)
 - Cambridgeshire Constabulary
 - Cambridgeshire and Peterborough NHS Foundation Trust
 - Cambridgeshire Community Services NHS Trust
 - Peterborough City Council teams, including, but not exclusively, education, social care, training, HR, and housing
 - Cambridgeshire County Council Teams, including, but not exclusively, education, social care, training, HR, and housing
 - Cambridgeshire and Peterborough Clinical Commissioning Group teams
 - GP practices
 - Pharmacies
 - Stakeholder contacts for each organisation in the Autism Strategic Group
 - MPs
 - Peterborough Council for Voluntary Services
 - Hunts Council for Voluntary Services
 - Adult and Health Scrutiny Committees, Cambridgeshire, Peterborough, Hertfordshire, Northamptonshire,
 - CCG Patient Reference Group
 - Patient Forum Groups
 - Cambridge University Hospitals NHS Foundation Trust
 - East of England Ambulance Service NHS Trust
 - North West Anglia NHS Foundation Trust
 - Royal Papworth NHS Foundation Trust
 - Queen Elizabeth Hospital NHS Trust
 - NHS England/Improvement Area Team
 - Herts Urgent Care
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- Send media release to all local media outlets at the start of the consultation and at strategic points in the consultation to ensure widespread media coverage.
 - Use Facebook and Twitter to raise awareness of the consultation
 - Ensure that translations are made available on request in key community languages on request.
 - Ensure that all translations are available on the CCG website when requested.
 - Ensure that all responses received in other languages are translated into English and included in the response reports.
 - Log all calls received with regard to the consultation.
 - Collate all letters and emails received as part of the consultation.
 - Hold virtual consultation meetings with key stakeholder groups and the general public to discuss the strategy.
 - Attend meetings by invitation to discuss the strategy with interested groups.
 - Ensure that all virtual meetings have full notes or minutes.
 - Attend meetings with the following key stakeholder groups during consultation:

- Health Scrutiny Committees in Cambridgeshire, Peterborough
- Health Scrutiny Committees in Northamptonshire and Hertfordshire on request.
- Healthwatch Cambridgeshire and Peterborough
- CCG Patient Reference Group
- Health and Wellbeing Boards in Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire and Norfolk (on request).

Post Consultation

A report to be produced on the consultation responses

The Autism Strategic Group and the Cambridgeshire and Peterborough CCG Governing Body will review the report and findings before approving the All Age Autism Strategy.

Feedback to staff via email, staff briefings and internal communications.

Feedback to members via, Members news and Members email

Legal requirements

The consultation documents will be drawn up in accordance with following legal requirements and guidance:

Cabinet Office Consultation Principles July 2012

This guidance sets out the principles that Government departments and other public bodies should adopt for engaging stakeholders when developing policy and legislation. It replaces the Code of Practice on Consultation issued in July 2008. The governing principle is proportionality of the type and scale of consultation to the potential impacts of the proposal or decision being taken, and thought should be given to achieving real engagement rather than merely following bureaucratic process. Consultation forms part of wider engagement and decisions on whether and how to consult should in part depend on the wider scheme of engagement.

Policy makers should bear in mind the Civil Service Reform principles of open policy making throughout the process and not just at set points of consultation, and should use real discussion with affected parties and experts as well as the expertise of civil service learning to make well informed decisions. Modern communications technologies enable policy makers to engage in such discussions more quickly and in a more targeted way than before, and mean that the traditional written consultation is not always the best way of getting those who know most and care most about a particular issue to engage in fruitful dialogue.

The full consultation principles document can be accessed via the Cabinet Office website at:

<https://www.gov.uk/government/publications/consultation-principles-guidance>

Section 14Z2 Health and Social Care Act 2012

14Z2 Public involvement and consultation by clinical commissioning groups

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—

(a) in the planning of the commissioning arrangements by the group,

(b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

(3) The clinical commissioning group must include in its constitution—

(a) a description of the arrangements made by it under subsection (2), and

(b) a statement of the principles which it will follow in implementing those arrangements.

(4) The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.

(5) A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).

(6) The reference in subsection (2) (b) to the delivery of services is a reference to their delivery at the point when they are received by users.

For more on the Section 14Z2 Health and Social Care Act 2012 see <http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted>

Criteria for Significant Service Change

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any major changes to NHS Services:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

CCG Constitution Section 5.2.

5.2. General Duties - in discharging its functions the NHS C& P CCG will:

5.2.1. Make arrangements to secure public involvement in the planning, development, and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:

a) ensuring that individuals to whom the services are being or may be provided are involved:

- (i) in the planning of the CCG's commissioning arrangements.
- (ii) in the development and consideration of the proposals by the CCG for changes in commission arrangements.
- (iii) in the decisions of the CCG affecting the operation of commissioning arrangements, where the decisions would, if made, impact on the manner in which the services are delivered to the individuals or the range of health services available to them.

b) in order to understand the views of patients and the public and to disseminate relevant information to them, establishing and working closely with:

- (i) a Patient Reference Group which is constituted as a subcommittee of the Governing Body in accordance with this Constitution.
- (ii) Local Commissioning Groups which are constituted as subcommittees of the Governing Body in accordance with this Constitution.
- (iii) the Patient Safety and Quality Committee which is constituted as a subcommittee of the Governing Body and considers patient experience, complaints, and feedback.
- (iv) Patient Participation Groups which will seek the views of local populations and assist with the dissemination of information, and representatives of which will sit on each Local Commissioning Group's patient forum.

c) in order to understand the views of patients and the public and to disseminate relevant information to them, ensuring regular liaison and the development of close working relationships with each of the following bodies:

- (i) Patient Forums, which are intended to give individuals the opportunity to raise questions or concerns about the provision of healthcare services at the wider county level.
- (ii) Healthwatch, which gathers views of local people on local health services.
- (iii) Health Overview and Scrutiny Committees which review the planning, commissioning, and delivery of health services.
- (iv) Health and Wellbeing Boards, each of which is a group of key leaders representing health and care organisations who work together to understand what their local communities need from health and care services and to agree priorities.

d) publishing a Communications Membership and Engagement Strategy, approved by its Governing Body and regularly revised to take into account any new guidance published by NHS England, which will be designed to ensure that the CCG involves patients and the public by a range of means that are suitable to different aspects of its commissioning arrangements, those means to include as appropriate:

- (i) the publication of documents to disseminate relevant information about the commissioning arrangements.
- (ii) regular attendance at key meetings, forums, and events for the purpose of listening to the views of patients and the public, providing information about, and explaining actions being taken or considered by the CCG, and answering questions.
- (iii) the dissemination of information by means of the CCG website, emails, newsletters targeted at specific groups, media campaigns, advertising, and targeted engagement events.
- (iv) the provision of an opportunity for patients and the public to make their views known via the CCG website, emails, and other suitable means.
- (v) the publication of consultation documents in relation to certain planning and commissioning activities, and the creation of specific engagement opportunities such as the use of public surveys and feedback forms.

e) in the implementation of the arrangements described above, acting consistently with the following principles:

- (i) ensuring that appropriate time is allowed for the planning of activities and commissioning arrangements.
- (ii) proactively seeking engagement with the communities which experience the greatest health inequalities and poorest health outcomes.
- (iii) commencing patient and public involvement as early as possible and allowing appropriate time for it.
- (iv) using plain language and sharing information as openly as is reasonably practicable.
- (v) treating with equality and respect all patients and members of the public who wish to express views.
- (vi) carefully listening to, considering, and having due regard to all such views.
- (vii) providing clear feedback on the results of patient and public involvement.

You can read more about the CCG's duties to engage and consult in section 5.2 of the CCG's Constitution

<http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/CPCT/Corporate%20documents/CCG%20Constitution.pdf>

NHS Accessible Information Standards.

The NHS Accessible Information Standards ensure clearer health and care information for disabled people and their carers.

The Accessible Information Standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with services. Examples of the types of support that might be required include large print, plain text copy on websites, braille or using a British Sign Language (BSL) interpreter.

All organisations that provide NHS care or adult social care are required to follow the new standard, including NHS Trusts and Foundation Trusts, and GP practices. As part of the accessible information standard, NHS organisations must do five things:

- Ask people if they have any information or communication needs and find out how to meet their needs.
- Record those needs clearly and in a set way.
- Highlight or 'flag' the person's file or notes so it is clear that they have information or communication needs and how those needs should be met.
- Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
- Take steps to ensure that people receive information which they can access and understand and receive communication support if they need it.

The Accessible Information Standard came into effect in July 2016