

**Agenda  
Item No.**

**Meeting:** Special meeting of People Scrutiny Committee  
Southend City Council

**Date:** 19 September 2024

**Classification:** Part 1

  

**Key Decision:** No

**Title of Report:** Outcome of Public Consultation re. Community Hospital  
Services in Mid and South Essex

  

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## 1. Executive Summary

NHS Mid and South Essex Integrated Care Board (MSE ICB), is the organisation responsible for planning and paying for NHS health and care services for the 1.2 million people living across mid Essex, south east Essex, Basildon and Brentwood, and Thurrock.

Earlier this year, MSE ICB held a public consultation on some community hospital services in its area provided by Mid and South Essex NHS Foundation Trust, Essex Partnership NHS Foundation Trust, Provide Community Interest Company and North East London NHS Foundation Trust.

The role of public consultation is to help NHS organisations make decisions to secure the best possible services that meet the needs of local patients and represent the best possible value for money.

Following a pre-consultation engagement period, as described in section 14 of a [published Pre-Consultation Business Case](#), a public consultation took place between From 25 January to 11 April 2024.

The consultation process was carried out in line with best practice industry standards for public consultation and applicable regulatory standards. A summary of the consultation process and activities can be found in section 3 of this report.

An independent report looking at responses to the consultation on services across mid and south Essex can be found in appendix 1. The report was compiled by Stand, independent specialists in involving people and communities in health service transformation, provides an analysis of responses. A separate report that addresses specific concerns that were raised during the consultation period can also be found in appendix 2.

The independent report (appendix 1) examines the themes and feedback from over 5,400 individual and group responses from completion of consultation questionnaires received via the online form or through paper surveys, as well as responses received by email, post and telephone. It also analyses feedback from hundreds of people who took part in public meetings and other consultation activities. A factual report on a consultation hearing held on 19 March 2024 in Maldon has also been compiled independently by Stand. Both documents were published on the [MSE Virtual Views engagement website](#) from 10 July 2024.

Outputs of the consultation reports will inform a decision-making business case that will be considered by MSE ICB board members on 30 September 2024. More information about this meeting can be [found on the NHS Mid and South Essex website](#).

The outcome of the public consultation is an important factor in decision making which needs to be fully taken into account. It is, however, one of a number of important factors for decisions. The outputs of public consultation will be reviewed alongside evidence and reports which review clinical, financial and practical considerations.

Following decision making, the Chair of NHS Mid and South Essex ICB will formally write to the People Scrutiny Committee to inform them of the decisions made.

Any subsequent implementation programme would be supported by appropriate clinical leadership. This programme will be built on a principle of co-production and patients, carers and members of the public will be engaged throughout. It is likely that a process of learning and review throughout any subsequent implementation stage will reduce further the concerns expressed through consultation.

## 2. Background

The proposals for consultation were influenced by staff and local people. A summary of themes identified through pre-consultation engagement can be found in 14.10.1 of the [published Pre-Consultation Business Case](#). A separate report that sets out in more detail the main things we heard as part of pre-consultation engagement, and how we plan to incorporate this feedback building on previous themes is attached as Appendix 9 to the [pre-consultation business case](#). This outcome report received independent ratification from Healthwatch Essex, Thurrock and Southend.

A series of pre-consultation meetings then took place with health scrutiny Chairs, Health and Wellbeing Chairs, Directors of Adult Social Care and Healthwatch during late December 2023 and early January 2024 to provide early sight of the proposals and intention to launch a public consultation.

From 25 January to 11 April 2024, MSE ICB launched a public consultation on the proposals.

The matters set out in the published consultation were:

- proposals for potential changes to the places where some community hospital intermediate care and stroke rehabilitation services are provided.
- a proposal to make permanent the temporary move of the freestanding midwife-led birthing unit in mid and south Essex from St Peter's Hospital, Maldon to the William Julien Courtauld Unit at Braintree Community Hospital
- a request for feedback on the possibility of moving all other patient services at St Peter's Hospital, Maldon to other locations, mostly in and around Maldon.

The consultation approach supported the right of patients and the public to information and transparency as a cornerstone of involvement and the principles of the NHS Constitution which commits the NHS "to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned" and "be involved, directly or through representatives, in the planning of services commissioned by NHS bodies".

MSE ICB brought together a group of local stakeholders to ask for feedback on the consultation plan and key documents. The draft consultation document was shared with Southend-on-Sea, Thurrock and Essex Healthwatch organisations and health overview and scrutiny committees for comment.

We would like to formally thank our Healthwatch partners who supported us to engage and consult with specific cohorts of people with protected characteristics and in particular geographies where uptake was low. Healthwatch Southend, specially held a Community Assembly (representing Patient Participation Groups, Resident Associations, Healthwatch Southend and Community Connectors) to help reach residents in the south east during the consultation period. More information about a midway review of the consultation response and actions to mitigate low response

rates in certain areas and with certain population groups can be found in section 2.5 of appendix 2.

MSE ICB committed to:

- Being open in communicating about the proposals and using a range of ways to provide information.
- Actively engaging with people who might be affected by the changes.
- Reaching out to people whose life circumstances could mean the impact of change is greater.\*
- Providing a range of opportunities for people to share their views and experiences.
- Considering what matters most to people and taking views into account during the decision-making process.

\*Pre-engagement, and public consultation plans were informed by the Integrated Inequalities impact assessment.

### 3. The consultation process

To ensure compliance with the statutory requirement for NHS bodies to consult Local Authorities on proposals under consideration for a variation in the provision of health services, the consultation team wrote to each respective health scrutiny chairs at the end of December. The letter set out our intention to make a decision on the proposals relating to community capacity in MSE and asked colleagues to set up a joint scrutiny panel to support this process.

The consultation ran from 25 January 2024 to 11 April 2024 and involved a variety of resources published to inform and engage the public, including consultation documents, videos, and Frequently Asked Questions (FAQs). Engagement methods included public meetings, surveys, focus groups, written submissions and a dedicated [digital engagement platform](#). Materials were widely distributed and made available in multiple formats to ensure accessibility.

#### Reach and Response

The consultation received 5,544 survey responses, numerous public event attendances and significant social media engagement. This included extensive publicity and promotion efforts, with social media posts seen by users 122,000 times and over 1,000 engagements. Information on the consultation website was viewed more than 20,000 times.

**Please see the full consultation report in appendix 1 for:**

- A comprehensive overview of the consultation methodology
- A breakdown of key findings and analysis of consultation events
- Details of who responded
- Information about the volume and breadth of consultation activity undertaken
- Comments about the consultation process
- How we fulfilled duties in line with equality and health inequality legislation

- Key learnings and how we tackled issues addressed during the consultation

**Please also see a further report in appendix 2** that addresses specific concerns that were raised during the consultation period, including further information about:

- Communications and engagement tactics that were used
- Ensuring inclusive engagement
- How we listened and responded during the consultation
- How 'The Gunning principles' were vital to our overall process

#### **4. Action required by the Southend People Scrutiny Committee**

The committee is asked to:

- Confirm they are satisfied with the consultation process that MSE ICB has undertaken by acknowledging the draft Consultation Report and the associated appendices
- Note timelines for decision making on 30 September and action for NHS Mid and South Essex ICB to formally write to the People Scrutiny Committee to inform them of the decisions and will then review and choose whether to provide feedback or make recommendations to the ICB Board.

#### **5. Next steps**

As part of the decision-making process an extraordinary Mid and South Essex ICB Board meeting has been arranged and will take place on Monday 30 September at 2pm. The outputs of public consultation will be reviewed alongside evidence and reports which review clinical, financial and practical considerations.

This will be a meeting held 'in public' but not a public meeting. This meeting will be live streamed to ensure all those who want to see the decision-making process take place are able. The public are also able to book and attend in person.

This link to the meeting can be found below along with the link for the live stream.

[Extraordinary Mid and South Essex ICB Board meeting - Mid and South Essex Integrated Care System \(ics.nhs.uk\)](#)

Following this extraordinary meeting we will share the final decision with you.

Further focus groups are being arranged with staff, Healthwatch Essex ambassadors and members of the public, who presented at the consultation hearing in Maldon Town Hall, to ensure continued dialogue with all those affected by any future decisions for the ambulatory services currently provided at St Peters Hospital Maldon.

## **6. Appendices**

### **Appendix 1:**

[Draft public consultation report MHS Mid and South Essex \(ics.nhs.uk\)](#)

<https://www.midandsouthessex.ics.nhs.uk/wp-content/uploads/2024/07/Appendices-Draft-MSE-Consultation-analysis-report-final.pdf>

### **Appendix 2 (see below):**



# Public consultation communications and engagement evidence report

August 2024



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## 1. Background and purpose of document

This document is a summary of the public consultation activities undertaken in 2023/24. Its purpose is to specifically address comments and themes linked to the **consultation process** that were raised as part of wider consultation feedback.

### Background

In summer 2023, Mid and South Essex (MSE) Integrated Care Board (ICB) established a multi-agency Community Capacity Taskforce (CCTF) to review the care model and future demand for community beds in the system. A separate communications sub-group was also stood up comprising of communications and engagement leads from key providers and the ICB.

The initial focus of this work was to look at the demand and care model requirements for both intermediate (IMC) and stroke rehabilitation beds in community based inpatient settings. This built on urgent changes made during the COVID pandemic and further temporary changes to support winter service provision for 2023/24. It is important to note that public consultation is not required for urgent changes to NHS healthcare services when patient safety and quality issues are involved because immediate action is necessary to prevent harm or address critical issues. Further information on the temporary service changes are detailed in section 1.2 of a [Pre-Consultation Business Case \(PCBC\)](#).

Following a period of pre-consultation engagement, as described in section 14 of the PCBC, NHS Mid and South Essex Integrated Care Board (MSE ICB) held a public consultation from 25 January to 11 April 2024, on some community hospital services in its area provided by Mid and South Essex NHS Foundation Trust, Essex Partnership NHS Foundation Trust, Provide Community Interest Company and North East London NHS Foundation Trust. The consultation was launched on 25 January 2024 with a stated closing date of 21 March 2024. The consultation period was extended twice to give an initial extension of two weeks, until 4 April, which was announced on 13 March, followed by a further extension of a week announced on 4 April until 11 April. The reason for extending the consultation was to provide additional opportunity for consultees to participate in the consultation in line with The Gunning Principles, see section 5 for more information.

We designed the consultation process originally to fit in with the pre-election period for local elections. However, following the Prime Minister's decision to call a general election on 4 July 2024, original timelines linked to the public consultation on community beds and services at St Peter's Hospital needed to be adjusted to meet the

national guidance placed on NHS bodies. This resulted in an enforced delay in the publication of the consultation feedback reports.

1.1. The consultation process took account of the range of legislation that relates to Mid and South Essex ICB including:

- Equality Act 2010
- Public Sector Equality Duty Section 149 of the Equality Act 2010
- Brown and Gunning Principles
- Human Rights Act 1998
- NHS Act 2006
- NHS Constitution
- Health and Social Care Act 2012

## 2. Communications and engagement plan

### Consultation resources and activities

A consultation document and a range of supporting and accessible information were produced and published on-line and in print. The consultation was widely promoted to invite the public to find out more and get involved in giving their views.

### Summary of consultation activities

People who live and work in the area and who use or might use the services were invited to respond to the consultation in a range of ways:

- Attending one of a series of ten scheduled consultation events.
- Presenting at or attending at a public consultation hearing.
- Running or attending an event or focus group run by partner and stakeholder organisations.
- Completing the consultation survey online or on paper.
- Or getting in touch to provide a response on email or by post, or over the phone having seen information via the below communications tactics.

### Channels\*

The communications sub-group, led by Mid and South Essex ICB, enabled information to be distributed across a rich network of NHS communications channels. Using both owned and earned channels of communication – website, newsletters, social media, Engagement HQ and media relations to promote this activity and to ensure that all those who wish to take part are able to access relevant information and have the opportunity to be involved.

Promotion channels included:

- x 10 media releases to local print and broadcast media\*
- Staff newsletters
- Videos / podcasts
- An extensive stakeholder network each using their respective channels
- Voluntary sector newsletters/emails
- Advertising in local health settings

- System briefings for MPs, other partners and councils
- Facebook
- X (Twitter)
- Website: [www.midandsouthessex.ics.nhs.uk](http://www.midandsouthessex.ics.nhs.uk)
- Engagement HQ – MSE Virtual Views
- Instagram

\* Note: consultation feedback referenced biased or inaccurate reporting of media. It is important to note the ICB does not have editorial control over media reporting. Details of all of our press releases can be found [on the ICS website](#).

\*details of other face to face opportunities and inclusive methods of communication and engagement be found in section 2.1 and 3.

### Communications tactics

A range of different ways to promote the consultation and it's events.

These include but are not limited to:

**Posters** – 17 total shared with all those in the consultation steering group for print/cascade in all relevant health settings.

- Two general consultation posters
- Two general event posters (two colour versions each)
- One hearing event poster (two colour versions)
- Seven in person event posters – one for each location (two colour versions each)
- Five online event graphics – one for each (two colour versions each)

**Pull up banners** – seven in total placed in key health settings including the public areas of St Peters, Cumberledge Intermediate Care Centre and Brentwood Community Hospital.

- Two general pull up banners
- Three consultation-topic pull up banners
- Two location-based pull up banners

**Social media graphics** – 28 total used as part of communications toolkits used across NHS Mid and South Essex social media channels and shared with health and care partners across mid and south Essex and the Essex Communications Group.

- Two general graphics (two sizes each)
- Two general event graphics (two sizes each)
- Two hearing event graphics (two sizes each)
- One maternity hearing event graphic (two sizes)
- One YouTube live hearing event graphic (two sizes)
- Seven in person event graphics – one for each location (two sizes each)
- Five online event graphics – one for each (two sizes each)
- Four topic specific graphics e.g. one birthing unit, intermediate beds etc (two sizes,)
- One location specific FAQ graphics (two sizes)
- Three podcast social graphics

**Digital screens banners** – two total, shared with health and care partners for use across all internal communications channels.

- Two general designs

**Web banners** – three total shared with health and care partners for use across all internal communications channels.

**Email banners** – six total shared with health and care partners for use across all internal communications channels.

- **Two general banners**
- **Two event banners**
- **Two YouTube promotion banners**
- **Email signatures and Teams Backgrounds** – shared with health and care partners for use across all internal communications channels. Collective efforts across health and care partners resulted in a significant response rate, see section 2.6. This approach ensured valuable resources were used efficiently and effectively, gathering valuable input without incurring excessive cost. As the proposals impacted a geography that is populated by over 1.2 million residents, writing to every household would have incurred significant cost including printing, postage and administrative expense.

Particular focus was given to reaching specific groups that might be disproportionately impacted. We undertook a bespoke Equality Impact Assessment in order to meet the requirements of the Equality Act 2020 and help identify and address potential inequalities. See section 2.4 and 3 for more information.

## Accessibility

It is important that everyone who wants to contribute has the opportunity to do so. Accessibility of information and access to the events and surveys was key to ensuring that the involvement exercise heard all voices. Steps were taken to ensure the digitally excluded could be involved, for example through opportunities to take part in a phone interview. Information about the consultation was shared through an extensive stakeholder network including all GP practices and local care homes.

Paper copies of key consultation documents were made available by:

Handing out the surveys in person at consultation events. An accompanying booklet summarising the consultation document contained a return address in case the person wanted to take away the form to complete rather than completing it at the event.

Paper surveys were sent out via post as requested by individuals, community groups, campaign groups, churches and local councils. These were sent with a pre-paid addressed envelope so the survey could be returned, or with instructions on where the surveys could be posted or dropped off locally.

Paper copies of the consultation were made available for those who were not able to engage electronically, across a variety of local community facilities including libraries, care homes, via local authority offices and with parish and town councils. These were also provided in bulk to the 'Save Maldon Health Services' campaign group for local distribution.

Note: once the public consultation closed, 225 paper surveys returned to local collection points and gathered by community groups were received and added to the analysis.

All information produced to support this involvement was written in language that can be easily understood. Technical phrases and acronyms were intentionally avoided. Information was produced in other formats, to reflect the needs of the population. This included key documents produced as Easy read and accessible audio formats.

Information i.e. web copy was also presented in line with accessibility guidelines.

### **Acting on observations and communications strategy throughout the consultation period**

A midway review of the consultation response was undertaken during the consultation period. The below information sets out how we acted to mitigate low response rates in certain areas and with certain population groups.

### **Response by area**

On reviewing the survey response demographics, we identified that participation from Brentwood (78 responses) and Southend (78 responses) were low. The expectation of low participation was highlighted at an early stage of the consultation so additional publicity was delivered to help ensure a higher level of awareness.

It's noted that there was a disproportionately high response from Maldon, this was expected given the impact of the consultation proposals on Maldon. This expectation was echoed by Healthwatch Southend who highlighted that the narrative around Maldon had the potential to overshadow the catchment area in Southend and south Essex.

#### **Mitigating action taken:**

- A dedicated event was added in Brentwood on 1 March.
- FAQs were developed for each geographical area including Southend and Brentwood to give a local perspective of 'What does it mean for me?' question. This helped provide further clarity for residents in Brentwood and Southend.
- Dedicated communications toolkit with language more relevant to the people in those areas implemented. Relevant local stakeholders including local authorities, Healthwatch and other alliance partners were asked to support cascade of the messages in the bespoke communications toolkit. Pushing out to general practice as well.
- The ICB attended the Community Assembly organised by Southend Healthwatch - 10 people attended.
- Southend Council also promoted within their area.

#### **Response by age**

A midway review of demographics showed that men were significantly underrepresented in responses in all age ranges.

Responses from women aged 16-44 were also low as a key proposal in the consultation was around changes to maternity services.

We also identified that we needed to do more to target the over 75 demographic which matches the age range who are most likely to use stroke rehabilitation and community services.

#### **Mitigating action taken:**



- The ICB approached two men's groups to increase the numbers of men who would contribute to the consultation. These are the Fella's group run by Healthwatch Essex and Turning Corners men's health group.
- In addition, we added a consultation drop in to the 'Fellas Fayre' at Braintree football club on 11 March.
- A review of the VCSO focus groups taking part to date to increase participation of the microgrant programme was undertaken. A focus group being held by Maldon and District CVS targeted older people who are at risk of social isolation.
- Agreement for further targeted work post consultation.
- Additional media activity in print and TV is a key channel for older people.
- Supply of 500 printed copies as requested by Save Maldon's Medical Services for local distribution with an additional QR code link to survey.
- Recordings being made available for those who prefer to hear something being described rather than reading.
- Transcripts were made available for accessibility and older people

### **Response by ethnicity**

The consultation document stated that 29% of people who use Maldon outpatients are in the ethnic minority group. This figure was from the pre-consultation business case (PCBC) version 15 (p98, 12.10.1). It states: *"It is recommended to engage with residents in MSE [mid and south Essex] from ethnic minorities. 29% of patients at St. Peter's are from an ethnic minority"*

### **Mitigating action taken:**

- The ICB reviewed the Integrated Impact Assessment (IIA) to check how the response rates match to the IIA and reached out to specific groups to support further engagement.

### **Reach and response**

- A dedicated consultation webpage received 20,000 website page views
- There were 216 media stories
- Over 1,000 social media engagements
- This resulted in:



- 5,544 survey responses
- 310 attendees at MSE ICB consultation events
- 407 attendees at staff meetings
- 61 participants in focus group sessions organised by community groups
- 17 additional longform written responses to the consultation
- 14 presenters, more than 100 in-person and online observers and over 1,000 views of the recordings of our Consultation Hearing sessions.

### **Reach and engagement in Maldon**

It was always our intention to have a consultation hearing in Maldon, where interested groups could bring their evidence to a panel of ICB staff. Due to the number groups/people interested in presenting at the event at the town hall on 19th March we invited three members of staff to present their evidence online.

There were 14 individual and group presentations to the public consultation hearing. All their comments and suggestions have been included in the consultation report. Fifty-seven people attended all or part of the public consultation hearing in person and online viewers peaked at 65 with an average of 41. The recordings of the hearing sessions have been viewed more than 1,000 times.

Drop-in sessions were also arranged at local supermarkets and at a leisure centre during the school holiday.

In addition to the official consultation activity, an estimated 400 people also attended at Plume academy in Maldon for the public meeting organised by Sir John Whittingdale OBE, MP for Maldon. At this meeting, representatives from NHS Mid and South Essex and Mid and South Essex NHS Foundation Trust presented the proposals. NHS Mid and South Essex also organised for the meeting to be recorded and uploaded and shared on social media. The recording attracted over 360 views.

There were 1108 responses to the additional consultation survey organised by Sir John.

The majority of total survey responses were from Maldon District (71%; 3,945 respondents).

### **Learning from technical issues**

Technical issues prevented the intended livestream of an online consultation hearing event on the 4 April. Recordings of all four sessions were made available on YouTube for purposes of openness and transparency immediately after the event.

### 3. Ensuring inclusive engagement

Alongside the consultation, we ran a Consultation Reference Group that included all three Healthwatch organisations and a number of other organisations, including the Stoke Association and Carers First, to ensure the needs of the people who are supported by these organisations were heard. We also supported a number of groups who would be more adversely affected by the proposals, so a number of voluntary sector and community organisations groups were funded to have local discussions with their members. Further information can be found in section 2.1.5 of the main consultation findings report. It was very important for us to reach out to females in the younger cohort regarding the free-standing birthing unit. We ensured that their views were heard by visiting the local NCT class and other post-natal groups.

### 4. How we listened and responded during the consultation

During the course of the consultation, we received five FOIs and endeavoured to reply to all questions within the specified time. We also received 69 questions via the Virtual Views engagement platform and all questions were answered by the end of the consultation period.

We received 283 questions and requests via our Get Involved email address, all questions and requests were replied to.

If we received new or different questions, we then added them and the associated answer to the FAQs section on our Virtual Views engagement platform to ensure information was shared.

The consultation hearing was independently chaired with all feedback independently analysed and provided in a draft report which has been publicly shared before being presented to the Mid and South Essex Integrated Care Board.

### 5. Meeting legal duties

The Gunning principles were vital to our overall process.

#### Meeting the Gunning principles

The Gunning Principles are set of legal principles designed to ensure consultation is conducted fairly and lawfully. This section sets out evidence to demonstrate these principles have been met through the consultation process. We did receive some public feedback which cited

issues with the process meeting the Gunning Principles and we responded formally to these concerns.

- **Proposals are still at a formative stage**

A final decision has not yet been made, or predetermined, by the decision makers.

We entered into the public consultation with an open mind. To ensure transparency, we followed a robust options evaluation process, a preferred option formed part of the information shared – the preferred option directly reflected the scores awarded based on information available when the options evaluation was conducted. There is a clear precedent in consultation processes for stating a preferred option but this does not indicate that a decision has been made. Instead it provides transparency and sufficient information to those being consulted. Having a preferred option does not impact on our ability to maintain an open mind as to the right final decision for the benefit of patients/local residents.

The consultation itself sought to gather new and more detailed information and verify what we had heard in earlier phases of engagement work, from a wide range of stakeholders including staff and residents. The consultation highlighted a number of important issues for consideration, which have been included in the decision-making business case – either in terms of feedback to strengthen proposals or around implementation planning. Without the consultation we would not have had an opportunity to take into consideration information shared by the public through this process as part of its decision making.

Care was taken to develop consultation questions which would collect information that would help inform decision making. This included questions about the strengths and challenges of the options and impacts on important areas such as travel and transport and access.

- **There is sufficient information to give ‘intelligent consideration’**

The information provided must relate to the consultation and must be available, accessible and easily interpretable, for consultees to provide an informed response.

During the pre-consultation phase of our work, we tested our approach to providing information with a broad range of stakeholders. Learning from what we heard, we produced a range of information in different formats to help consultation respondents give intelligent consideration to materials.

A variety of different communication methods were used to make information accessible to all groups and communities. Methods including providing information via radio and television social media, local newspapers, on our website and our Virtual Views engagement platform and via posters and leaflets at information stands. Easy read versions of the consultation materials were also made available.

What is clear, through reading the independent consultation feedback report, is that many hundreds of stakeholders were able to give very detailed feedback in response to the consultation questions and make sense on the information provided. Furthermore, across a range of different stakeholder groups of varying abilities, feedback continued to return the same themes, demonstrating a general consensus and understanding of the materials provided.

- **There is adequate time for consideration and response**

There must be sufficient opportunity for consultees to participate in the consultation. There is no set timeframe for consultation, despite the widely accepted 12-week consultation period, as the length of time given for consultees to respond can vary depending on the subject and extent of impact of the consultation.

We discussed and sought feedback on the duration of the consultation from external experts such as Health Overview and Scrutiny Committees and independent consultation analysts, Stand.

The consultation was originally set to run from 25 January 2024 until 21 March 2024 (eight weeks).

At the mid-point review we took stock of responses to date to consider whether an extension was needed and consequently, it was agreed that the consultation should be extended a further two weeks until 4 April 2024 (ten weeks).

Due to Easter holiday taking place during the consultation period and the volume of responses still being received, it was decided to extend the consultation for the second time, by one week, until 11 April 2024 (11 weeks).

- **‘Conscientious consideration’ must be given to the consultation responses before a decision is made.**

Decision makers should be able to provide evidence that they took consultation responses into account.

The national election was called on 23 May 2024, this was six weeks after the close of the consultation. Due to the pre-election period, we were unable to share the draft consultation reports until the election had taken place on 4 July. We published the independent consultation reports on 10 July 2024, and the Mid and South Essex ICB Board was presented with the published draft consultation reports at their board meeting on 11 July 2024.

The published consultation reports will form part of the decision-making process, when the Mid and South Essex ICB Board hold a special decision-making meeting on 30 September 2024

## **6. Future developments and planning**

A number of focus groups are being arranged to engage the community to consider any future plans following the publishing of the consultation report.