**Public Consultation Process**

**Stakeholder Advisory Group (PCPSAG)**

**MEETING (18.10.16)**

**MINUTES**

Attendance: Sue Stevenson (SS), Richard Pratt (RP), Sarah Hall (SH), Sue Gallagher (SuG), John Underwood (JU), Stephen Hall (STH), Linda Mitchell (LM), Jan den Bak (JdB)

Apologies: Sandra Guise, Sandra Hall, Carolyn Otley, John Brown, Helen Sant, Eveline Dugdale

1. **Welcome, introductions and apologies**

Sue Stevenson read out the apologies received from members of the group before those present introduced themselves. SS mentioned that Helen Sant, as a council representative, had decided step down until she had discussed her role with all the local councils.

1. **Minutes of the meeting held on 12 September 2016**

There were some proposed alterations to the previous minutes submitted by members not in attendance at this meeting. These were agreed. SuG asked that the name and details of the organisation contracted to independently analyse the consultation responses be made available to the Stakeholder Advisory Group. (It is TCC, Suffolk House, George Street, Croydon CR0 1PE. The TCC website is [www.thecampaigncompany.co.uk](http://www.thecampaigncompany.co.uk) ).

John Brown also proposed that a timetable be created to show the decision-making process. JU tabled an initial draft. Members discussed the way this should be presented and **recommended that a flow chart be produced by the consultation team**.

The group asked if the final independent analysis report would be made public. JU confirmed that it would.

A question regarding whether pre-consultation engagement responses will be considered when final decision are made after consultation. JU confirmed that they would be considered. **The Advisory Group recommended that there should be a note clarifying this on the website.**

There was a brief discussion about council participation in the consultation. Advisory Group members noted that this was not a consultation concerning social care, despite having social care implications, but rather a specific set of proposals focussing on health services.

1. **Response to recommendations**

A letter from Sir Neil McKay, chair of the Success Regime programme board, accepting all previous recommendations from the Advisory Group was noted.

Following earlier discussions around the previous minutes it was agreed that recommendation 14 was to be crossed-out.

SS proposed that before moving on to agenda item 4, the group should discuss agenda item 5 on respect and racial abuse. This was agreed.

**5. Encouraging respect and goodwill**

Following an event of racial abuse early in the consultation, SS and RP, as co-convenors of the Advisory Group, proposed that the Advisory Group express its support for the following statement on abuse and respect.

***We were shocked and saddened to see that, during the early stages of the public consultation on Healthcare for the Future, a NHS clinician was the subject of foul and inexcusable online racist abuse.  This has rightly been referred to the Police, who are treating it as a hate incident.***

***It is important to remember:***

* ***Those who work in the NHS give huge expertise and lifetimes of work to looking after all of us: they are worthy of our respect.***
* ***The communities of West, North, and East Cumbria are being asked to consider big changes and are understandably anxious: feelings run strongly.***
* ***The public consultation is the way in which we can express our views; we will be most effective if we listen well and speak wisely.***
* ***All those involved in these discussion – all “sides” – want the best for West, North and East, Cumbria, even if we disagree about what and how.***

***Proposed by:***

* ***The Venerable Richard Pratt, Archdeacon of West Cumberland***
* ***Sue Stevenson, Chief Operations Officer, Healthwatch Cumbria***

The Stakeholder Advisory Group members in attendance unanimously supported the statement.

1. **Update on consultation process**

SS began the update discussion by reaffirming that the purpose of the group was to help improve the consultation process. JdB related a complaint made at the West Cumbria Community Forum that the independent chair seemed biased at one of the public meetings. SuG, who had attended a meeting chaired by this person, said that she thought he seemed fair and balanced and had chaired the meeting well. She said the meeting in Silloth was positive with a good panel who “were in touch with the patient journey”. It was discussed that PCPSAG members should, if they are able, attend meetings and feedback any concerns to the consultation team and the wider group. JU agreed to feedback these comments to the independent chair. JdB noted that he was content with such an approach.

The Advisory Group discussed the role of the chair/facilitator and expressed the view that he/she should err on the side of the public to guarantee fairness and balance but ensure that the NHS panel was given the necessary space and time to provide answers to questions asked of them. **The Advisory Group recommended that the independent chairs be briefed to ensure their impartiality**. The group also **recommended that members of the NHS panel should have a name plate on the table in front of them during public meetings**.

LM raised some issues with the consultation document and particularly suggested that the consultation questionnaire was difficult to fold when cut out. JU explained that if it was too difficult to fold it could simply be placed in a large envelope and posted to the FREEPOST address in the same way as if it was folded.

LM also asked why the final question on the equalities section of the questionnaire was not included as a question in part one. JU explained that the Consultation Institute had advised this format with consultation questions in part one of the questionnaire and demographic questions in part two. The only personal data question included in part one was the postcode question which was included in part one because the Stakeholder Advisory Group had specifically asked for it to be included there.

LM also said that the Publications Library on the consultation website was rather difficult to read because the colour of the type was a little too light.

**The Stakeholder Advisory Group recommended that the consultation team adjust the colour of the text to make it easier to read.**

JdB asked why the questions in the Easy Read version of the document were different. SS explained that People First had prepared the Easy Read document which was a shortened summary of the consultation document for people with learning disabilities. SuG said that with respect to community hospital inpatient beds the content of the Easy Read document was not inaccurate but it was not as comprehensive as the full consultation document.

**The Advisory Group recommended that the Easy Read document be adjusted to take account of this point.**

**The Advisory Group also recommended that parish councils could be more involved in distributing consultation documents and SS said she would send the details of Chris Shaw, parish liaison officer, to the consultation team to look into this.**

LM asked whether multiple responses - perhaps completed by the same person helping others who may not be able to complete the questionnaire themselves – would be counted as multiple responses or as a single response. JU confirmed that they would be counted as multiple responses but advised if that was the circumstance then it would be wise to include a note explaining the reason for the multiple submissions.

The meeting concluded at 17:30

1. **Dates of next meetings**

Wednesday 9th November 3pm-5pm (Workington)

Monday 5th December 3pm – 5pm (Workington)

**MASTER LIST OF PCPSAG ACTIONS and RECOMMENDATIONS:**

1. A representative of the Cumbria Advice Network (CAN) – Martin Telford – should be co-opted onto the PCPSAG.
2. Siobhan Gearing and Helen Sant will be contacted to confirm whether they wish to be members of the PCPSAG.
3. The PCPSAG will meet on a monthly basis.
4. It was agreed that certain dates needed updating in the consultation strategy.
5. JB will send STH the Cumbria Compact guidelines on engagement.
6. Answers to questions raised by the West Cumbria Community Forum should be placed on the Success Regime website.
7. There should be a “Frequently Asked Questions” space on the consultation website.
8. There should be sign language interpreters at public meetings and other events.
9. There should be hearing loops at the locations of public meetings.
10. Appropriate travel information should be provided about travel and transport options for consultation public meetings.
11. PCPSAG members will send the details of any specific hard to reach groups that they knew of to STH.
12. Future meetings will be scheduled for more than one hour.
13. A public meeting should be held in the town of Kirkby Stephen.
14. ~~CO will send to STH the addresses of potential voluntary sector organisations that might be pleased to receive and distribute copies of the consultation document.~~
15. SuG will send details relating to a potential consultation meeting with LGBT groups to STH.
16. The consultation questionnaire should be structured in such a way as to allow respondents to rank options with their most favoured option first.
17. The consultation questionnaire should ask respondents to provide postcode data at the top of the questionnaire.
18. The consultation document should clearly signal where further information is available.
19. Representatives from NHS Cumbria CCG and the Success Regime should meet with members of the LGBT community.
20. The consultation team should produce a flow diagram describing the consultation process through to decision making.
21. A note should be placed on the consultation website clarifying the fact that pre-consultation engagement responses will be considered when final decisions are made after consultation.

1. All independent chairs should be briefed to ensure their impartiality.
2. Members of the NHS panel at public consultation meetings should have name plates on the speakers’ table.
3. The type colour on the publications section of the consultation website should be adjusted so that it is easier to read.
4. The Easy Read document should be adjusted with respect to the information it contains on community hospital inpatient beds to make it more comprehensive.
5. Working through Chris Shaw, the consultation team should seek to involve parish councils in the distribution of consultation documents.