**Public Consultation Process**

**Stakeholder Advisory Group (PCPSAG)**

**MEETING (21.03.17)**

**MINUTES**

Attendance: Sue Stevenson (SS), Sue Gallagher (SuG), Eveline Dugdale (ED), John Underwood (JU), Stephen Hall (STH)

Apologies: Richard Pratt, Jan den Bak, John Brown, Helen Sant

1. Welcome, introductions and apologies

SS read out the apologies she had received from members of the group.

1. Minutes of the meeting held on 5 December 2016

The minutes from the previous meeting were approved as an accurate reflection of the discussion but with the noted correction that Sue Gallagher’s name had not been added to the attendee register. Sue was present for that meeting.

1. Response to recommendations and observations from the Success Regime Programme Board

SS ran through the recommendations from previous weeks and noted that the Programme Board had accepted and acted upon all recommendations made by the group.

As requested at the previous meeting JU reported on the consultation response rate (see appendix below) which was somewhere between 1.23% and 2.13% depending on measurement.  PCPSAG members felt this was a “good” response rate given the guidance and advice from the independent Consultation Institute that an average response rate of 0.7% might be expected. SuG said there had been a lot of consultation activity and it would be difficult to see what more could have been done to encourage responses.

1. Update on consultation process and engagement programme

JU told the group that the CCG Governing Body had made various decisions following the public consultation. Everyone at the meeting was aware of the decisions made and the general agreement amongst the group was that everyone now needed to work together. SuG and ED expressed their hope that the Health Overview and Scrutiny Committee (HOSC) did not delay the hard decisions taken by the CCG, and ED said that she had been satisfied with the decision taken.

1. Discussion and response from PCPSAG

A general discussion then followed on the consultation, the role of the PCPSAG and likely next developments.

SuG said it was now incumbent on both the NHS and the local community to harness the energy generated over the last months to improve the health system. ED said that the community hospital groups had put a lot of time in, and felt listened to, which JU said had been a credit to the Cumbria Partnership Foundation Trust and the communities themselves.

The group then discussed briefly the process should the HOSC decide to refer any of the CCG decisions.

SS said that the CCG decision-making meeting on March 8th went well. All agreed it had been handled well with fair and appropriate challenge throughout the meeting. SuG said it may have been better if all members around the table had been introduced to the public.

PCPSAG members raised the question of the telephone survey that was conducted during the public consultation period. JU explained that throughout the consultation process the consultation team took advice from the independent Consultation Institute. It is widely agreed that during a public consultation it is best practice to seek information from a broadly representative sample of the population to complement information received from the self-selected group of people who choose to respond to the consultation. This was partly to ensure that the consultation captured an appropriate number of responses and views from all geographical areas.

The independent analysts’ report indicates that we received more responses per head of population from (for example) Whitehaven than we did from Carlisle. From Whitehaven (population approximately 25,000) we received 918 questionnaire responses and from Carlisle (population over 100,000) we received 278 questionnaire responses. JU said the consultation would have been criticised if we had not sought to address this under-representation from one part of the community. The PCPSAG agreed, however, that it would be a useful learning point to ensure that in future any and all forms of consultation/ engagement are explained to stakeholder engagement groups early in the consultation period.

SS noted that some people felt the complexity of the issues under consultation made it difficult for some people to complete the consultation questionnaire and further noted that in future it would be helpful to make it clearer to people that they could respond to the consultation in a number of different ways.

PCPSAG members then considered the role of the PCPSAG itself and expressed the view that the advisory group had been an “effective” mechanism that had helped improve the public consultation. SS noted that input from the group had helped the consultation achieve a Certificate of Good Practice from the Consultation Institute. In total the group made 32 recommendations concerning the public consultation process and all of the recommendations were accepted and acted upon.

1. Consideration of need for any further meetings

JU said that given the terms of reference of this group and its restriction to advice concerning the process of the public consultation, this should be the final meeting of the PCPSAG.

JU advised, however, that the NHS had committed to work with communities and stakeholders more closely, especially over the coming year, and that he would recommend members present to have a continued role in similar groups that were being created.

SS noted that these groups included the following:

* Co-Production Steering Group
* Independent Review Panel
* Independent Implementation Steering Group

The meeting concluded at 18:10

**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 process through to decision making.
21. All chairs should be briefed that they should remain impartial
22. Name plates for the top table speakers
23. Amend the type on the publications section of the website so that it is easier to read
24. Contact Parish Councils (Chris Shaw) to distribute the consultation document
25. Check Easy Read rules and change Easy Read version if necessary to reflect the advice of the group.
26. Working through Chris Shaw, the consultation team should seek to involve parish councils in the distribution of consultation documents.
27. Postcode analysis should be carried out to show where the response rate was lower and where it was higher in order to ensure that adequate resources were being deployed in the areas of lower response.
28. The group recommended further advertising.
29. The consultation team should explore the feasibility of a delivery of some form of consultation leaflet to all households.
30. The briefing notes should be made more visible on the website.
31. The consultation team should provide the PCPSAG with the best available information on comparative consultation response rates.
32. The independent analysis report should be published prior to decision making in order that it might be reviewed before decision making.

**Appendix One - Comparative consultation response rates**

Information provided to us by the Consultation Institute notes the following:

1. Consultations that achieve higher than a 1% response rate are generally considered to be ‘good’.
2. The average response rate for UK public consultations stands at approximately 0.7%.
3. A similar consultation to this one conducted by the NHS Calderdale Clinical Commissioning Group and the NHS Greater Huddersfield Clinical Commissioning Group attracted similar levels of public scrutiny but achieved a response rate of just 0.1%.
4. Greater Manchester’s *Healthier Together* consultation in 2014 attracted a response rate of 0.9% of the population and was commended as “the largest public response to a regional consultation about health services conducted in England, in the last decade.”
5. The North, East and West (NEW) Devon Success Regime gathered a total of 2,225 consultation responses for its *Your Future Care* consultation, targeting East Devon and a population of 380,000.

Statistics for the Healthcare for the Future consultation

The following information regarding responses to the *Healthcare for the Future Consultation* is taken from the independent report analysing consultation responses produced by The Campaigns Company.

Population figures are taken from the Office of National Statistics National Population Estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2015.

The population size in west, north and east Cumbria is estimated to be 326,995.

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| Method | Total number of responses | Population % |
| Online consultation questionnaire | 2856 | 0.9% |
| Paper consultation questionnaire | 854 | 0.3% |
| Letters, emails and long-form submissions (from individuals and organisations) | 314 | 0.1% |
| Telephone survey | 1002 | 0.3% |
| Attendees at public meetings | 1947 | 0.6% |
| Petitions | 9157 - Save our Services (CN Group)394 - Say No to Nonsense - Stop the Success Regime64 - Women’s Institute 24 - Alston Labour Party: Petition Against The Success Regime's Proposals698 - Our lives are under threat! Save Alston Cottage Hospital beds313 - Penrith Border Labour Party: Success Regime Petition5658 - We Need West Cumberland Hospital online petition 13179 - Petition to House of CommonsTotal: 29,487 | 9.0% |

Therefore the response rates for the Healthcare for the Future consultation were as follows:

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| Written responses only | 1.23% |
| Written responses, telephone responses and attendance at public meetings | 2.13% |
| Written responses, telephone responses, attendance at public meetings and response by petition | 11.15% |

*\* The total number of responses detailed above does not include any pre-consultation engagement feedback.*