**Public Consultation Process**

**Stakeholder Advisory Group (PCPSAG)**

**MEETING (05.12.16)**

**MINUTES**

Attendance: Sue Stevenson (SS), Richard Pratt (RP), John Underwood (JU), Elliot Nichols (EN), Eveline Dugdale (ED), Jan den Bak (JdB)

Apologies: John Brown, Helen Sant, Siobhan Gearing

1. **Welcome, introductions and apologies**

Sue Stevenson read out the apologies she had received from members of the group before those present introduced themselves.

1. **Minutes of the meeting held on 9 November 2016**

SS asked the group whether the minutes from the previous meeting were an accurate reflection of the discussion, all agreed that they were. SS also presented Sir Neil McKay’s response from the programme board, accepting all 30 recommendations made by the PCPSAG.

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

There was a debate on the whether or not a leaflet should have been distributed to all residents in west, north and east Cumbria informing them of the consultation. JdB was disappointed that this had not happened. JU responded that cost and time were not necessarily the most important issues determining whether the leaflet was a good idea, but the Consultation Institute advised against it as a highly ineffective way to encourage responses. JU explained that additional advertorials had been planned and would be issued imminently.

JdB said that he had met people in Egremont who were not aware of the consultation, JU said the programme has been widely and freely debated, and we have to think of engagement in the context of other consultations. In comparison to other consultations and engagement rates, this consultation has been successful. JU asked JdB whether it would be useful to provide the group with the average response rate to similar consultations. JdB agreed, but said it would be too late to do anything more. JdB said that the consultations strategy which had been approved by the Health Overview Scrutiny Committee looked okay originally, but that he now believes it was not enough. SS said that many people will feel that clinical decisions are best left to experts, and so will wilfully not engage in this process despite knowing that it is happening.

1. **Update on consultation process and engagement programme**

ED said she believed the consultation was inadequate because there was not an audible or braille version of the consultation document. EN said there is a braille version of the document and an audible version is available through the website. RP stated that if there were flaws with engagement, this group must bear some responsibility given its purpose.

SS said some members had expressed concern regarding the reach of the consultation but agreed that further advertorials would help encourage responses. JdB asked if it is clear incomplete submissions will be accepted, JU said he believed it had been clear given that there had been many such responses all of which will be included and analysed.

RP said that some 60% of adults get news from television, and at least 70% of people had heard about or seen news regarding the consultation. He added that it had been advertised across Radio Cumbria, CFM and all main local newspapers, with an estimated reach of 200,000. RP stated it is not possible to communicate and engage everyone, JdB agreed but argued people won’t always take in that news or understand why it’s important. SS said it is a question of allowing people access to the consultation should they wish to engage. SS said that we should confirm to people that consultation is not a referendum or a vote, JU argued that this detail had been stressed at all public meetings and is stated in the consultation document.

1. **Discussion and response from PCPSAG**

ED presented a list of challenges to discuss. The first point stated that the consultation was inadequate because it did not contain a status quo option for Alston, Maryport and Wigton’s community hospitals. JU clarified that a consultation does not need to include a status quo and that the CCG should not present an option which is undeliverable. He said the Pre Consultation Business Case describes the option appraisal methodology and hurdle criteria. JU added that despite this the CPFT are discussing with those communities alternative ways forward.

ED asked if the Sustainability and Transformation Plan (STP) for North Cumbria already exists, how can the decisions not already have been taken? JU said the STP is itself subject to consultation if it involves further substantial changes.

SS said the issue she constantly grapples with is that the county council have not been wholly involved when adult social care is a substantial issue. SS also said that if options go ahead, the transition period is unclear.

ED asked whether Sir Neil McKay reads the minutes of each meeting, JU confirmed he does. She then asked for details concerning the end of the consultation. JU confirmed that online submissions would be accepted until 23:59 19th December and submissions by post until 5PM 23rd December.

ED asked how much effort has been put in to determining the safety of the proposals. JdB argued that no risk assessment had been done for the maternity options. JU disagreed and said that the options were about a balance of risk and that the NHS advise that a risk assessment can’t be done at present because of a shortage of information. He said that NHS leaders have to look at clinical evidence available and not rely on anecdote.

JdB asked why the series of deliberative events had not attracted many people. JU answered that people had been more inclined to attend an event in the week, and some deliberative events had taken place at the weekend. JdB asked the consultation team to find out why people and organisations had decided not to attend. SS added that the word “deliberative” may not have been appealing.

JU said that a deliberative event is different from a public meeting or a stakeholder event. You can’t guarantee that people who say they will attend will show up. Nevertheless it was important to do and it was organised independently through the North of England Commissioning Support Unit. JU said that there had been many events throughout the consultation and it was possible, as the deliberative events were scheduled closer to the end, that people had already attended other events.

RP asked whether the independent report analysing consultation responses will be made public so that different groups can check to see if their objections had been included. JU confirmed that the report would be published. RP then asked if the report could be amended once published, JU said if it contained any factual errors it could be. SS said there should be an opportunity for the report to be reviewed prior to it being used to make any decisions.

1. **Dates of next meetings**

JU said that the group had been invaluable in its recommendations and suggestions. He said that a further meeting may be necessary and useful, and would speak with RP and SS with regards to a final meeting.

**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, if possible, be carried out to show where the response rate has been low so that more resource can be directed to those areas
28. The group recommended further advertisements
29. Costings for a delivery of some form to all households should be explored
30. The briefing notes should be more visible on the website
31. The consultation team will identify the average response rate for similar consultations
32. Organisations invited to the deliberative events will be contacted to ask why they did not choose to attend
33. The PCPSAG should meet following the publication of the independent report and before the decision making board