

Minutes

PUBLIC ENGAGEMENT & CONSULTATION TASK AND FINISH GROUP

**MINUTES OF THE PUBLIC ENGAGEMENT & CONSULTATION TASK AND FINISH GROUP
HELD ON MONDAY 15 NOVEMBER 2010, IN COUNCIL CHAMBER, AYLESBURY TOWN
COUNCIL, COMMENCING AT 9.30 AM AND CONCLUDING AT 2.40 PM.**

MEMBERS PRESENT

Mr B Allen, Mr P Cartwright, Mrs A Davies, Mr H Cadd, Mr P Rogerson, Mrs M Baldwin and
Mr M Appleyard

IN ATTENDANCE

Mr M Chard, Policy Officer - Overview and Scrutiny
Ms K Parfitt, Corporate Consultation Officer
Ms H Wailing, Democratic Services Officer
Ms C Blakeway-Phillips, Assistant Director, Partnership Development, NHS Buckinghamshire
Ms D Hands, BMG Research
Ms G Hodgetts, Head of Communications and Public Relations, South Central Ambulance
Service NHS Trust
Ms H Peggs, Director of Communications and Engagement, NHS Buckinghamshire

1 APOLOGIES / CHANGES IN MEMBERSHIP

Apologies for absence were received from Douglas Anson MBE and Brenda Jennings.

2 DECLARATIONS OF INTEREST

Peter Cartwright declared an interest in agenda item 6 as he was a patient representative at
his GP surgery.

3 MINUTES OF THE MEETING HELD ON 17 SEPTEMBER 2010

The Minutes of the meeting held on 17 September were agreed as a correct record.



INVESTOR IN PEOPLE



4 INTRODUCTION OF THE REVIEW

5 INTRODUCTION TO BUCKINGHAMSHIRE COUNTY COUNCIL CONSULTATION & ENGAGEMENT

Kim Parfitt, Corporate Consultation Officer, was welcomed to the meeting.

Kim Parfitt gave a powerpoint presentation (slides attached).

Members then asked questions, and the questions and answers (from Kim Parfitt) are summarised below.

I represent a very rural area, in which residents do not all have access to computers. How will the online consultations portal work for them?

There is never an assumption that we will only carry out consultations online. The Consultation Portal has a facility so we can manually enter data from paper questionnaires. The aim is to drive more people to use the online facility as it is more cost effective.

What sample size do you use for consultations?

Large, corporate surveys are statistically valid. For smaller consultations we are sometimes lucky to get more than 100 responses, which is challenging for statistical validity.

A recent consultation was carried out about on-street parking. I was not consulted even though I am the Local Member. How is information on consultations obtained?

I agree that Local Members should always be contacted. My advice to services is to always contact the Local Member(s), Police, Trading Standards etc.

To bring full information to Overview and Scrutiny, I need to have full knowledge of all surveys / consultations being carried out. Ideally there would be a Board in place which approved all surveys and consultations.

Councillors are also not used for local publicity. Consultations could be advertised better through local newspapers etc.

We have a list of local newspapers and publications, but please let me know if there are any additional publications which we have missed. We also hold a list of Voluntary and Community Organisations, Community Halls, etc. Letters about the Bucks Debate were sent to all these. We also work with Locality Services.

I am concerned about how I reach all the residents in my area when there is a local issue (e.g. the libraries consultation). Currently I would approach all headteachers in my area, and thereby contact all parents at a school. A County website is needed where residents can sign up to receive e-mail alerts about Council services (including consultations).

E-mail alerts could be provided for residents if we extended the Parish Council part of the Consultation Portal.

What is the difference between consultation and engagement?

The main service which 'engages' with the public is Children and Young People. The Transport Service has also done some engagement work. The majority of what BCC does is consultation, not engagement.

Members also made the following comments:

- There will be some services which do not seek advice from the Corporate Consultation Officer.
- Councillors are not asked to comment on documents before they are sent out (e.g. Overview and Scrutiny could be asked for comments).

- Regarding the Consultations Portal, I assume that you can search for consultations on there by postcode or service area etc?
- The Consultation Portal is 'clumpy'.
- 60% of those aged over 60 do not have access to the web.
- There will be changes with the 'Big Society.'
- 'Surveys' seem to be confused with 'consultations.'

The Chairman thanked Kim Parfitt for attending the meeting and asked that Kim:

- Send members the guidelines used for questionnaires
- Expand on members' questions by e-mail
- Score some consultations with her own opinion and send these to members.

6 NHS BUCKINGHAMSHIRE

Helen Peggs, Director of Communications and Engagement, and Clare Blakeway-Phillips, Assistant Director, Partnership Development, were welcomed to the meeting. Helen and Clare were both from NHS Buckinghamshire.

Helen Peggs and Clare Blakeway-Phillips told members the following:

- Currently any consultation or engagement at the PCT went through a PPE (Patient and Public Engagement) Lead.
- The PPE Lead would provide staff with advice on the method of involvement which would be most effective; provide assistance in contacting the LINK, OSC and relevant voluntary organisations; and support in disseminating how feedback has informed commissioning (this was the area in the past which had been weak).
- PPE should not be carried out just 'for the sake of doing it.'
- Clinical input was sought too. There was also a policy for staff on working with lay representatives.
- From 2009 it had become a statutory duty to produce a report on how consultation / engagement had informed work. A copy of the 2009/10 Report had been brought to the meeting.
- The PCT would be transferred to GP Commissioners in 2011. Engagement and Consultation would be new to GP Commissioners. The Bucks PCT toolkit for commissioners had received national recognition, and GP commissioners would be encouraged to use this too.

Members then asked questions. The questions and answers are summarised below.

How large is your team?

There are two members of staff, but others help with the work too.

At what level can changes to the PCT be influenced, given that the changes are under legislation?

Regarding the national changes, we are currently preparing consultation and engagement plans for two pieces of Government policy. Residents will have very little influence but we are required to do this. Some events have been held about the changes – only residents who are very interested go to these meetings.

Will the GP consortia still have an obligation to consult and engage? How much influence do you have on shaping the GP consortia?

There are three GP collaboratives and we are both working with them. They are aware of 'what they don't know.' The two main collaboratives are broken into localities. The collaborative in the South has consulted with local people.

GPs are used to having public opinion in front of them everyday, unlike PCT officers.

We have stakeholder mapping too.

Do you see a difference between consultation and engagement?

We do more on engagement (part of the commissioning cycle). Consultations are carried out on services which affect a lot of people. We have been working with BCC on the Consultations Portal. We plan to test it using a mini-consultation. The Portal allows us to ensure we do not duplicate questions which residents have been asked by other agencies.

Language and data contained in consultations is very important. Do you need to consult with everybody or just those dealing with that issue?

Language used is very important. We have a patient panel (c. 100 patients) which is not demographically representative. The panel is mainly made up of older people and is not representative of BME communities. The Panel is a brilliant resource, and is used for testing out leaflets etc. before we disseminate more widely.

How do you consult with hard to reach groups?

I use BCC information to help us to reach Hard to reach groups (e.g. gypsy and traveller groups). The new health centre in High Wycombe is targeted at those who are not registered with a GP. One of us visited traveller sites with a BCC officer to speak about the new health centre. To reach BME groups, we have advice from a new community worker.

The Healthy Living Centre runs English courses. We worked with them to develop a health module (e.g. how to register with a GP etc.)

We also plan to increase the treatment of minor injuries and ailments at GP surgeries, and to build up young mothers' confidence regarding these.

Managing public expectations is a challenge. We can learn a lot from your approach of low-key engagement.

Our advice would be to focus on the service, not on the location, otherwise you risk fixation by the public on the location, and the important issues are missed.

Also, be very honest about what can or cannot be achieved. Something new being introduced often means that something else has to be cut.

We are building up community-based services and informing the public about them because in future years major changes will have to occur. We have used a video which shows real patients being treated in their own homes, to get the message out that 90% of the NHS is not hospital-based. The aim is a constant dialogue.

The biggest recent survey was about the development of Chalfont Hospital. We raised awareness that there would be changes and gained initial feedback for the first stage. It was a good example of partnership working with District Councils and Parish Councils.

We have learnt lessons from a consultation which was unsuccessful. Internal officers are now much more open to our advice.

7 THAMES VALLEY POLICE

This item was not taken as Superintendent Richard List was unable to attend the meeting.

8 BMG RESEARCH

Dawn Hands (BMG Research) was welcomed to the meeting.

Dawn Hands said the following:

- Consultations, surveys, etc, were an art, not a science. There were no firm rules. Organisations had to understand what they were setting out to achieve, and why it was important.
- Cheap research/consultation cost money in the long-run.

- Engagement was a two-way dialogue/ journey, with both sides listening and asking questions.
- The benefit of engagement was that even if the conversation was unpopular, both sides were 'in it together.'
- A Consultation was a more discrete, one-off process.
- Consultation informed a decision but did not make the decision.
- 'Research' or 'survey' indicated a more scientific or rigorous approach, which was representative and could withstand scrutiny.
- Questions to ask: 'How important is the decision in terms of local people and Council services?' 'What is the risk of getting the decision wrong?' 'If it is wrong, what will it cost?' Organisations needed skills and expertise at their disposal to guide them through this. It was made more complex now by the many ways in which views could be sought (e.g. twitter etc.)

A member referred to the Council's Residents' Survey, which took a generic approach to all Council services, and asked if this was a sound approach (was it just reinforcing the Council's own views?).

Dawn Hands said that she could not provide advice until she fully understood what the aim/brief of a survey was. Dawn Hands said that she hoped that the Residents' Survey was a hugely valuable tool. It had been conceived when the Government had set out a number of local targets. Now this indicator set had been abolished, there would be questions about how activity would be measured.

The Residents' Survey was a representative cross-section of Buckinghamshire adults. The results should inform the debate on Council services.

A member said that he was concerned that the Council did not provide enough information when it asked for residents' views.

Dawn Hands said that a deliberative approach could be taken (e.g. on which services to cut). Residents could be invited to a meeting, information provided and their opinions sought. Asking people for their opinion on something they already knew about was different (e.g. their child's school).

A member asked about the Consultation regarding library closures.

Dawn Hands said that residents were expecting cuts to be made, but had not yet seen the actual outcome of cuts. The subject of libraries was very emotive. Reductions in the number of libraries were part of a whole host of cuts across the Board. The message to convey to residents was that everyone was in this together.

A member asked about the difference between consultation and engagement. Dawn Hands said that consultation was where a decision had been made that cuts were necessary. The consultation was to find out where to make the cuts. So the Council would already have some options in mind.

Engagement was where users were given the decision about cuts – meetings could be arranged, and information provided so the users could understand and make a decision.

A member asked if engagement influenced a decision. Dawn Hands said that engagement should not be carried out if users could not influence the decision.

A member asked about feedback from Council consultations. Dawn Hands said that members and officers should have free and full access to all consultations taking place, as decisions would be based on the outcome of consultations.

A member said that Aylesbury Vale District Council planning reports were very good at reporting the outcome of consultations, and were a good template.

A member asked Dawn Hands why she thought the public were so cynical and what was the best way of managing expectations.

Dawn Hands said that the public had a view of politicians which was largely driven by the media, and which did not build trust. Also, because consultations informed decisions, but did not make them, the public may have expressed a view but then the opposite action taken by the Council. Politicians were not always transparent about what would happen and why, and shied away from explaining why a decision had been made. To manage expectations the Council had to be brutally honest.

An example of where this had been managed well (by the Government) was the Comprehensive Spending Review.

Members commented that no information had been given to residents before they were asked to provide opinions in the Bucks Debate.

Dawn Hands said that her understanding of the Bucks Debate was that it was to 'cast the net far and wide' to allow people to have their say.

Birmingham Council had organised a day-long meeting with service advocates, for 50 residents, which had been very effective. A full report had then been provided to Council. The results had also been taken back to the 50 residents who had attended the meeting. Those 50 people had been well-briefed and had understood that they needed to 'park' any prejudices.

A member referred to public meetings held for the 'Having a Good Day' consultation, and said that preparation for questions had been poor.

Dawn Hands said that the public would be cynical if a public meeting was not well-prepared. The public needed to understand what difference their being at the meeting would make.

The Chairman thanked Dawn Hands for attending the meeting. Dawn Hands said that she would forward a process flowchart for information.

9 SOUTH CENTRAL AMBULANCE SERVICE

Gill Hodgetts, Head of Communications, South Central Ambulance Service (SCAS), was welcomed to the meeting.

Gill Hodgetts took members through some slides, and said the following:

- SCAS had developed a Stakeholder Engagement Strategy and a Public Engagement Strategy.
- No formal consultations had been carried out SCAS since 2006, when four ambulance services had been merged.
- SCAS had high public satisfaction rates of over 97%. However SCAS did not 'sit on its laurels.'
- SCAS had applied for Foundation Status and the plans were currently out for consultation. Residents were able to respond to the Consultation by e-mail or letter. Public meetings had been held, and a series of health fairs.
- A Public Involvement Panel had helped to put together the draft Consultation document.

A member asked about the League of Friends and whether this was invaluable. Gill Hodgetts said that the League had been in existence since the merger in 2006 and that SCAS regularly engaged and spoke to them. SCAS asked the League for feedback, ideas and suggestions.

A member said that it had never been clear what it was that the public wanted from SCAS. The member asked whether the 97% satisfaction rate was in regard to the response time to the patient, the response time to the hospital, or simply in regard to a 'good' outcome.

Gill Hodgetts said that a national survey had asked these questions, and that from this it was clear that the public wanted a fast response. The quality of the outcome was a lower priority for the public than SCAS had thought. A programme of increased public involvement was now beginning with more local surveys and engagement on targeted projects. The SCAS 'audience' was the same as a number of other NHS organisation, and so engagement and consultations needed to be carried out in partnership.

A member referred to the public consultation and asked how the findings would be reported and what influence the public would have on the outcomes.

Gill Hodgetts said that SCAS was under a duty to consult even though the major part of the decision had already been made. If a large percentage of the public disagreed with the proposed composition of the Trust, SCAS would probably have to make changes. SCAS would try to manage expectations.

A member asked if SCAS had consulted on its stakeholder strategy. Gill Hodgetts said that SCAS had spoken to the Patient Involvement Panel.

A member asked who made the decision at SCAS to go out for consultation on an issue. Gill Hodgetts said that a decision on consultation was made at board level. The SCAS board was good at listening and had a genuine desire to do things properly. SCAS would also consult the Overview and Scrutiny Committee.

A member asked if the questions in the Foundation Trust consultation had been tested.

Gill Hodgetts said that the questions had gone through the Public Involvement Panel. However the Foundation Trust Document was quite a prescriptive national document. Gill Hodgetts said that her preferred route would be much wider engagement style with the public.

A member said that as SCAS covered such a wide area (Milton Keynes to Portsmouth), it would be difficult to form just one Public Involvement Panel. Gill Hodgetts said that there was one Panel for each SCAS area, and that these had locally-focused agendas. Sometimes these Panels came together to form one bigger group.

The Chairman thanked Gill Hodgetts for attending the meeting.

10 SUMMARY OF KEY FINDINGS

Members discussed the information which they had received.

Dates of future meetings:

17 December 2010, 9:30am, Phoenix Room 3, County Hall, Aylesbury

4 January 2011, 2pm, Swan Room 1 ('Wash-up' meeting)

CHAIRMAN