**Public Consultation Process**

**Stakeholder Advisory Group (PCPSAG)**

**MEETING (09.11.16)**

**MINUTES**

Attendance: Sue Stevenson (SS), Richard Pratt (RP), Vivian Stucke (VS), Sue Gallagher (SuG), John Underwood (JU), Stephen Hall (STH), Eveline Dugdale (ED), Jan den Bak (JdB), Martin Telford (MT), Carolyn Otley (CO)

Apologies: John Brown, Jane Smith, 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. Martin Telford from the Cumbria Advice Network (CAN) was the only new member to the group and so summarised his role with CAN.

1. **Minutes of the meeting held on 18 October 2016**

SS asked the group whether the minutes from the previous meeting were an accurate reflection of the discussion. All agreed that they were.

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

SS informed the PCPSAG that the NHS had accepted all of the recommendations made at the previous meeting, and ran through what these recommendations were.

There was then a brief discussion about these recommendations. JU said he would email SS the flow diagram charting the decision-making process (recommendation 20). Members agreed that the public meeting chairs provided by the Consultation Institute had been impartial, ED said that everyone who wished to ask a question had the chance to. RP said sometimes the meetings over ran but praised the commitment from NHS representatives attending many of these meetings.

At this point VS joined the meeting after dialling in.

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

RP provided a brief summary of the recent consultation activity. VS asked whether hard-to-reach groups had been contacted as part of the consultation. JU told the group that a strategy had been developed by the CCG to ensure that seldom heard groups are contacted. RP asked whether members of the stakeholder advisory group could attend the stakeholder update sessions or the deliberative events. JU said the NHS would be very happy if members were able to attend the stakeholder briefing sessions and pointed out that while the deliberative events were essentially for specific groups (including hard to reach groups) and/or on specific topics, individual members of the stakeholder advisory group would we welcome to attend these meetings if they wished to do so.

SS told the group that discussions were taking place on how the mobile engagement vehicle could facilitate contact with hard-to-reach groups, with specific slots left free in order to ensure there was time to do this.

VS asked whether the vehicle would require NHS staff. SS said the role of the engagement vehicle was to raise awareness not to answer specific and technical questions and didn’t think the NHS could provide people for the amount of time required. VS said that lots of people still have a lack of knowledge regarding the consultation. SS said, despite the huge amount of publicity, she still encountered people who were not informed. MT said the people who he works with will be affected by any impact on travel times to services. He offered to advertise consultation activity through the Cumbria Advice Network, but said he hadn’t received many questions from members on the consultation.

JdB asked MT whether his group should act as “advocate” for those people that they deal with. MT said they would do this but couldn’t claim to represent them. JU encouraged MT and other advocates of different groups to formally submit responses to the consultation documenting any concerns or challenges they would like to be addressed.

There was a brief discussion regarding areas where the response rate was lower than average. **The group recommended that, if possible, postcode analysis 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.**

1. **Questions received from other stakeholders for the consideration of PCPSAG**

SS had received comments from Sandra Guise to be addressed by the group in her absence. The first point mentioned the availability of hard copies of the consultation document. JU said that the document is clearly on display in many locations and the group had to consider what might be considered a proportionate distribution strategy. Sandra Guise specifically mentioned a perceived lack of documents at West Cumberland Hospital. JU informed the group that the consultation team specifically visited WCH following Sandra’s concerns and found consultation documents to be on display. He also reported that over the past two weeks 1300 documents had been sent to Sandra at the hospital and that documents are actively replenished at the reception of WCH. He also noted that response rates to the consultation were highest in Whitehaven and Workington. RP also noted that the consultation had been widely reported in the local media. VS told the group she had spoken to one person who had not seen a copy of the document. JU summarised the various locations where the document had been distributed. MT said that in addition to those locations, Citizens Advice Bureaus also had supplies.

JU told the group that the consultation team has a replenishment strategy to deliver documents to areas that had run out. In addition to this there is other activity planned to continue to raise awareness including radio advertisements. RP mentioned that CFM has the second highest reach in the county and local papers have a high penetration rate. **The group recommended further advertising.**

The group asked whether the consultation document could be delivered to all houses in West, North and East Cumbria. JU said he had already looked into the cost of doing this and indicated that initial estimates suggested it would cost several hundreds of thousands of pounds including printing costs. A discussion followed on whether this could be considered a proportionate cost and a good use of resources. JdB asked the overall cost of the Success Regime. JU indicated that this was publicly available on the Success Regime website and that the budget for the current year was around £5million, including all the necessary clinical work and support. He also indicated that this was the lowest cost of the three national Success Regimes and that the budget was a national budget rather than coming from local service funds. SuG said we should all be conscious of the cost but JdB said he wanted to encourage a maximum response rate and the **group recommended that the consultation team explore the feasibility of a delivery of some form of consultation leaflet to all households.**

VS said that envelopes with pre-printed freepost addresses could have been included in the consultation document but other members of the group felt that the Freepost instructions were perfectly adequate and straightforward. ED said she felt it would not be proportionate to include an envelope.

VS also asked whether the 12 briefing notes, currently on the website, could be printed and distributed with the consultation document. RP said he did not believe this would be a good use of resources and making the document longer may discourage people from responding. He argued that the document is already quite long and very few people are asking for additional materials. **The group however agreed to recommend that the briefing notes are made more visible on the website.**

VS asked whether respondents needed to rank their options or if they could simply write a response. SS said a written response would be fine.

SuG asked whether people were still asking if council representatives should be present at meetings. JU replied that a small number of people had raised this and that there is an answer to it in the FAQs section of the website. SS said that the consultation is focussed specifically on NHS changes.

1. **Review of membership and discussion**

SS raised a question that had been raised with her about potential conflicts of interest on the stakeholder advisory group. The suggestion was that some people might use information obtained as part of the group to take legal action against the NHS.

JU said that the NHS was committed to openness and transparency and was not concerned that people might use information in this way. SuG said she thought that there was a clear audit trail between the discussions and recommendations of the group and the answers given by the Success Regime Programme Board.

The meeting concluded at 17:10

1. **Dates of next meetings**

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

The group discussed whether there should be further meetings after the close of consultation on December 19th. JU answered that he would take advice on best practice and would be happy to arrange further meetings in the future if the group thought it would be beneficial.

**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.