Working in partnership

Opportunities and challenges of public consultation

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The next 20 minutes

• Why Healthwatch and South Devon and Torbay CCG?
• Opportunities
• Challenge of different perspectives
• Approach taken in South Devon and Torbay
• Converting challenges into opportunities
Opportunities

• Deploy best practice
  – Promote understanding of underlying issues
  – Increase transparency
  – Get input from those who use and care about our services
  – Get key people on the same page
  – Demonstrate partnership working

• Improve proposals
  – Consultation concentrates the mind
  – Capture different perspectives - identify problems early!
  – Demonstrate responding to external scrutiny

• Keep an eye on the future
  – More engaged relationships help promote wellbeing
  – Build understanding and trust
The NHS perspective

• Improving services and meeting demand
  – Tackling quality and safety issues
  – Taking advantage of:
    • Modern medical practices
    • Better ways of delivering care
  – Ensuring services sustainable, building capacity
  – Locating services in the best place
  – Choice
  – Concentrating resources – staff and money
The paradox

• Who doesn’t want to see improvement?
  – Receive better services?
  – Have more personal care?
  – Tell their story once?
  – Benefit from patient focused, joined up services?

• Why do people appear to:
  – Dislike change?
  – Resist change?
  – Campaign against change
Community perspective

• Why change what appears to work?
  – A&Es, community hospitals, GP practices
• Changes appear to discriminate against ‘remote’ communities
  – Rural areas losing out to towns and cities
  – Already lost post office, police stations
• Poor track record of delivering change?
  – Lack of transparency in the past
  – Perceived disparity between promises and outcomes
• Scepticism of authority/professionals?
  – Political cynicism?
• Cuts/privatisation
• Tick box exercise/done deal
Consultation staff perspective?

- Must we?
- Oh great!
- Talk to real people?
- Again?
- What’s the point?
- There’s only one solution!
- Haven’t got any money
- They won’t like it
- Who’ll do it?
- There’s no time!
- They won’t believe us!
Staff perspective?

What happens to my job?

Will I have to move?

I like what I do now?

Oh great!

Do I have a choice?

How will that be better?

Why are you only telling us now?

When will we know what is happening to us?
Statutory perspective

• Section 14Z2 of the Health and Social Care Act
• Government’s Four Tests of Service Reconfiguration
  – Strong public and patient engagement
  – Consistency with current and prospective need for patient choice
  – Clear, clinical evidence base.
  – Support for proposals from commissioners
• Assurance processes including NHSE and Scrutiny Committees
• Gunning principles for public consultation
  – Public bodies keep an open mind and not have already made the decision
  – Sufficient reasons for proposals to permit ‘intelligent consideration’.
  – Adequate time for consideration and response
  – Feedback and responses conscientiously taken into account
• Cabinet Office consultation principles published in January 2016
Need support - phone a friend

- Healthwatch
  - Critical friend
  - Engagement support
  - Contacts
  - Independent
- Practical support
  - Attendance at all public and community meetings
  - Recipients of consultation feedback
  - Analysis of feedback
  - Produced feedback report
Consultation part of a process

• Consultation proposal:
  – Switch spend from hospital based care to community based care

• Two key aspects
  – Engagement
    • Two way discussions to understand perspectives, issues, aspirations and wishes in order to influence thinking and planning. It should be clear how the
    • Clarity as to how outcomes from this engagement influence any proposals.
  – Consultation
    • Formal, legally required process to seek opinion and feedback on specific proposals.
    • Opportunity to reach out and embrace communities
## It takes time - pre consultation

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
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<tbody>
<tr>
<td>2013</td>
<td>Engagement: what people wanted from community health &amp; social care services</td>
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<tr>
<td>2015</td>
<td>Integrated Care Organisation established</td>
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<tr>
<td>2015/16</td>
<td>Regular stakeholder engagement in seven towns - challenges facing health and social care</td>
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<tr>
<td>2015/16</td>
<td>Care model development</td>
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<tr>
<td>2015/16</td>
<td>Progress reporting to scrutiny committees</td>
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<td>April 2016</td>
<td>Consultation options approved by CCG GB</td>
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<td>August 2016</td>
<td>NHSE assurance process complete</td>
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<td>Autumn 2016</td>
<td>Clinical Senate review (Report published November)</td>
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Sept – Nov 2016: consultation approach

- Single option – open to alternatives
- Activity informed by equality impact assessment
- Briefed scrutiny, MPs, key stakeholders
- Public meetings in key locations
  - Independent chair
  - Presentation
  - Round table format
  - Q&As
  - Healthwatch recorded comments
- Encouraged community based groups to invite us to their meetings
- Care homes, ‘on the buses’, schools and colleges
- Met with ‘activists’
- Vast amount of information published
Sept – Nov 2016: consultation snapshot

- 14,000 consultation documents, 2,000 posters
- Information sent to more than 300 groups
- Facebook advertising reached 35,000 people
- Twitter chats and promotion
- 23 public meetings - independently chaired
- 60+ meetings - community based groups & staff
- 1,700+ people attended public meetings
- Feedback recorded by Healthwatch
- Consultation web pages - 8,000+ unique user
- 700+ signed up for weekly stakeholder update
- 1,400 feedback questionnaires returned
It takes time - post consultation

<table>
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<tr>
<th>November to December 2016</th>
<th>Healthwatch analysing feedback</th>
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<tr>
<td>January 2017</td>
<td>Healthwatch consultation report</td>
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<td>Evaluation of alternative proposals</td>
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<td>Governing Body decision</td>
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<td>Scrutiny reporting</td>
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<td>Implementation</td>
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Opportunity and challenge - the conundrum

- Requirement to move at pace
  - Co-production, engagement, consultation, OSCs, clinical senate reviews all take time
  - Multiple consultations
- Judgement call - no right answer
  - Quality improvement subjective
  - Change not necessarily seen as improvement
  - Scepticism over statistics
  - Conflicting experts – eg retired clinicians
  - Focus on Landmark buildings and not 21st century services
- Choice often seen as privatisation?
- Consultation versus “It’s a done deal”
- Quality and safety versus “It’s all about the money”
- Judicial review
Exploiting opportunity

- Recognise concerns/current problems
- Constant engagement and communication
  - Transparency
  - Honesty
  - Information
  - Pilot and evidence benefits of change
  - Celebrate success
- Focus on attainable benefits
- Show that focus on ‘prevention and self care’ doesn’t mean ‘no care’
- Deliver promises
- Enable people to see outcomes of each initiative
- Acknowledge ‘the money’
Any questions?