

Mental Health and Learning Disability Services

Redesign Transformation Programme

Consultation

Background

1. NHS Tayside has been undergoing an exercise, over the last 18 months plus, to evaluate all GAP and LD Services in Tayside with a view to delivering these services differently. The exercise involved a group of key stakeholders who took part in the option appraisal process and this culminated in a presentation to Perth & Kinross Integration Joint Board (IJB) of their preferred option. The purpose of the presentation was to seek the Board's approval to move to the next stage which is the "Public Consultation". The IJB approved and the Consultation period was agreed to last for a period of 3 months, starting on Monday 3rd July 2017.
2. In anticipation of a positive outcome from the IJB meeting on the 30th June 2017, an initial Key Stakeholder Consultation Planning Group meeting was set for Tuesday 4th July 2017. The website had been set up the previous day but the link to it had not been communicated to all participants of this planning group.
3. Susan Scott, Manager of PLUS Perth was on holiday during the week of this initial meeting and she asked me, at short notice, to attend in her place. In preparation for this meeting we had a sit down for several hours on Sunday 2nd July 2017, where she explained the background to the whole process and detailed some very clear questions that she wanted answered at this meeting. They were as follows:
 - Establish what the "Terms of Reference" for the Consultation are.
 - Is there scope for alternative options to be considered?
 - Inputs from which organisations?
 - Methods of communication to the public?
 - How was feedback to be given?
 - Timetable?
 - Is the timetable flexible enough?
 - Benchmarks for progress?
 - What is the Independent Audit process?
 - Who is responsible for the Minutes of this and subsequent meetings. In addition, by when would these be produced and circulated.
 - Who is the Chairperson.
 - Benchmarks for progress.
 - Which named individuals would collate all information for the final recommendation.

- What feedback would stakeholders have on that final report before it is presented to the IJB and would that feedback be included when presented to the IJB?
4. Susan explained to me that PLUS Perth, during the time it has been running, has been asked by the NHS and Council to participate in many consultations on service redesign, service feedback and option appraisal exercises and she has learnt that many of the mentioned examples have been poorly run and resulted in little or no acknowledgement of PLUS's input. In some instances, they were only invited part-way through the process with zero opportunity of providing constructive feedback as was clearly demonstrated in this last "Option Appraisal" exercise. There was even an acknowledgement from Andrew Moir, in a meeting with Susan several weeks ago, that this exercise resulting in Option 3A being chosen, "had raised a level of disquiet amongst Service Users and Carers and the aim is to improve the consultation process". Hence the reason for the detailed questions above to ensure that PLUS members would have "confidence" in this Consultation.

AIM

5. The aim of this short paper is to provide feedback on the meeting held in Dundee at Kings Cross Hospital on the 4th July 2017 and make recommendations.

General Overview

6. The meeting started on time but was poorly subscribed despite a widespread invitation. The "Agenda", copy attached to this report, was very generic and only handed out at the beginning of the meeting along with the consultation materials. Points 1-4 were covered in quick time and it was apparent that the moderators wanted to move quickly to point 5 which was their primary reason for holding the meeting. This was abundantly clear when I tried to ask questions.
7. The room was split in two for item 5 on the agenda. We were asked to identify Stakeholders that had been missed from the list provided, methods of engagement and how each of our organisations could help share information or gather feedback. I tried to establish from Allyson Angus what budget there was for this consultation but it was clear she either did not know or one had not yet been established. In addition, I was trying to speed read the consultation documents to establish if my list of questions was answered in there. The short answer is no, they were not.
8. Item 6 was an open discussion on item 5. By this stage it was clear that my list of questions, in that meeting environment, were not going to be answered in detail, if they were able to at all. I took the opportunity to suggest that they needed to establish very quickly the "terms of reference" along with some very clear parameters and benchmarks. This was essential if the public are to have confidence in this process. These comments were acknowledged but no commitment given to providing that detail.
9. It was established that the Scottish Health Council would be reviewing the consultation mid-way through and providing feedback on the process. However, as with everything else, no detail.

10. The meeting finished after 90mins with no follow up plans and after a short period of time, attendees were ushered out of the meeting room so they could lock up.

Comments

11. **Consultation Planning.** The option appraisal process has been running for approximately 18 months and the culmination of this was going to be a public consultation. This should not have been a surprise. The preparatory work could have been completed months ago and the gathering of stakeholders' information should NOT have been the purpose of the very first meeting. The fact that I had to explain they needed very clear terms of reference, benchmarks and parameters, was extremely disappointing and the fact that these comments were not taken seriously did not fill me with confidence.
12. **Meeting Preparation.** The agenda and consultation documents should have been circulated prior to the meeting. Given that the IJB only gave approval by mid-day of Friday 30th June 2017, at the very latest they should have been in the "in boxes" of those attending by close of business that day. Again, this was not a surprise and clearly demonstrates poor planning and preparation. If the above points had happened then that first meeting would have been far more substantive and the agenda far more detailed. As it was, I am pretty sure that the attendees are still trying to calculate whether this was a productive use of their time particularly as there was no specific follow up for that group of stakeholders.
13. **Stakeholder Attendance.** As a volunteer for PLUS Perth I have provided strategic, financial and project management advice when asked to do so. Whilst not involved with the option appraisal process, I have kept abreast of the various machinations of this exercise and it is clear to me that 3rd Sector Volunteers, User and Carer Representatives are suffering from "consultation fatigue". Couple that with the comment by Andrew Moir, detailed in paragraph 4, it should not have come as a surprise that many did not turn up for the meeting.
14. **Meeting Conduct.** Further to paragraph 13, comments by the moderator at the very beginning of the meeting regarding her disappointment at the turnout and no acknowledgement of the time these volunteers have given up serving their communities did not ingratiate them to those who did attend. Neither did singling out a volunteer who happened to disagree with one of the moderators during a previous consultation.
15. **Documentation.** As previously discussed in paragraph 11 above the obvious omission is a formal consultation document detailing the parameters for this process. There are two further observations as follows:
 - At the top of page 5 of the Full Consultation Report, in the second sentence it states, "The proposed changes (proposals)" which would imply that the consultation process could result in a different option being chosen. Couple that with comments from Andrew Moir, in the same meeting as detailed in paragraph 4, where he stated, in answer to a direct question, that the option 3A that had been chosen could not be changed by the consultation. This duality of purpose will

only create confusion and further reinforces the need for a “Formal Consultation Document”.

- In the survey questionnaire, questions 10 and 14 are totally inappropriate.
16. **Scottish Health Council.** This organisation has been asked by the NHS to review the consultation mid-way through the process. There are no detailed guidelines for them to benchmark progress. As detailed above this is work that should have been completed and agreed between all parties prior to the start of the consultation. In addition, there needs to be action plans ready to go if any benchmarks are not achieved at the mid-way point. There should be very clear timeframes by which this review must be completed and reported. In addition, they are not impartial.
17. I attended the IJB meeting on the 30th June 2017 where a member of that Board questioned the integrity of the option appraisal process to date. The Chair was very emphatic and stated that the process had been reviewed by the Scottish Health Council and was good to go. With respect to Andrew Moir’s comments about this process, I question whether this organisation should review the consultation.

Comments Conclusion

18. This “consultation” is nothing more than a feedback session on the work carried out by the programme leads. As there is no transparency about the process, no terms of reference and no detail regarding how the feedback will be assessed I can only conclude Option 3A will be recommended to the IJB. The feedback will be assessed only to gauge how negative public reaction will be. However, if the consultation is limited to the “usual suspects” (no budgets to promote the consultation) then they only need undertake a “damage limitation exercise”. Further implications to the integrity of the consultation are as follows:
- There is no guarantee that those who are assessing the feedback will include ALL and not just those that fit their agenda.
 - No budget allocated for public “Town Hall” meetings. The NHS expectation is that the public come to them. They need to go to the communities.
 - No budget promoting the consultation within the social media, TV, Radio and newspapers.
 - If the consultation proceeds aimlessly and without public promotion, as described in the current documentation, then there will be a further erosion of public confidence in NHS Tayside on top of the existing budgetary issues particularly if this comes out of the blue after the consultation has closed.
 - If the Scottish Government believe the consultation was not robust enough they could step in and delay the process further as they insist it is redone. Based on my observations, that is highly likely.

Consultation Template

19. I am certainly no expert when it comes to public consultations. However, I have been involved in many different projects within the private and public sector which, upon conclusion have gone to consultation prior to a final decision being made. The

numbers involved were nowhere near the population size of Tayside but the principles are the same and they are as follows:

- Integrity.
 - Visibility.
 - Accessibility.
 - Confidentiality.
 - Disclosure.
 - Fair Interpretation.
 - Publication.
20. Making a success of public participation depends upon setting the right expectations. The process of determining between competing interests will inevitably disappoint some stakeholders, so it is in everyone's interest that individuals and organisations understand how various processes work, and what they can expect from their operation. Great care is needed in balancing the need to motivate participants to secure their involvement, and the need for them to have realistic expectations. For example:
- What is the purpose for which you will use the information and opinions gathered in the process?
 - Is the consultation restricted to a closed list of alternative options?
 - Does the consultation welcome new ideas and alternatives to the proposals published for consultation?
21. The first principle is **Integrity** and this means ensuring that the consultation has an honest intent. Whilst it is always open for local authorities to engage with stakeholders at any stage in the development of plans and policies, a formal consultation should not be undertaken if the decision has already been taken.
22. The second principle is **Visibility** and this means that those most directly affected by plans and decisions have a reasonable awareness of such community involvement processes that will take place.
23. The third principle is **Accessibility** and this refers to the ease with which potential participants can avail themselves of the opportunity. It means being aware of the greater propensity of some groups to respond to particular methods, and the barriers facing others.
24. The fourth principle is **Confidentiality**, but the real issue is **Transparency**. There are occasions where stakeholder views are properly subject to confidentiality, but in the public sector, the Freedom of Information Act makes those circumstances few and far between. Except for the two inappropriate questions on the questionnaire, NOTHING is confidential.
25. The fifth principle is **Disclosure** and requires both consultors and consultees to be totally open with each other and not to conceal or withhold information which might be relevant.
26. The sixth principle is **Fair Interpretation** and this places a strict burden on consultors to analyse and interpret consultation output data objectively. To maintain transparency there needs to be an equal number of 3rd Sector Volunteers to have an

equal say on the final output and report. This is in keeping with the Scottish Governments requirement for the NHS to work in “equal partnership” with their communities.

27. The final principle is **Publication** and this refers both to the output of consultation as well as the eventual outcome. This is the practical application of the over-riding requirement of transparency and is intended to ensure that everyone who takes part in community involvement activities can see what happened because of their participation. It is not enough just to publish; the method chosen must be such that those with an interest can easily access the relevant information. This will:

- Provide a clear audit trail of analyses and recommendations so that the influence of consultations upon decisions can be followed;
- Avoid crude summaries of complex arguments advanced by stakeholders;
- Publish qualitative and quantitative analyses with explanations of the methods used;
- Show how the outcome of consultation and public involvement has taken account of the contributions made by stakeholders and others.

Summary

28. This paper has highlighted many shortcomings with regards to this ongoing consultation. NHS Tayside, rightly or wrongly, has a credibility issue in the eyes of the public. If this consultation proceeds further without the above being addressed, then at some point soon this inadequate consultation will potentially delay plans for this “different approach” to mental health services in NHS Tayside.

Recommendations

29. The following is recommended:

- A Consultation Working Document to be produced and distributed as soon as possible to all relevant Stakeholders.
- The Consultation timetable be amended to take account of the time lost due to the production of the above document.
- Audit Scotland or any independent auditor to be tasked with auditing the Consultation process – timetable, guidelines and benchmarks to be included in the Consultation Working Document.

Alan Cotter

14th July 2017

Attachments: Annex A – Agenda 4th July 2017 Meeting @Kings Cross Hospital, Dundee.