





No changes

about me without me

Involving people and communities in Cornwall in Adult Social Care policy changes

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Cornwall

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Inform me so
I understand



Consult
with me



Explain how this
**affects
me**



Be open and
honest



Give me time
to respond



Show me
**my voice
matters**



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About Us

Healthwatch Cornwall is an independent, publicly-funded organisation. We have statutory duties and a remit to ensure health and social care services in Cornwall are the best they can be for people, now and in the future.

By listening to your experiences of publicly funded health and social care services we are able to inform decisions made by the commissioners and providers of them. This means your voice is heard by those planning and delivering services and can influence positive outcomes.





Introduction

What is public consultation?

The word consultation is often interchangeable with: ‘involvement’, ‘engagement’, ‘participation’ and ‘patient or public voice’. When commenting on the Patient and Public in Commissioning Health and Care guidance in 2017, Imelda Redmond, National Director of Healthwatch England said:

“Good engagement is about much more than carrying out formal consultations. It’s about a mindset that puts people’s experiences at the heart of decision making every single day.”

According to the government Code of Practice on Consultation (2008):²

“Put simply, effective consultation allows the Government to make informed decisions on matters of policy, to improve the delivery of public services, and to improve the accountability of public bodies.”

It can be seen as a process of dialogue with the public and stakeholders, which has a defined start and end date and informs a decision about a new proposal or a policy or service change.³

Cornwall Council (CC) engages with the public, undertaking consultations and surveys on a wide variety of topics. It is a legal requirement that all local authorities conform to certain principles when they undertake consultations, known as the Gunning Principles (2001)⁴ (see Appendix 6). All consultations must be fair and follow these principles which set out the standards for effective consultation. The principles enable the voices of those affected by policy change to be heard.

In order for a consultation to be fair, a public body must ensure:

- People are consulted with before decisions are made
- People are provided with sufficient information in a suitable format to inform their decision
- People have enough time to consider their response
- Decision-makers conscientiously consider these responses within the decision-making process



CC has a set of resources and guidelines for staff detailing what constitutes good policy consultation. These toolkits provide a guide to engaging and consulting with the public, templates for developing policy, and advice on reporting how the public have influenced policy development. The documents are reflective of the Gunning Principles and are intended to provide a detailed, clear template that guide staff through consultations. They provide a framework from which to follow best practice and adhere to legal requirements.

These are:

- Consultation and Engagement Toolkit (internal)
- Policy Development Toolkit (internal)
- Consultation Standards (Appendix 5)

This report considers the engagement and consultation practices and processes in the Adult Social Care (ASC) Department of CC in light of public, staff and stakeholder feedback and in consideration of these guidelines for fair and effective public consultation.





Background

In February 2018, CC undertook a process of public engagement and consultation on the ASC policies: ‘Charging Policy’ (Apr 2016) and ‘Draft Choice and Top Up Policy’ (Jan 2018). During the consultation period extensions to timelines were necessary. The consultation period for the ‘Draft Choice and Top Up Policy’ was extended twice following feedback from stakeholders, with the final deadline being 23 April 2018. Healthwatch Cornwall (HC) received a growing number of concerns regarding the policy consultation, from both the public and from the voluntary sector. As a result, HC, together with a number of other organisations, raised concerns directly with CC regarding the effectiveness of their approach to public consultation on policy change. Questions were asked regarding the extent to which local communities were provided with sufficient opportunity and means, to effectively comment on the proposed policy changes.

Having fed back initial concerns to CC, in April 2018 HC hosted a meeting for professionals who represented people most likely to be affected by potential policy changes, along with representatives from CC. The objective of this meeting was to enable voluntary sector professionals to seek further clarity and understanding about proposed changes, so they could support their clients to respond. It became evident at this meeting, through subsequent HC Partnership Board meetings and through on-going correspondence we received, that there was a depth of frustration and anger emerging from both the public and voluntary sector. People felt confused and frustrated that they were not given enough time to respond, or were adequately informed. As a result of these events, Cornwall Councillor Rob Rotchell, portfolio holder for ‘Adults’, announced on 24 April 2018, the consultation for these policies would not be extended further and no changes would be made until a “lessons learned” exercise was conducted. Following discussions with Cllr Rotchell and CC, HC agreed to conduct an independent review of the circumstances surrounding the failed consultation.

Although this review was initially triggered by the ‘Charging Policy’ and ‘Draft Choice and Top Up Policy’ consultation, it was deemed in the best interests of the public, to extend the scope of this review to include how CC engage and consult on ASC policies, their processes, and approach from the perspective of all involved.



Aim:

The aim of the review therefore was to:

Establish a detailed understanding of processes and practice surrounding the planning and consultation of ASC policies. This would include the experience of service users and carers together with their preferences for involvement.

HC conducted this review in line with our statutory remit to ensure public experience influences the development and delivery of health and social care services in Cornwall. As this review was additional to our planned programme of work for 2018, CC agreed to fund some of the additional resources required to carry out this work and to ensure it could be presented to the Adult Health and Social Care Overview & Scrutiny meeting, on 17 October 2018.

Objectives:

The objectives of the review were to establish:

- How public engagement and policy consultation is planned and carried out at CC
- What staff experience when they conduct a CC ASC consultation
- What service users and the public experience when they are involved in a consultation
- Where have things worked well
- What the challenges are
- Service user preferences for communication, consultation and engagement
- Any gaps in CC ASC's current approach
- What ideas public and professionals have to improve public engagement and consultation on future policy changes

For the purposes of this report we explain the following:

Consultation:

A consultation is an activity that gives the public an opportunity to comment on a proposed policy. It also enables the public to influence decisions. Consulting the public means asking their opinion on important decisions and listening to their feedback.



Engagement:

Engagement is reaching out to the public and bringing together different people and groups to discuss important issues. It invites local people to consider proposed policy changes and comment on them, bringing about social change.

Co-production:

Co-production brings together service users, carers, professionals, organisations and local authorities to create change. Co-production ideally starts before a policy is developed and before any decisions are made. By working together the groups can design the policies with insight into how changes in policy would affect the people they represent.

How we conducted this review

HC sought people's views in a number of ways including face-to-face, group discussions and through a public and a staff survey. In the weeks prior to and during this review we also received feedback via the Learning Disability Partnership Board, telephone and email, which is also reflected in this review.

A total of 327 survey responses were gathered both face to face and online. The survey was promoted extensively through social media (both our own and CC's), by volunteers and professionals in the voluntary sector, and through our own volunteers and outreach and engagement staff at public engagement events across the county.

We also heard, through group discussions, semi-structured interviews, meetings and written correspondence, from:

- HC Partnership Boards (including the Learning Disability Partnership Board), groups of carers, service users and voluntary sector professionals
- 44 CC staff including Officers, Managers and Directors and staff across departments supporting the delivery of engagement and consultation in ASC
- Eight Cornwall Council staff who completed an online survey (for staff we could not speak to in person)
- Cornwall Councillors and representatives from Kernow Clinical Commissioning Group
- CC Staff in other departments who we were told had previously delivered successful consultations

We also reviewed CC guidance on engagement and consultation in respect of policy change, and considered other practice and policies within the public domain.



Acknowledgements

Healthwatch Cornwall would like to thank its dedicated team of volunteers who supported this project and helped to spread the word about the work we do.

We are appreciative of the collaborative approach in working with Cornwall Council and their support in organising and releasing staff for interviews and for their commitment to quality and improvement. Through professionals in voluntary organisations and charities we reached out to many individuals and groups for their views and were grateful to receive their input. We are thankful to all our partners in health and social care, and to local organisations who shared our public survey.

We would especially like to thank Val Smith, Service Development Manager in Adult Social Care at CC, who co-ordinated our interviews with staff at the Council and the individual Cornwall Councillors with whom we met for their views.

Finally, a big thank you to the people of Cornwall who took the time to complete our surveys: Adult Social Care Review and the Easy Read version - Reviewing Local Consultations.

Key Findings

Key findings are represented as two main groups:

1. The Public

The views and experiences of service users, carers and voluntary sector professionals.

2. Staff

The views and experiences of those employed by CC and professionals within the public sector.





1. The Public

Communication with the public:

- A significant number of people who were more likely to be affected by ASC policy changes were not aware of policy consultations. This included carers, people in residential care, those who receive care or support to live independently and people with a learning disability.
- Methods currently used to communicate with the public and service users about policy change, meant information was not always reaching the right people, such as carers and those who required additional support.
- While there was a breadth of ways in which people preferred to receive the information, people simply wanted to be kept informed, and in a way that was accessible to them.
- People mainly heard about ASC policy consultations through the council's website, although it was not clear if they were actively seeking this information, as this was the least preferred way people told us they wanted to be informed.
- Email, letter or social media were the top three ways in which people wanted to be informed. Many said they would like to be able to sign up for email notifications to alert them to new consultations. While radio was not in the top three preferences, in our public survey carers and voluntary sector workers advocated radio as an accessible and popular channel through which to hear about policy consultations.

Taking part in consultation:

- There was a clear desire by the public to be engaged with and consulted on ASC policy change. Nearly nine out of ten people wanted to take part in future consultations.
- The public wanted to take part in a variety of ways, dependent on their personal situation. Online (42%) or written (35%) were the two most common options, followed by face to face and group discussions.
- However, just over half (53%) of respondents who had heard of an ASC consultation had never responded to one.



- Those who were aware but did not take part in policy consultations, did not respond for the reasons the Gunning Principles and CC's Consultation Standards (the principles of fair consultation) were intended to guard against. People were not **always** informed about why the consultation was happening or clear about the timelines; there was not enough time to respond; people did not feel able to or know how to respond; they did not understand the information and felt their responses would not be considered.

People's experiences of consultation:

- For those who had taken part in an ASC policy consultation, their experiences were mixed, and were: poor or very poor for 41% of people, satisfactory for 26% of people, and good or very good for 33% of people.
- Where the public were positive about their experiences of policy consultation, this was because they felt it gave them a voice or they found it easy to respond.
- Negative experiences highlighted the principles of fair consultation were not consistently being followed.



One young man with learning disabilities received Cornwall Council's letter on the Friday prior to the Monday consultation deadline. It was addressed to him and he showed his mum. Together they assumed he would have all his support taken away. Because they were left over the weekend with no number to call they were isolated and scared.

"My mum spent the whole weekend crying"

Trust in Cornwall Council's approach to consultation:

- Public trust and confidence in the council's approach to effective consultation needed to improve. There was a lack of belief that processes were transparent. Service users felt ill informed about the process, and timescales for responding were not fair or reasonable.
- Even if the public were involved in co-production or engaged with during a policy consultation, those with previous negative experiences meant they did not trust the council would take their views on board. Some felt the consultation process was more of a 'box-ticking' exercise. Some even felt consultation was a way of bringing in 'bad' policies.



“We can’t be bothered to reply as the changes are going to happen anyway”

“If people were more involved then they would feel more included.”

- Other stakeholders, such as voluntary organisations and Kernow Clinical Commissioning Group (KCCG) reported frustration at not being kept informed about proposed changes in sufficient time to give consideration to implications for the wider health and care system. However, KCCG recognised things were improving.

2. Staff

When public consultation had gone well:

Timescales

- The process had started early. Staff were given sufficient time for planning policy changes and for public engagement.

Processes and governance

- When consultations had gone well across the wider council, processes and practice were more aligned to the Gunning Principles and CC Consultations Standards.

Resources and training

- Staff felt they had the right training, support and the tools to carry out their role.

Support, leadership and accountability

- Managers were supportive, lines of accountability and processes were clear, which meant staff felt more enabled to deliver an effective consultation.

“...because the manager placed value on co-production there were 18 months planning prior to commissioning process, it linked in with commercial services well. There was no prior agenda - we wanted to truly influence and there was a clear sense of team across the project from those in different teams...”



A culture that values co-production:

- When consultation had gone well, there was a culture that valued co-production which meant more time and value was placed on the process of developing policy changes with those most likely to be affected by them. Valuing co-production had led to a more open dialogue with the public and was seen as crucial in demonstrating the value of consultation - both internally and to the public.

Current barriers to effective public consultation:

Timescales:

- Staff did not feel they were given the time to plan effectively, with timescales often being driven by internal deadlines and organisational requirements. This meant staff felt under pressure to develop policies and deliver public consultation in a way that did not follow best practice guidelines and as such, did not lead to staff satisfaction or meet the needs of the public.

Communication

- Internal communication and briefings about policy changes and plans were not always clear and communication between departments could be lacking.
- Working relationships between some departments were highlighted as supportive but not always effective, as these departments were often asked for their input too late in projects to be able to add the most value.

“...Senior staff or members outside the process...can make “ad hoc” decisions. These interventions have led in the past to a change in decision which then bears no relation to the consultation responses and there is no evidence to underpin it. This is undermining for the managers who find themselves in a firefighting situation...”

Leadership and accountability

- Many respondents were not always clear which departments or staff were accountable for each step or process within the consultation or who to go to for ‘sign off’ (approval).
- Staff did not always feel connected to senior leadership or that their views would be listened to.



Processes and governance

- While processes and guidelines were in place they were not always clear. Timelines, lack of training and resources meant staff could not always follow these effectively.
- There was no clear plan or overview of any policy changes and pressure to deliver them meant best practice was not consistently followed.
- Staff were not always clear which committees, departments or people were responsible for approval.

“...There are many many layers to go through to get things signed off which delays everything - there’s a very poor internal flow...”

“There needs to be much clearer guidance around the routes to follow and steps that need to be taken around changing policies, understanding is inconsistent and muddled and it depends who you ask.”

Resources and training

- Public consultation and engagement within ASC and across the wider council was not widely understood.
- There was a lack of effective training, tools and resources available to staff, to provide them with adequate knowledge and skills to support them to engage effectively with the public. (For example, survey preparation or managing difficult conversations). Training was not mandatory or accessible to all.
- Staff were aware of the council’s toolkits that provided guidance and templates for policy consultation and development, but were not all trained to use them. Therefore, they were rarely used and in need of review.
- Staff turnover and changes in personnel added to people’s workload pressures.

Support

- Staff did not always feel supported in their roles. Many frontline staff had to absorb public frustration without management support and so felt “on the back foot”.



“There is lots of change in personnel and tremendous pressure to deliver with little empowerment.”

A culture that values co-production

- While a co-productive approach to public consultation was understood and valued by staff, it wasn't embedded in practice.
- Current systems and processes did not enable a culture of co-production. Staff felt consultation was driven more by processes than valuing public involvement.
- The culture did not place enough value on a co-productive approach to public consultation.
- Many staff recognised a fairly recent cultural shift in new leadership, towards an ethos of co-production, but were yet to experience any practical change as a result.





Recommendations

In order to build public trust, the council should adopt a co-productive approach to public consultation in line with the Gunning Principles.

To achieve this, the council should:

Timescales

- Ensure sufficient time is given to planning and public engagement which is reflective of the complexity of the proposed changes.

Communication

- Demonstrate they are reaching out to the right people and gathering a proportionate response of the feedback, from those most likely to be affected by policy change.
- Make information accessible and inform people in the way they prefer to be consulted with: use plain language, email alerts, include carers, and consider face-to-face groups and forums to reach those who require additional support especially utilising the contacts which already exist in the voluntary sector and day centre settings.
- Be clear about why the council are consulting and how people might be affected; provide appropriate materials and support to help people understand.

Trust

- Build relationships by engaging people in policy development before the consultation process begins and allowing enough time for people to respond, with options for ways they can do this.
- Ensure there is a system in place to “complete the loop” communicating final decisions and showing people how their feedback has contributed to the decisions.





The council should ensure it embeds a co-productive approach to policy consultation that builds on the will of staff and the public to work together to put people's views at the heart of change, by:

Leadership and Accountability

- Developing a strategy that inspires and values service user involvement which has co-production as a priority.
- Developing a clear plan to move from the current status to a position of true co-production; staging the process so it is manageable and measurable. This should relate to and inform the wider CC review of consultation and engagement and include and be communicated to staff.
- Making sure senior leadership and managers are more visible and accessible to staff involved in consultations; eg providing management presence at public meetings where appropriate.
- Ensuring there are clear lines of accountability so staff know who is accountable for approval of processes within the consultation, which committees and staff need to be involved.
- Empowering staff to challenge where due process is not being followed.
- Keeping stakeholders informed and consider how the proposals may affect the wider system.

Processes and Governance

- Ensuring there are strong governance and rigorous processes in place for assessing and reviewing the process of consultation throughout, so that if consultation standards are not met, changes do not take place or cannot proceed. This process should include a continual cycle of evaluation and learning that informs future practice - from the perspective of both internal staff and the public.
- Ensuring a clear and transparent flow of governance and lines of accountability for each consultation, for both staff and the public.
- Evaluating and learning from what has worked well previously, in order to replicate good practice across the wider council.

Timescales

- Providing sufficient time for planning and delivering each step of the process in a way that is focused on achieving co-production, rather than being driven by deadlines. Having an overview of future policy reviews will support this.



Trust

- Continuing to evaluate public experience during consultations to ensure it improves - this will in turn improve trust.

Resources and training

- Reviewing its, 'Consultation and Engagement' and 'Policy Development Toolkits' and train staff to use them in order to ensure they are applied consistently. In reviewing consultation guidance and toolkits, the council should work co-productively with staff and the public to ensure that they follow fair processes of consultation.
- Developing clear, timely consultation briefings, plans and supporting documentation and establishing processes for checking they are understood by staff.
- Asking staff about the support they need to carry out their role in consultation effectively and developing a plan or providing training to address this.
- Ensure there are appropriate communication tools in place to inform the public (email, electronic surveys, website information) and staff are trained in using them. This should include training for working with specific communities.





What We Found - The Public

Healthwatch Cornwall's public survey, feedback and conversations with service users, carers and voluntary sector professionals.

HC created a public survey (in standard and Easy Read format) to understand people's awareness and knowledge of ASC consultations around proposed policy changes. We also asked people to share their preferences for how they would like to hear about and give feedback on future ASC policy changes. HC shared the survey on our website and through social media. HC, voluntary sector staff and volunteers shared the survey with day centres and gave out hard copies at our outreach events county-wide. These findings are reflective of the 327 people who took our survey and of the face-to-face discussions, phone calls, emails and feedback we gathered from service users, carers and voluntary sector workers. The full survey can be found in Appendix 1.

Had people ever heard of an ASC policy change consultation?





Nearly two-thirds (65%) of respondents had never heard of an ASC consultation. In order to understand which groups of people were aware of ASC consultations, we asked people to tell us about their personal situation in our public survey. People could select one of the following (Appendix 2.5):

- I am carer
- I have been diagnosed with a long term health condition
- I live in a residential or care setting, rather than my own home
- I recognise myself as someone with a learning disability
- I receive care or support to live independently
- None of the above apply to me

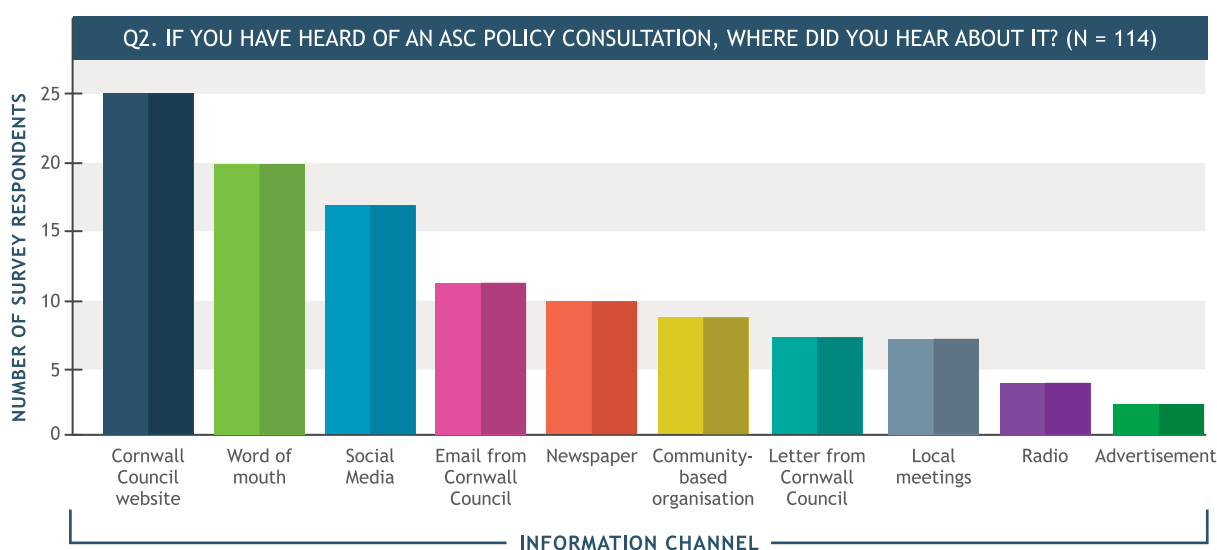
A significant amount of people who were more likely to be affected by ASC policy changes were not aware of policy consultations.

While 37% of all respondents were in the following four out of six groups (see below) only 40% of these people said they had heard about ASC policy consultations (15% of the total survey population):

- I am carer
- I live in a residential or care setting, rather than my own home
- I recognise myself as someone with a learning disability
- I receive care or support to live independently

One in three people (32%) selected ‘None of the above apply to me.’

How did those 114 people who were aware of ASC policy consultations hear about them?

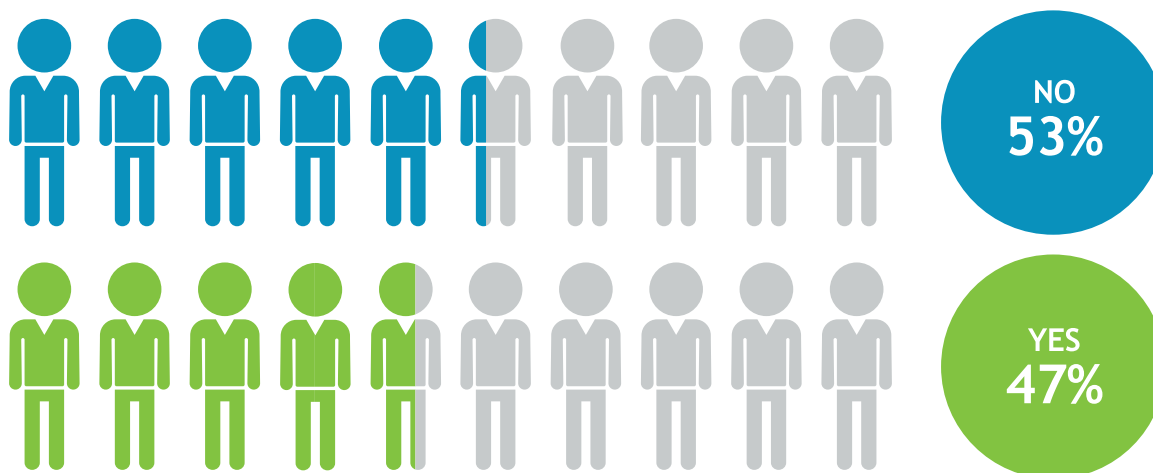




While the most common way in which people heard about ASC policy consultations was CC website, it was not clear whether they had found the information by chance or were actively looking for it. Following this, two most common sources for how people were informed, were word of mouth, followed by social media. People were least likely to hear about a consultation via the radio or an advertisement.

Had the 114 people who had heard of ASC policy consultations ever responded to one?

Q3. IF YOU HAVE HEARD OF AN ASC POLICY CONSULTATION, HAVE YOU EVER RESPONDED? (N = 114)



Just over half (53%) of respondents who had heard of an ASC consultation had never responded to one.

Despite CC's consultation standards, toolkits and the Gunning Principles stating that:

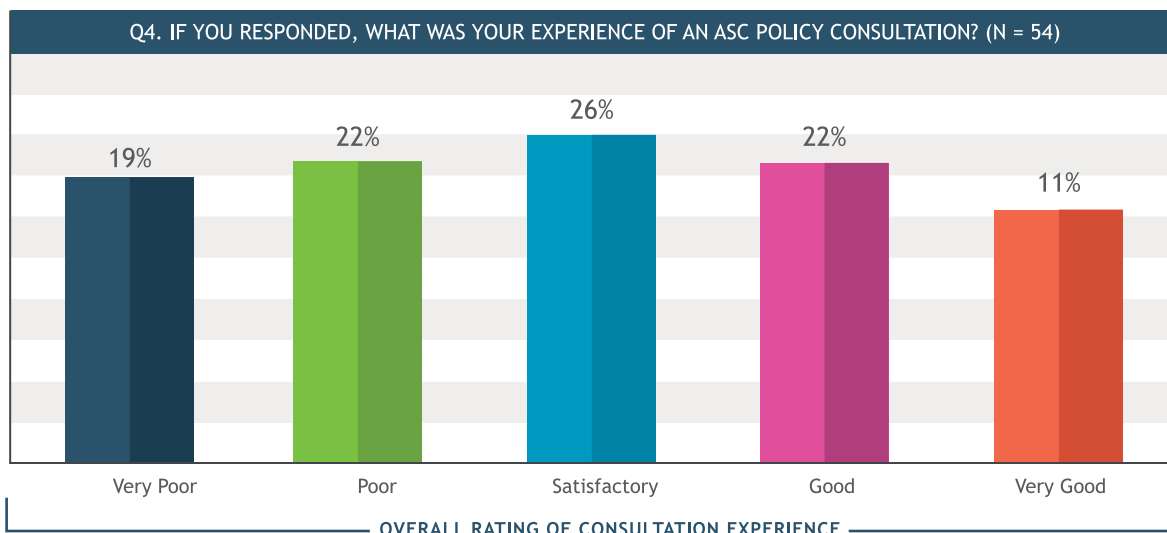
- People are consulted with before decisions are made.
- People are provided with sufficient information in a suitable format to inform their decision.
- People have enough time to consider their response.
- Decision-makers conscientiously consider these responses within the decision-making process.

People were not responding to policy consultations for the reasons these principles were intended to guard against. Of those who had never responded to an ASC consultation their reasons were themed as follows (most common first):

1. I was never informed of the due date or the reason for the consultation in question.
2. There was not enough time to respond.
3. I did not feel able to respond/I did not know how to respond.
4. The consultation papers/notifications were too difficult to understand.
5. What's the point? The results are decided before the consultation starts.



“We didn’t have any warning. The consultation had been up for weeks and no notice. Quite shocked”



We asked the 54 people who had responded to an ASC policy consultation: how would you rate your experience?

People’s experiences of an ASC policy consultation were mixed: poor or very poor for 41% of people, satisfactory for 26% of people, and good or very good for 33% of people.

Please describe your experience?

Positive public experience of policy consultation:

People who had positive experiences told us it was easy to take part and they welcomed the opportunity to share their views.

Themed as follows:

1. The consultation process gave me a voice and allowed me to take part.
2. I found it easy to respond.

“[The consultation process] allows us to have a voice and comment on the services being provided and I personally feel they are taken into account. Positive use of the social care team”



Negative public experience of policy consultation:

Negative experiences of ASC policy consultations highlighted the Gunning Principles and CC's Consultation Standards were not consistently being followed.

There were concerns that groups of service users who require additional support to understand ASC policy consultations and to share their views, were not being included, as they were not given the right tools or support to do so.

We themed responses from most common to least common as follows:

1. The consultation process was biased and ASC does not listen to the public's views.
2. Those with additional needs were less able to reply as the correct tools were not provided, such as Easy Read documents or 'Large Format', (for people with learning disabilities and sensory impairments) or face-to-face with someone who could explain the proposed changes.
3. Information explaining the purpose of the consultation, how it would be carried out, and how policy changes would affect the public was either missing or confusing.
4. ASC consultations did not effectively reach the members of the public that policy changes would most affect. Hard to reach members of the community included those who were living in rural areas, over 65 and in receipt of benefits.
5. There was no point in taking part as there was no report following the consultation. This meant the public were not able to see if their views had been considered or had made a difference
6. Notifications about the consultation were sent out too late and there was no time to respond.

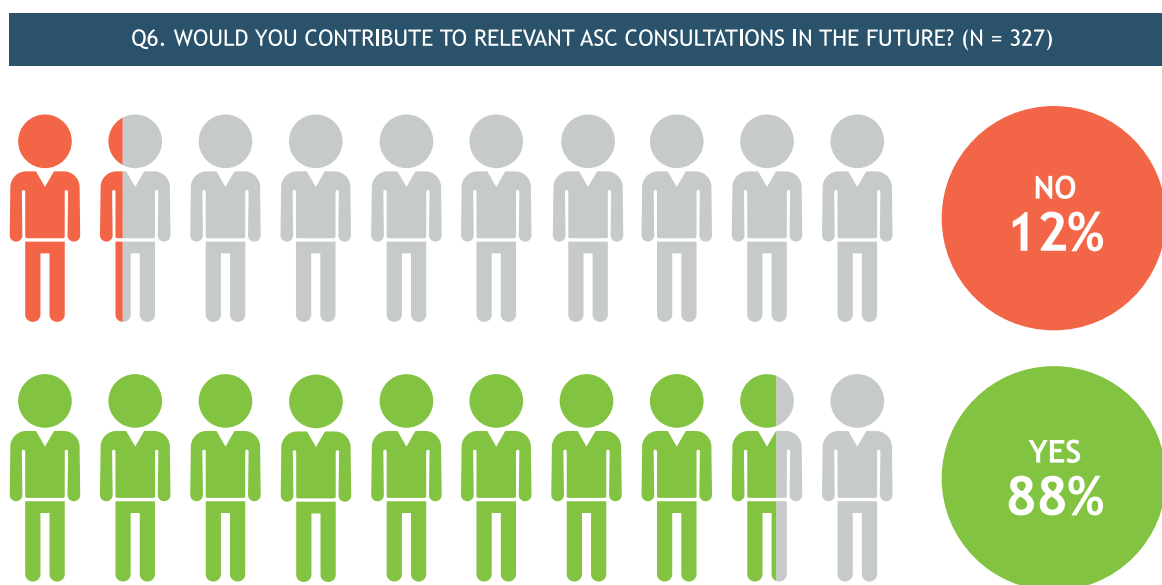
"There was no easy read available at the start, what was eventually made available was very poor quality and more of a bullet point. People in day services were not being informed or given alternative ways to be informed nor feed back in a way relevant to them as many cannot read, write, use the internet and may well need support to understand and take part."

"[My relative] who has LADs (Learning Attentional Disorder) and cannot read or write was sent a letter 3 days before the deadline (Friday, closing date Monday!). There was no Easy Read format or time to request one. Despite another extension on the deadline there was still no Easy Read format available in good enough time, nor an alternative way to feedback, with relevant support, to understand the proposals which would directly impact on them."



Through discussions, we heard about issues people experienced when trying to use the phone number or email address on the CC website during the recent “Charging” and “Draft Choice and Top Up” policies. Service users were frustrated that the phone line remained unanswered on multiple occasions and emails not responded to or responses were delayed. Respondents were also unsure who to address any concerns to and expressed a wish for a named contact during future consultations.

Would you like to contribute to future consultations?



There was a clear desire by the public to be engaged with and consulted, on ASC policy change.

Of the 327 people who took the survey, nearly nine out of 10 people would contribute in the future. This sentiment was mirrored in our face-to-face discussions and other feedback.

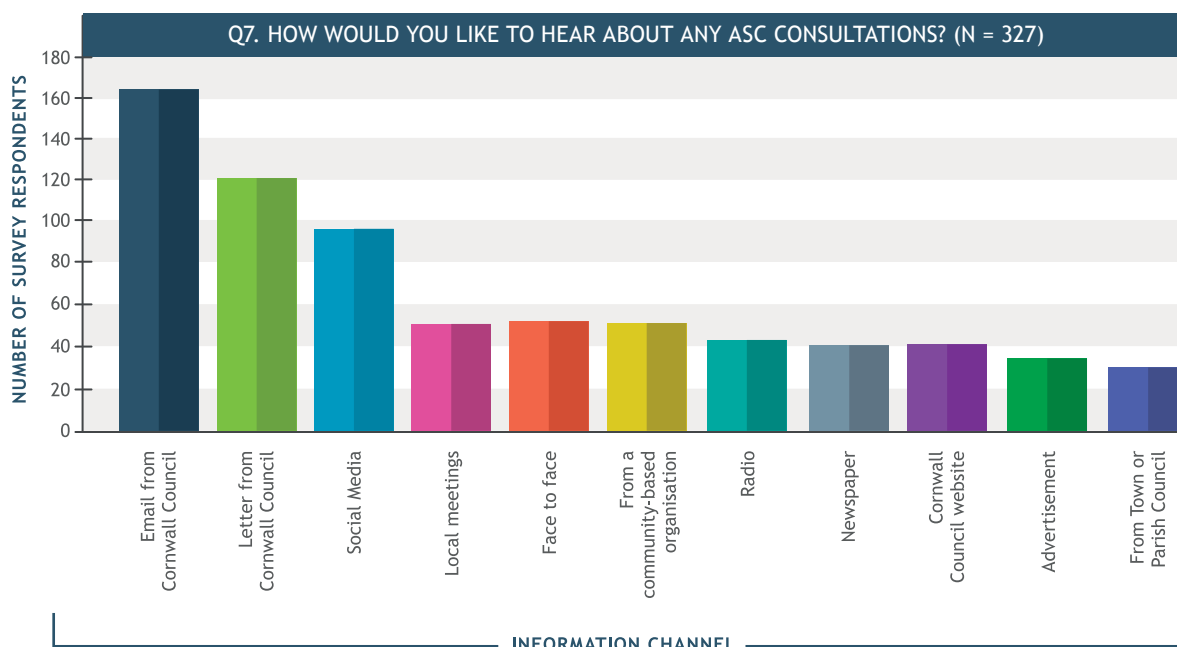




People's preferences

Whether through the public survey, conversations, telephone or written feedback, people told us about their preferences for future ASC policy consultation and how they wanted to be engaged with to ensure their voices were heard.

How would you like to hear about ASC policy consultations in the future? (Respondents could pick multiple options).



While there was a breadth of ways in which people preferred to receive the information, and some clear preferences, people simply wanted to be kept informed, and in a way that met their needs and personal situation:

“[Tell me] ten times as long as I get it”

“I am a college student with autism. I should have meetings at college to explain. Help me understand so I can take part.”



Survey responses reflected feedback we gathered during discussions with service users, carers and voluntary sector workers. Just over half of respondents (51%) would like to be notified through a direct email from CC. Service users, carers and voluntary workers told us during discussions they would welcome the chance to sign up to an email alert list for policy consultations. A letter from CC (36%) and social media (29%) were also top preferences. People were least likely to want to be notified through CC website (12%), an advertisement (11%) or through their parish or town council (10%). Service users and carers felt notifications through the CC website or advertisements were not an effective method of communication as they were not able to use their limited time to look for information on the website or in newspapers.

Systems and methods currently used to communicate with the public and service users about policy change, meant information was not always reaching the right people, such as those who required support:

Carers represent a large group of people who may be significantly affected by policy changes within ASC. Although letters were a popular method of communication, carers specifically expressed concern that this method excludes them from ASC policy consultations. Carers informed us letters currently arrive addressed to the service user they care for. The people they care for may have a learning disability, autism, sensory impairment or physical disability. Carers stipulated that letters would have to come addressed to them as well as the person they care for so they are notified of any consultation, and can help the person they care for understand any changes in ASC policy. However, we found that carers' details are not held on CC's database unless they are on the Carers Register. This oversight has caused distress as they feel outside the loop.

Communication directly to service users who were unable to read caused confusion and anxiety - families were not sure where to find out what the proposed policy changes were or how they would be affected.

One young man with learning disabilities received Cornwall Council's letter on the Friday prior to the Monday consultation deadline. It was addressed to him and he showed his mum. Together they assumed he would have all his support taken away. Because they were left over the weekend with no number to call they were isolated and scared.

“My mum spent the whole weekend crying”



Face to face discussions, groups and voluntary organisations in the community were well placed to inform people about consultations, and as a source of support.

During discussions we heard more about people's preferences for community-based sources of information, specifically day centres and voluntary sector organisations. These groups were seen as key links between ASC and service users as they are able to explain changes and consultation processes to service users, specifically if they have additional needs. For example, an elderly service user, a service user with autism, a learning disability or a sensory impairment is often prevented from advocating for themselves. This includes people from lower income backgrounds that may not be able to access the internet. Some day centre staff will know what support that person needs to be able to understand and feed back. We also heard from service users and carers that they would be more likely to look to a voluntary sector organisation for support before CC.

“Organisations. Get in touch with Spectrum, Brandon Trust, Mencap, because they can communicate with people who would not be able to be involved at all otherwise, they advocate for them. Organisations can lobby on behalf of these people. This will stop a large percentage of adults being missed”

“The questions are not always clearly worded and are loaded to get the answers they want. There needs to be better publicity of such consultations. Obviously some people who take part need support to do so, but this support should be provided by an organisation independent of the council to protect the integrity of the data collected.”

“Carers and memory cafés are the ones getting info out there. There's a network of untapped engagement with regards to consulting people.”

“Some groups that our organisation work with are from deprived areas and wouldn't necessarily have access to computers.”



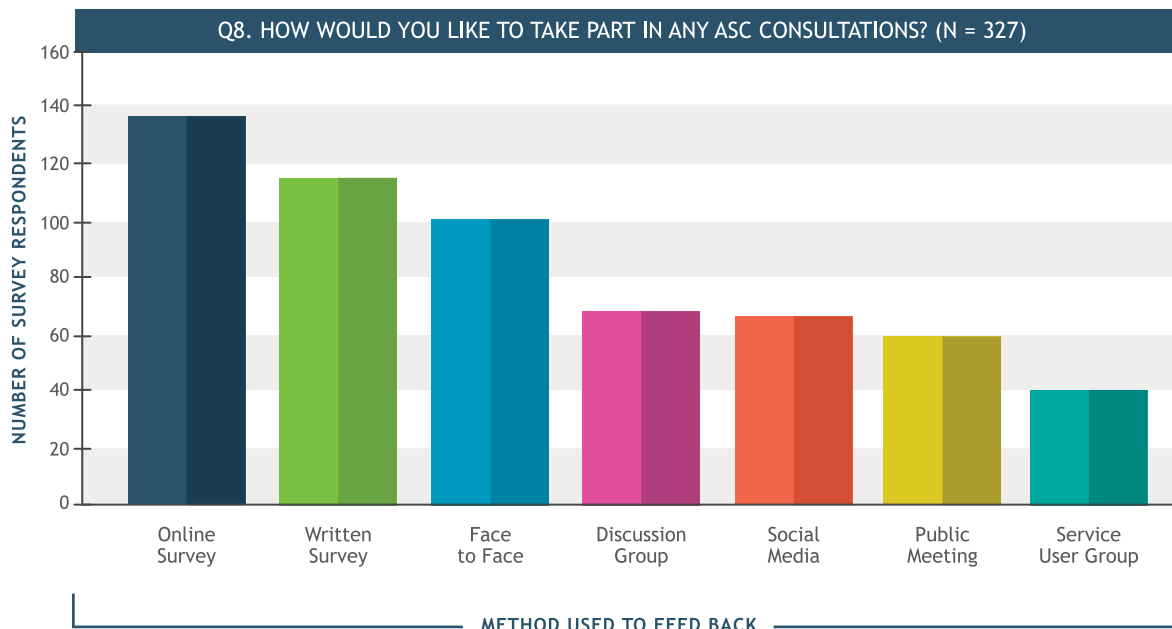
While radio was not in the top three preferences in our public survey, carers and voluntary sector workers advocated radio as an accessible and popular channel through which to hear about policy consultations: service users or carers and voluntary sector workers with little time to search for the information would often listen to the radio. Indeed, this was how many voluntary sector workers initially heard about proposed changes to policy.

“Older people were ringing in worrying about what was going to happen. People were contacting us at our organisation about the letters they had received. These people were carers and adults and children with autism and learning disabilities. Most of these people would listen to Laurence Reed as they can’t read. Good communication and radio would be a key element as websites wouldn’t be particularly helpful either. Some groups that we work with are from deprived areas and wouldn’t necessarily have access to computers.”





How would the public like to contribute to any ASC policy consultations? (People could choose more than one option)



The public wanted to take part in ASC policy consultations in a variety of ways, which may be dependent on their personal situation. Online and written responses were most preferred, followed by face to face and groups discussions.

People preferred to feed back using a survey either online (42%) or written (35%). The public were also keen to feed back in person, face-to-face in group discussions or meetings, and then through social media. It is positive that ASC generally use online and written surveys to allow people to respond. Similar to how people wanted to hear about consultations, service users, carers and voluntary sector workers stipulated there may be additional requirements for some service users such as Easy Read documents and 1:1 support may be necessary for some.

“They have stated that it would be most helpful if all information could be talked through with them in an informal setting and this must be a quiet area with not too many people around. They also said larger images would help.”
- Fed back on behalf of person with a learning disability



Trust

Public trust and confidence in the council's approach to effective consultation needed to improve.

A theme that ran through all feedback was that the case for building public trust and confidence in the council was evident. To enable true engagement and effective public consultation, people needed to feel confident that the council would listen and give due consideration to their comments. They felt the council needed to: involve them, to communicate to the right people in the right way, at the right time, and to help them to share their views. People were passionate about creating change and wanted to be consulted with and involved, so their voices could be heard. People were not always convinced attempts to consult with the public were genuine or their views and opinions would be conscientiously considered within the decision-making process. There was a lack of belief that processes were transparent.

“It isn't even that if we had a say in policies it would be better because we've tried that before with transport aid, we tried to get across our issues and what would be better but were never taken on board...”

“If people were more involved then they would feel more included. Information is fragmented and not shared enough. Not transparent or inclusive any more.”

“If the council are transparent about where, how, why and when and about how they spend their money then I would be happy.”



Even if the public were involved in co-production or engaged with during a policy consultation, previous negative experiences meant they did not trust the council would take their views on board. Some felt the consultation process was more of a 'box-ticking' exercise. Some even felt consultation was a way of bringing in 'bad' policies.

"I find the council never takes on board the results of consultations anyway."

"We can't be bothered to reply as the changes are going to happen anyway."

"This consultation was a farce but biggest issue for me was the policies themselves. Bad policies. Consultations are a proceeding which allows them to bring in these bad policies."

"...In past lots have people have been lost from not including people. People weren't upset as they didn't understand the impact. ...but this is the problem. Also no consideration of parents' rights or people managing money. The capacity/access/human rights have been taken away. Keeping everyone in the loop."





What We Found - Staff

Interviews with Cornwall Council staff

Between 6 July and the 21 August we spoke with 44 members of staff from the council during 20 semi-structured interviews and four focus groups. For those we were unable to speak with face to face, a further eight staff submitted their responses through an online survey.

A template of questions was used to guide each semi-structured interview (Appendix 3) and responses were analysed by theming answers to each of the questions.

The aim of these discussions was to determine:

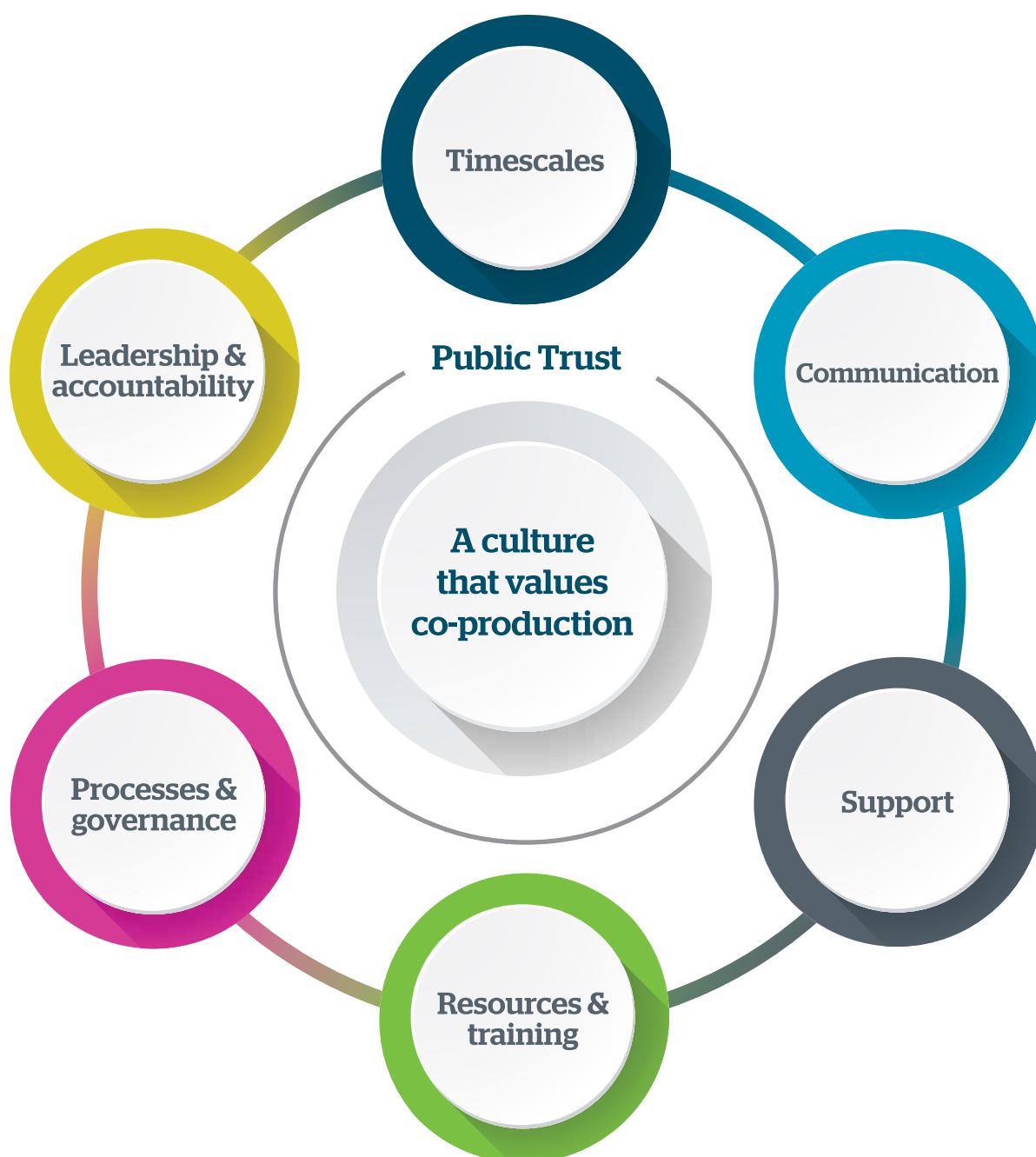
- What had previously worked well.
- What the barriers to effective public engagement and policy consultation were.
- How staff across different departments felt effective public engagement and policy consultation should be carried out.
- What they felt could be improved.





Key themes:

We have grouped responses in the following key themes although concepts often cross several themes and are connected:





Good existing practice

Timescales

When a consultation had gone well it had been because the process had started early. Staff were given sufficient time for planning policy changes and for public engagement.

Communication

When a consultation worked well, communication between departments and colleagues flowed.

“...Everyone understood what it was about and shared ownership of the objectives. We worked well with Communications and the project had its own Facebook page which really helped communications. Managers understood and paved the way in an open, honest style which allowed officers in different teams to work effectively together. There were the right skills and there was time. Staff were trained, they kept providers informed and there was clarity of expectations”

Support, Leadership and accountability, Public trust

Supportive leadership and management led to a more effective consultation. When a consultation had gone well, managers were open and honest and staff felt supported to do their role. Managers were present at public-facing consultation events and this further underpinned the value of co-production in the eyes of the public.

“In the past there were charging consultations in '09 and '13. On both occasions there were public events, 6 in '09. There was councillor representation there, the portfolio holder and senior management. This meant leadership was shown and the value of people's input was demonstrated by their presence. Staff felt supported.”



Resources and training

Staff valued being appropriately trained to carry out their roles effectively and to deliver a successful consultation. Some staff had experienced good training within other departments and praised recent training they had received with the Consultation Institute (an independent training organisation specialising in public consultation).

A culture that values co-production

Where co-production was valued in previous consultations, it meant staff were afforded more time to plan and develop policy changes and to engage with those most likely to be affected them. While it was recognised it could be time consuming, valuing co-production had led to a more open dialogue with the public and was seen as crucial in demonstrating the value of the consultation - both internally and to the public. Staff recognised the better the public understood the process, the easier it would be to co-produce policy changes.

“...because the manager placed value on co-production there were 18 months planning prior to commissioning process, it linked in with commercial services well. There was no prior agenda - we wanted to truly influence and there was a clear sense of team across the project from those in different teams...”





Current barriers to good public engagement and consultation

Staff identified a range of factors they felt were barriers to effective public engagement and consultation:

Timescales

Staff were not always given enough time to plan effectively and consult with the public in line with guidance. Timescales were often being driven by internal deadlines and organisational requirements. This meant staff felt under pressure to develop policies and deliver public consultation in a way that did not meet the needs of the public or lead to staff satisfaction. As a result, staff felt drawing up policy changes and “jumping through hoops” within ASC took priority over a well thought out engagement and co-production process. Working relationships between departments (e.g. Legal, and Communications and Engagement) were highlighted as supportive but not always effective, as these departments were often asked for their input too late in projects to be able to add the most value.

“Here is your deadline, you have to make these savings, it will need to go to cabinet”

“Policy change processes are driven by tick boxes and meeting internal deadlines and corporate requirements - there is never enough planning time”

Communication

Internal communication and briefings about policy changes were not always clear and communication between departments could be lacking. Some felt there should be a process in place for checking people’s understanding of proposed changes and project plans. Not all staff were fully aware of the proposed changes before consultation periods began and some felt their views were not always listened to.

“I feel...all senior officers and Members [need to be] fully aware of the full implications of a proposed change prior to a consultation exercise starting”



“There is very poor internal communication. Senior staff or members outside the process without any understanding of the implications on the consultation can make “ad hoc” decisions. These interventions have led in the past to a change in decision which then bears no relation to the consultation responses and there is no evidence to underpin it. This is undermining for the managers who find themselves in a firefighting situation. Staff would feel more supported if senior management team could be more robust in dealings with members and not reverse decisions.”

Leadership and accountability

Many were not clear which departments or staff were accountable for each step or process of the consultation and who to go to for approval - ‘sign off’. This left staff feeling unprepared for the upcoming changes. Staff did not always feel connected to higher management, listened to or that they were visible. Some did not feel higher management engaged with them and wanted leaders to be more visible, in order to feel more supported throughout the consultation process. Others felt their views were not always listened to, even if they did voice their opinions or propose changes.

“As a frontline worker I do not feel that my views and opinions are considered in any of the planning of the social policy. In team meetings we feed back our concerns and suggestions about how things could change for the better and at the moment nothing happens.”

“It’s a major concern that no one from the fourth floor is ever seen on the first floor engaging with the staff actually doing the work. They aren’t engaged.”

“The fourth floor needs to visit the first floor a bit more!”



Processes and governance

Staff were not always clear about the governance and processes involved in consultation and pressure to deliver the changes meant best practice for consultation was not always followed. When engagement or consultation projects were underway staff were not always clear which committees, departments or people were responsible for approval. Many said there was no clear plan or overview to any policy changes. This meant individual departments often lacked direction during a consultation or policy change and had no clear place to turn to for support. It meant different departments were often disjointed when carrying out policy changes. Even when plans were in place, changes brought about by management decisions or legislation changes meant the process of consultation did not go to plan and the original proposals they had consulted on were no longer the same.

“Our approach was planned to follow good practice, but unfortunately there is often a lot of pressure and sometimes people make decisions to take shortcuts or there aren’t resources available, which has consequences. This resulted in mistakes and in a poor outcome.”

Example: One interviewee compared the policy development process to a path dotted with impassable ink spots. The ink spots represent areas of policy which cannot be changed, or budgets that cannot be altered. You initially plan out your policy development path around the ink spots, giving enough time to consult the public and build in their opinions. However, during this process the ink spots shift due to, for example, changes in legislation or decisions from higher management. The result is a policy that is different to the one you started with and gathered people’s views on.

“There needs to be much clearer guidance around the routes to follow and steps that need to be taken around changing policies, understanding is inconsistent and muddled and it depends who you ask. Transparency around decision making is needed.”

“Focus shouldn’t be on appeasing internal boards - it should be on working with the public. There is a disproportionate amount of time spent on jumping through internal hoops. We are risk averse but if policy was developed with people then the approval process is happening all along so this would minimize the need for internal approval.”



Resources and training

There was an inconsistent understanding of what public consultation and engagement is within ASC and across the wider council. The lack of effective training, tools and resources available to staff meant they were not adequately equipped to communicate and engage effectively with the public. Staff were aware of the council's toolkits that provided guidance and templates for policy consultation and development, but they were rarely used and in need of review. While staff were aware of these toolkits, only five out of the 44 people we spoke with had used them in their work. Of these five people, two reported that they were difficult to find, were unhelpful, and felt they needed updating. Key staff responsible for these toolkits recognised they needed to be reviewed. However, there did not seem to be a natural cycle for reviewing policies. People also felt there was a distinct lack of support for the tools available to staff for building surveys.

Example: a councillor delivering a consultation wanted help constructing a robust survey as they had no expertise in the area. They did not know where they could access help for this and had no luck seeking out help. They constructed the survey themselves but felt it could have been done better with more input from others.

Staff turnover and changes in personnel added to people's workload pressures.

"There is lots of change in personnel and tremendous pressure to deliver with little empowerment. There is a lack of co-production tools. There are a few physical kits but often there is no identified budget or a very limited budget that is set aside for co-production or consultation and engagement. We often have to find the money under our own discretion within our budgets. There are many many layers to go through to get things signed off which delays everything - there's a very poor internal flow. For example, there was work undertaken last year which is still awaiting sign off as it's been bounced off agendas."

Support

Staff did not always feel supported to carry out their roles effectively. While frontline staff were in a position of having to absorb public frustration and defend the council's stance surrounding policy consultation, they felt unsupported by senior managers and elected members and as such, "on the back foot". The theme of 'a lack of support' came through strongly and was reflected in: communication between departments, the lack of tools, budget and resources. Staff also reported a high staff turnover. Although we weren't able to quantify turnover within ASC we can report the department was carrying



vacancies and the department had the highest rate of sickness in the council - 12.88% where the average across the council was 7.09%.

“At the moment I feel that we have too many fragmented teams and departments within Adult Social Care. I feel that it would be more beneficial for individuals or a few individuals to cover one geographical area and in that area work with all of the individuals who need support from the start.”

“...the capacity to give time and resources simply isn't there. There is a real lack of clarity around who can support and how to access support...”

A culture that values co-production

While a co-productive approach to public consultation was understood and valued by staff, it wasn't embedded in practice. The systems, processes, resources and current approach did not support a culture of co-production. Staff felt consultation was driven more by processes than people and not enough value was placed on a co-productive approach to public consultation. Without sufficient time to plan, the appropriate timescales, resources, guidance and support, involving the public in decisions that affect them was challenging.

“Timescales and workload, no clarity of instruction, a lack of consistent leadership and staff churn has meant that different things have been expected by different managers and now staff think different things are required. They need support and training to understand the difference between engagement, consultation and co-production as well as an understanding of how the legal team work and what they could help with and advise on. Policy development shouldn't be urgent. Last minute advice is a risky way to advise. “Do we legally need to consult on this?” is a question that needs to be asked early on.”

Public trust

Public trust in the council to effectively listen to and take on board people's views had been eroded. There was a growing culture of fear of public engagement that affected new staff. Staff on the frontline had encountered people who were angry and frustrated. In turn, this meant staff were sometimes fearful of engaging with the public. Some service users were consulted with year after year, but policies were often not adopted or implemented. This resulted in a cycle of continuous public engagement and further degraded public trust.



What effective public engagement looks like and how it could be improved:

It is important to recognise that all staff we spoke with as part of this review were very passionate about improving public engagement. We are also aware a consultation improvement plan across CC has recently been initiated. Staff provided examples of recent training they had received from the Consultation Institute, in modules such as: the law of consultation, preparing for consultation and conducting a public consultation. The consultation improvement plan, along with this review, will further inform what improvements need to be made.

The following themes and suggestions were put forward by staff when reflecting on their experiences both within and outside of CC. We have listed these mainly by exception to those already covered in the above section are as follows:

Processes and governance

Having a clear overview of plans, governance and processes was key to staff. Furthermore, it was felt policies were reviewed in isolation and as such, staff felt consideration should be given to reviewing policies that were connected, i.e. where changes to one policy may impact upon other policies or sections of the public.

Staged reporting was suggested as a process that would help the public to remain informed throughout the consultation journey and build confidence the council are following due process. Publicly reporting following policy change was seen as key to demonstrating the impact of consultation to the public, which would in turn reinforce to council staff, the value of the public involvement.

“Staged reporting helps keep members informed and alongside. We can use reports to publicly acknowledge how engagement has influenced changes”

Resources and training

Training to improve staff’s understanding, skills and knowledge to effectively engage with the public was key. By investing in staff training and providing them with the right information to support the public to understand policy changes and how they might be affected, would empower staff. They would be better equipped to talk to the general public about their roles, demonstrate the value of engagement and most importantly, make them feel their voice matters. Outside of CC people had experienced that training was made available to a wider range of staff involved with the public.



“It would really have helped to test the consultation questions and have guidance, support and training around doing this. We need a central “way of doing engagement and consultation”. Someone needs to uphold a standard and identify where things are going wrong. There has to be personal ownership and responsibility to get this done.”

A culture that values co-production

Staff believed in a co-productive approach to consultation, were keen to understand how they could better achieve this and welcomed a cultural shift in the council’s approach. While staff held negative experiences of public anger and frustration which had led to a fear of public engagement, there remained a strong desire to see this change in the future.

“Authentic engagement needs to take place and people need to know that they are being heard and listened to”

“A wider pool of service users and those with areas of specific interest (eg. LD Carer) along with a wide list of groups and areas of interest would provide a larger ‘pool’ of potential engagement.”

“Co-design is the way to go”

Build public trust

The need to build public trust was evident. Engaging with the public early on and being open and honest about changes and realistic about factors that may restrict their proposals would help to regain public confidence in the council. Public trust cannot be achieved independently of any of these key themes and relies on a much closer alignment to the guidelines and principles that are key to successful public engagement.

“Elsewhere there is an underlying belief that local government are not the fixers - the community are and the local government facilitates this. There is an unwritten trust and discussions are transparent with boundaries and restrictions clearly shared with the public. There has also been the good suggestion of an engagement portal. It’s also important to close the feedback loop and go back to contributors with the decision and an honest account of why it was taken, and how their input influenced the decision.”



Other Stakeholders

In addition to voluntary organisations, we also spoke with Kernow Clinical Commissioning Group who expressed concern that they did not hear about the proposals or the particular consultation which triggered this review, with sufficient notice to consider implications in the health and social care system, in advance from CC.

The wider Health and Social Care system is changing and it is clear that changes to ASC will have an effect, positive or negative, elsewhere in the system. It is regarded by KCCG as imperative that a system approach is taken to engagement and consultation. Health provision is moving to a more locality focussed approach so understanding the needs of different communities is a vital part of successful change and delivery of quality.

KCCG was extremely positive about the more recent improvements in working relationships and the benefits of co-production.

Good Practice for Consideration

While the recent ASC department's policy consultations fell short of public and staff expectations, and of the standard of consultation described within recognised good practice guidelines - such as the Gunning Principles - it must be acknowledged that good practice has existed and continues to exist within the council. Where this does happen, it should be recognised and learned from.

Prior to and during our involvement in this review, HC have also considered wider practice nationally. We are aware of other local authorities and NHS providers who have carried out public consultations which aligned to the principles and standards which provide a framework for good practice when consulting with the public. While HC has not conducted a thorough evaluation of these approaches, there are examples in the public domain and within CC historically which follow the principles of good policy consultations. These examples also have an approach that is more in line with feedback from the public and staff detailed in this report.





An example within Cornwall Council:

We were informed by council staff about the following example of a consultation from the CC Housing department which demonstrated a positive approach to public consultation. Staff reported this example ensured this example ensured: the right resources, planning and timescales were afforded, the right audiences were reached through carefully considered communication methods, there was good opportunity for the public to consider their responses and feed back. Most importantly, in this approach it was clear that co-production was valued by staff, public voice mattered and people's views would be considered:

“We had to plan our route at the outset very carefully to navigate through internal meetings. We gained approval to consult...and sought Communications and Engagement support in drafting a consultation structure - modelled on government style consultations - and created a series of questions which would give necessary information rather than a “how do you feel about ...” style. We used online software to construct a survey - it's definitely a skill and it would be good to have advisory resource in how to write effective questions or the ideal length of survey for maximum response. Audiences [for this particular consultation] were difficult to reach as there are no natural groups. We set up our own group [of stakeholders] a while ago to address this gap. It is a light touch registration scheme which they now use extensively. We asked this group their concerns creating an understanding of the concerns of the wider population of stakeholders. We used an extensive range of press releases, direct mail, a banner on the web page, to encourage participation. We were very committed to responding to all direct contact - it was time consuming but essential to demonstrate how valuable they were to us. Strong project management and understanding the need for enough time to consult was the key to success.”

Some staff had been involved in successful public consultation exercises while working in other areas of the country. Two examples provided were Surrey Council and Harrow Council. While HC have not researched these examples, we were told the Harrow example included a 'design board', which worked with local residents to develop policy changes. The council had invested in co-production with meetings of 50-60 people at a time. Whilst it was seen as challenging, the public were taken on a journey by discussing and revisiting proposals, meaning they were fully invested in changes. This also meant that when wider public consultation took place, many of the challenges had already been worked through and on some occasions, the need for consultation was surpassed, as they could demonstrate public engagement to shape change had already happened.



NHS England Statutory Guidance

County councils and NHS England (NHSE) employ similar standards and approaches to consultation. One well-known resource is the 2017 NHS England (NHSE) Patient and Public Participation in Commissioning Health and Care statutory guidance⁵. The NHSE developed a framework of 10 key principles for public ‘participation’ based on a review of research, best practice reports and the views of the public and stakeholders. It promotes public and patient-centred, co-produced policies and governance from the beginning. It provides examples of good practice from various Clinical Commissioning Groups across the country, but makes clear the scope of this guidance extends to include local authorities, including overview and scrutiny committees.

NHSE see public involvement as the following:

“Public involvement in commissioning is about enabling people to voice their views, needs and wishes, and to contribute to plans, proposals and decisions about services. Our use of the term ‘patients and the public’ includes everyone who uses services or may do so in the future, including carers and families... Different approaches will be appropriate, depending on the nature of the commissioning activity and the needs of different groups of people.”

An example from Wakefield Clinical Commissioning Group

In the following example, Wakefield CCG had strong processes and governance in place and consulted with groups from different areas of the county to hear a range of opinions. Wakefield CCG publicised how the public’s opinions have impacted planning.

“Wakefield CCG has a Public Involvement and Patient Experience Committee (PIPEC) which meets on a quarterly basis. Members are drawn from across Wakefield to provide representation of patient views and opinions and to inform commissioning arrangements, business planning and to identify possible improvements. PIPEC provides a single recognised structure to oversee the delivery of patient involvement and patient experience activity and to ensure impact and change is demonstrable both internally and externally. All PIPEC notes, detailing the discussions held, are submitted to the Integrated Governance Committee, minutes then form part of the Governing Body papers, which are available on the Wakefield CCG website.”



Bristol City Council

Bristol City Council has a consultation ‘Code of Good Practice on Consultation’⁶ and aims to adhere to strict guidelines. They have a ‘Consultation Hub’⁷ where the public may search for on-going consultations that interest them. There is also an option for people to sign up to a mailing list on this website to receive notifications of any new consultations. They also have a dedicated ‘We asked, you said, we did’ page and publish the findings of each consultation, with specific regard to any changes made as a result of the consultation. Through the Hub, the public can also find out who the named contact is for each consultation. Any complaints or enquiries can be directed there. Bristol City Council appear to involve the public early: a recent consultation about proposed changes in town planning (April 2018) ran over three months and is the first stage of consultation regarding these changes as part of a 20-year period of change.

Healthwatch Dorset & Kent - Good Practice Principles

Members of the Healthwatch network have published their own guidance on what makes a good consultation. All advocate a person-centred approach to consultation and adherence to the Gunning Principles.

As specified in the Gunning Principles, Healthwatch Dorset’s guidance⁸ on public consultation (2016) advocates involving people in policy development before the consultation process begins. It also advises local authorities to adapt their approach to communication and engagement to reach different groups in the community and to support if needed so respondents may feed back effectively. Following this, Healthwatch Dorset encourages local authorities to embrace all responses to a consultation with an open mind, consider the responses carefully and report it so that the public know the impact they have had.

Healthwatch Kent published their good practice guidelines⁹ encouraging local authorities to follow the Gunning Principles. The guidelines also stipulate a consultation must display:

- Honesty
- Transparency
- Visibility
- Integrity





To conduct a consultation in this way it must:

1. Establish the case for change, involving the public in this stage and enabling them to understand the processes involved in developing the policy.
2. Allow time to plan the consultation, conducting an impact assessment and developing a variety of ways in which engage with the public.
3. Gather a wide range of views during the consultation, allowing people to easily access information about the proposed policy changes and ways to feed back.
4. Establish a robust reporting cycle demonstrating the impact public feedback has had on the policy development.

Healthwatch Cornwall

Alongside this review, Healthwatch Cornwall have also been asked by CC to undertake a review of the four Partnership Boards that HC are contracted to facilitate (Learning Disabilities, Autism, Carers and Older People). The aims were to focus on reviewing whether the boards were heard across the health and care sector, whether the membership is reflective of their community, and whether they are empowered to be part of the co-production of related strategies and services.

The report ‘Review of Cornwall Adult Partnership Boards’ was presented at a workshop that had attendance from multi-agency professionals, service users, self-advocates and carers. The review found that while service user, self-advocate and carer members do not have a clear understanding of what co-production is and this reflects in Partnership Boards work, they are seen as an under-utilised resource for consulting with ‘experts by experience’ and if the membership could be built upon to be more representative, there is real opportunity for co-production to be at the centre of the Partnerships Boards work plans. Indeed, the proposed new structure contained a suggestion that ‘Co-design’ groups could work as a spur off the Partnership Boards. Work is underway to implement the recommendations. The report and guidance can be found on our website under ‘Our Work¹⁰’.

Appendix - The appendices for this report can be found on our website under ‘Our Work’.

¹ <https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/100807/file47158.pdf

³ <https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>

⁴ <http://www.nhsinvolvement.co.uk/connect-and-create/consultations/the-gunning-principles>

⁵ <https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>

⁶ https://www.bristol.gov.uk/documents/20182/239486/COP+for+Consultation+May2011+v2_0_0.pdf/7abc48dc-b6a9-4504-b607-e5fcde1a306a

⁷ https://bristol.citizenspace.com/we_asked_you_said/

⁸ https://www.healthwatchdorset.co.uk/sites/default/files/consultation_principles_2.pdf

⁹ http://www.healthwatchkent.co.uk/sites/default/files/healthwatch_kent_best_practise_guide_to_consultation_final.pdf

¹⁰ <https://www.healthwatchcornwall.co.uk/our-work/partnership-boards/>