

Perception Matters, Views Count

The Future of Public Services in Herefordshire

Response to the Public Consultation: Feedback

Introduction

Herefordshire Primary Care Trust (PCT) and Herefordshire Council have recently consulted the public on the proposed development of a Public Service Trust. This development would bring together the commissioning functions of the two organisations with a view to streamlining the planning and purchasing of services, to increase efficiency and ensure the needs of the Herefordshire population are better met.

Methodology

Although the PCT and Council were advised that there was no legal requirement to consult on the proposal, the two organisations decided that it would be in the public interest to run a formal consultation to gain feedback from the local community.

The formal consultation period lasted seven weeks and ran from 12th June 2007 to the 31st July 2007.

Full and summary versions of the consultation document were developed and sent through the PCT readers panel for comments.

A variety of methods were developed to ensure people could make their views know; these included:

- A tear out response slip in the consultation document and freepost address.
- A dedicated consultation website with links from both PCT and Council web sites.
- A consultation e-mail address.
- An online staff discussion forum; open to all PCT and Council staff.
- Discussions with key third sector and statutory organisations.
- Public consultation events.

Appendix 7 – Section 2

Public consultation events were set up; as detailed in the table below.

Area	Date	Time	Venue
Ross-on-Wye	Tuesday 26 th June	7.30pm – 9pm	John Kyrle High School, Ross-on-Wye
Leominster	Tuesday 3 rd July	7.30pm – 9pm	Leominster Community Centre
Golden Valley	Tuesday 10 th July	7.30pm – 9pm	Fire Station, Peterchurch
Bromyard	Thursday 12 th July	7.30pm – 9pm	Public Hall, Bromyard
Kington	Tuesday 17 th July	7.30pm – 9pm	Lady Hawkins Community Leisure Centre, Kington
Ledbury	Thursday 19 th July	7.30pm – 9pm	Burgage Hall, Ledbury
Hereford	Tuesday 24 th July	7.30pm – 9pm	Three Counties Hotel, Belmont Road, Hereford

Publicity for the consultation and events was arranged throughout the process via the following media outlets. This information is contained in Annex 1 to this report.

In addition there was an initial mail out of 390 full consultation documents with personally addressed letters to key stakeholders. This included voluntary sector organisations, schools, libraries, GP Practices, neighbouring statutory organisations, MP's, MEP's and members of the PCT's involving People Network.

This was followed by a further distribution of full and summary documents to all PCT and Council sites and individual mailing to Parish Council and Hereford Council members.

In total 3158 documents were distributed, as well as being available on-line via the consultation website. Documents were also made available at all the public meetings.

Promotional posters were produced in A3 and A4 sizes and were circulated to GP practices, PCT and Council sites, in addition they were displayed in community venues and on public notice boards in some areas to help with promotion.

The events were held in the evenings to maximise access to all sectors of the public and held at a variety of locations with no association to either the PCT or the Council.

All events were supported by PCT and Council Senior Managers, officers, Non Executive Directors and Councillors. Members of the PST working groups were present to provide information on the work already undertaken and to answer questions from the public. (Annex 2 to this report).

The number of public attendees at each event was as follows.

Area	Attendees
Ross-on-Wye	14
Leominster	25
Golden Valley	5
Bromyard	26
Kington	20
Ledbury	10
Hereford	45 (inc Cllrs)
Total	145

Feedback

The total number of consultation responses was 195. 176 were paper copies and 19 were sent electronically. These show 110 (56%) in favour of the Public Service Trust Development and 80 (41%) against. There were 5 respondents who did not make a preference. The detailed quantitative feedback and demographic data is contained in a separate report.

All of the comments from each of the events (Annex 3) and individual consultation responses (Annex 4) have been grouped into themes.

The raw data supporting the response to the consultation including copies of letters responding to the consultation have been attached. Those in support of the proposal can be found at Annex 5 and those against Annex 6.

Response Themes

This section of the report identifies the main themes from the consultation feedback and gives representative examples of the comments made.

For the people who **responded positively** to the proposal the main themes were as follows:

- **Concerns about increased bureaucracy**

Examples

- *It must be ensured that the new body delivers the expected saving and is not seen as yet another layer of administration.*
- *In most organisations, public or private, big is not always beautiful. While I like the “dream” of joined up services. I fear that the reality will be a huge cumbersome organisation where nobody knows what anyone else is doing and the ordinary public will remain ill-served.*

- **Concerns and confusion about impact on services.**

Examples:

- *What is the model for provision of Health and Council Services?*
- *What happens to Hereford Hospital?*
- *Why use mental health scenario, when mental health services not included*

- **Financial and cultural concerns**

Examples:

- *I am in favour of the idea. I can't quite see who is going to determine the amount of finance required by each of the respective bodies.*
- *The NHS and the Council needs to cooperate for peoples' benefit and not pass the buck.*
- *The intentions are good, an interesting presentation. There has not always been very good working relations between the County Council and the NHS since 1948.*

- **Improved access through joint working**

Examples:

- *Is it too much to hope for joined up thinking in prescribing – for example, despite NICE “guidelines”, to prescribe drugs for age related macular degeneration to patients in ALL stages of the disease. There are immense costs (in social terms, in social services budgets, and to informal family carers), if prescribing is rationed. Currently these costs are not shown in the NHS Budgets. Many patients in rural areas have unequal access to NHS services, and fund some of the costs themselves (taxis, running a car despite age and infirmity). This should be addressed by the new body.*
- *To support the proposed multi-surgery development – this is a vital step forward to improve the access/facilities for a large proportion (over 50%) of the city population.*

- **The value of joint working**

Examples

- *In principle the suggested changes should save time, energy and money – giving better services. There may also be less frustration for staff. Could drive efficiencies and retain services in Herefordshire and if well managed make life easier for the people who matter – the patients.*

- *Anything that can help things happen more quickly, without duplication, has to be better.*

- **Improving efficiency**

Example

- *Less waste of money spent on staff pursuing their own agenda in terms of advancement. Many paid for hours wasted every day with “study leave” meetings, travelling, diary mismanagement, poor accountability. Stop producing leaflets in seventy languages and wasting time and paper and achieving the opposite of what is needed.*

- **Locating staff together**

Example

- *Locate all commissioning and support staff in a single location and work on single (new?) culture to avoid ‘them and us’.*
- *The location of all staff in one building would be a major advantage, allowing easy communication and joint working. If housed separately, I suspect things will carry on pretty much as they are currently.*

- **Single access point for patient/public**

Example

- *There should be better and direct public access to services ie; one centralised phone number to answer all queries which is answered by a person (not a machine) who is actually present and knowledgeable*

For those who **responded negatively** the main themes were as follows:

- **Lack of evidence in document**

Examples

- *I cannot answer Yes or No from the level of detail provided here. I need to see the figures and cash savings and the budgets being brought into the trust.*
- *Your document makes frequent reference to cost savings in its proposals and ‘better value for money for taxpayers’ but there is scant evidence for how this will be achieved. When I was involved in similar studies, Treasury rules required all our reports to be supported by full investment appraisals detailing the precise cost savings and the method of achievement.*

Without such evidence nothing received the sanction to proceed.

- **Too Bureaucratic/costly/large**

Examples

- *Too large scale to begin with. Yes to health, social care and leisure but far too wide reaching to start this process*
- *We have talked of this proposal with some care and report the following; There are some clear areas of conjunction around Social Services that would be better served. There are many areas where we cannot find the benefits of reorganisation. Our experience of public bodies getting bigger and bigger is not encouraging. Your diagram on page five clearly shows the creation of an additional body rather than a reduction. In spite of your words we fear the creation of more layers of management, more bureaucracy, and more meetings of people sitting round drinking coffee, less useful results. While the NHS shows clear signs of obesity in it's affairs, we think deeper links can only be detrimental to Herefordshire Council. There is already the Herefordshire partnership which we think should be capable of most of what you propose. Periods of amalgamation are historically followed in time by periods of devolution.*

- **Could be achieved without the new structure**

Examples

- *Ensuring that each side works with the other, have joint working groups to understand each other's remits and working practices. Communication is the key to everything.*
- *They can enter into joint purchasing contracts without all this bureaucratic nonsense and work together as now where health and education needs intersect.*

- **Cultural differences between the organisations**

Examples

- *Concerned that a strategic body and a government appointed one will find it difficult to work together.*
- *Elected and unelected organisations do not mix. Bureaucracy covering GPs and Highways is ridiculous.*

- **Calls for an independent study**

Examples

- *In essence your proposals for a Public Services Trust Arrangement would institute a new tier of bureaucracy, with a high paid chief executive, to serve the PCT and Council. A better way forward would be to keep the PCT and the Council separate by to draw up a list of all the areas where they share services and responsibilities. An individual report, supported by an investment appraisal, should then be commissioned into each area of overlap with the aim of giving either the PCT or the Council the lead responsibility for the provision of that service for both bodies. If each body, for example, had 10 staff involved in the provision of a particular service, it may be that 15 staff could provide the same service for both from a single location. In sum, this way forward has been proved to work, would be less disruptive than your current proposals and the efficiencies and cost savings would be more transparent.*
- *A properly run joint study can come up with this answer after proper consultation and then any necessary “tweaking” for “joined-up” working can be addressed. An amalgamation is several steps to far. This is all to much of a tearing hurry.*

Themes from consultation events

Themes from the consultation events were similar across all the locations and were as follows:

- **Concerns about Bureaucracy**

Examples

- *Just to big and complex to start with – but could be good if start off properly working together. Start off small and prove it works. (Health and Social Care)*
- *The board will comprise of PCT members and Council members. PST has 8 NEDS and 58 Councillors, how will this fit and will it just mean more meetings?*

- **Evidence**

Examples

- *Could you illustrate the benefits more clearly? How will planning help this? How could you plan to improve services?*
- *PST as commissioners – how does this dovetail with practice based commissioning.*

- **Finance**

Examples

- *Can we be assured that Council tax will not increase as a result of this proposal?*
- *How much will integration cost and how long to pay cost back.*

- **Accountability**

Examples

- *Concern expressed over the need to run both a Herefordshire Partnership and a PST, is this necessary?*
- *Governance: we need to ensure that the new 'body' is accountable to both elected members and the public/service users*
- *Could there be a conflict of interest because of commissioning bodies being represented on the board of the PST?*

- **Third Sector Involvement**

Examples

- *Third sector, how will their service be integrated into the continuum of care, essential and integration with other providers.*
- *We hear a lot of making greater use of third sector – but funding is being reduced.*
- *How can we engage the voluntary/community sector in this proposal?*

- **Change issues**

Examples

- *Pace of change to fast – major change and implement by April 2008.*
- *We don't want to be left behind.*

- **Service issues**

Examples

- *Many services are not easy to see when they are split up.*
- *New PST would have to provide improved services*

- **Process**

Examples

- *More notice for consultation.*
- *Are we enabling enough people to take part in this consultation?*
- *Have the Council and the PCT discussed this proposal with the Unions?*

- **Closer joint working vs PST development**

Examples

- *Why do we not retrain staff to get the job done in a better way, rather than creating a PST in the hope that a new organisation can do the job better*
- *Why don't services work closely together now? How can savings on service delivery be made more efficient by this?*

Conclusion

Many of the questions raised and the comments made during the consultation process showed a good level of understanding of the issues.

The level of response and engagement has been good considering that it is a structural change. Past experience shows that people are keener to engage when the proposal affects local services or the services they use.

The main issues of concern raised between both those in support of the proposal and those who are not are regarding financial assurance and increasing bureaucracy.

Those who support the proposal are keen to see greater integration of PCT and Council functions and see it as a very positive development.

Many of those in opposition criticised the level of information and detail available in the document and at the events. This is always a difficult issue, if you consult early in a process you are unlikely to have all the answers people want, but if you consult towards the end of a project you are often criticised for having 'already decided'.

There would appear to be an ongoing need for information about the future of public services and a desire for people to be kept up to date with any future developments or options.

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