

# Healthwatch Kent Consultation Critical Friend Report

**Organisation: Kent County Council**

**Consultation: The Future of Older Persons Care Home Provision**

**Date: 6 May 2016**

## About Healthwatch Kent

Healthwatch gives people a powerful voice locally and nationally. In Kent, Healthwatch works to help people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. Healthwatch Kent is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

Healthwatch Kent acts as a critical friend to organisations who carry out consultations. We have produced a Best Practice Guide to Consultations and we compare the process organisations have followed with this best practice.

Where possible we work with organisations in preparing consultations to give the public's perspective on what will work best.

Healthwatch Kent volunteers reviewed the process of the above consultation. Our findings are below.

## The Process

The consultation ran from 28 September to 20 December 2015. Healthwatch Kent was not advised of the consultation prior to it being formally announced.

The Healthwatch Kent Consultation Working Group agreed on October 5 2015 to act as critical friend on this consultation.

We contacted the relevant department and offered to assist with refining the papers as we felt they could be improved, and to assist with contacting key groups such as those in Faversham. In the time taken to respond, public meetings in the area had been organised. We reviewed the documents and contacted the Head of the Consultation Team with questions. We did not receive all the information we requested.

The outcome of the consultation was discussed at the Adult Social Care & Health Cabinet Committee meeting on 14 January 2016 with further discussion and decisions at the same meeting on 10 March 2016.

### 1. Establishing the case for change

The consultation paperwork was clear that the objectives of the case for change were around estate costs and changes in people's needs.

There was a clear plan on how the objectives were being addressed.

In terms of how this was being communicated there was a consultation document available on the Kent County Council website however it read as being for staff and residents of the affected homes.

We spoke with staff of one of the neighbouring homes and they were unaware of the consultation. We also spoke with a county councillor and a district council in an affected district, one was aware of the consultation, the other was not.

We asked what resources were available for the process but did not receive an answer.

## Healthwatch Kent Consultation Critical Friend Report

Activities that took place to engage the public in developing the case for change consisted of meetings with residents of the affected homes and their families in September 2015.

These were communicated via minutes of the meetings, frequently asked questions and responses and copies of the presentations given, all in the consultation document.

Conversations with the County Council Consultation Team and the Elected Member for Social Care mentioned previous similar consultations on care homes in 2010 and engagement on the Council Accommodation Strategy. We could not find any evidence to confirm this.

### 2. Pre-consultation

We could not find any evidence of engagement activities prior to the consultation. The reason for this given by the Consultation Team is that it is usually more effective to combine the engagement and consultation processes to ensure engagement has a clear purpose and framework.

### 3. Consultation

We felt the consultation documents used clear language that did not have excessive jargon. Some of the graphics within the Accommodation Strategy were less easy to understand.

We felt the timescale for the consultation was proportionate to the impact and realistic to allow a considered response from the public.

Predominantly the consultation was promoted on the Council website where alternative methods such as printed copies and different languages and formats were available on request.

The residents, their families and the staff affected had been advised of the consultation directly.

Anyone can sign up for a regular email update on current consultations from Kent County Council, but it is unclear if this would have reached all sections of the community that may have wished to take part.

A number of public events were held, some of these were planned as part of the process, some were set up in response to requests from local councils/groups.

Healthwatch Kent volunteers attended some of these events and found that the size and nature of the events meant that they could be dominated by a small number of the attendees, with attendees that were less confident to speak not necessarily being able to share their views.

There was also concern that one of the options presented was 'Take no action' which was preferred at at least one of the meetings, but it was later clear that this was not a viable option.

## Healthwatch Kent Consultation Critical Friend Report

### 4. Post Consultation

The County Council demonstrated it listened to feedback from respondents by presenting the feedback at the public Adult Social Care & Health Cabinet Committee meeting on 14 January 2016 where the decisions on two of the four care homes was postponed to respond to public views and provide more information. A petition regarding one of the homes was presented despite it not being a requirement to do so.

Members of the public and local councillors presented their views at the meeting at a further meeting of the Adult Social Care & Health Cabinet Committee meeting on 10 March 2016. At that meeting the decision was taken to close the remaining two homes once alternative provision has been identified.

The decision making process was clear and the decision taken by a vote of county councillors and next steps have been defined.

### Conclusions

This was one of the first consultations where Healthwatch Kent has acted as critical friend, and it became clear that the requirements and interpretations of what is required of the county council differs to NHS consultations.

Because we were not forewarned of the consultation, felt there was lack of clarity about the genuine options, and felt it was a short time between the closure of the consultation and recommendations being presented, we had concerns and released a statement to that effect.

Overall the consultation followed a clear process and allowed input from the public, and showed how that feedback affected the outcome.

We continue to work with the Corporate Lead for External Consultations to ensure we are as effective as possible at looking at consultations going forward. We have also agreed how best to get further information as a number of requests were not answered.

We feel the consultation papers would have benefitted from input from Healthwatch Kent prior to release so they could better answer anticipated questions such as, what would the alternative provision be, which became a key issue.

We could also have given advice on appropriate engagement methods, as the events that were held had limitations.

However, we have recently been asked for early input on other consultations so this has been heard and responded to by the organisation.

### Next Steps

## Healthwatch Kent Consultation Critical Friend Report

Healthwatch Kent will work with the council and community groups to understand the information available on alternative provision in Maidstone & Faversham, and ensure there is public confidence in that provision before the homes are closed.

### Response from Kent County Council (June 30<sup>th</sup>)

Kent County Council (KCC) acknowledges the role of Healthwatch Kent to champion the voice of the consumer, and welcomes the opportunity to work with them when developing proposals and reviewing how we deliver our services

The Council has been liaising with Healthwatch regarding the Future of Older People's Services consultation, and most recently the Cabinet Member for Adult Social Care, Health and Wellbeing responded directly to a number of queries regarding the development of proposals. The details of the consultation process were provided by the service and the Corporate Consultation Team (and we note Healthwatch has yet to publish our previous response).

Regarding the specific points raised by Healthwatch's volunteer consultation group, we hope the following clarification is of further help:

- The consultation document was aimed at a wider audience, not solely the resident, families and staff affected by the proposals. All KCC Members were advised of the consultation via internal notifications. Partners and other stakeholders were alerted to the consultation via relevant networks and communication channels. Additionally, press releases were issued, resulting in media interest which helped to raise awareness of the consultation.
- The relevant KCC service and the Consultation Team made use of existing stakeholder knowledge and engagement experience to deliver an effective process. Healthwatch Kent's offer of assistance in this area was gratefully received but not required on this occasion due to timing and that we had already committed to a range of meetings. Similarly, the offer to review consultation documentation after it had launched was generous but not taken up by KCC as the papers adequately presented the proposals and invited a useful range of comments from respondents.
- The proposals were developed against an evidence base, with limited pre-consultation engagement. However, service user views from the work undertaken on the Kent and Medway Housing Strategy were included in the development of the Accommodation Strategy which supported the key messages within the consultation, and a KCC Officer presented and discussed this evidence with Healthwatch Kent. This was due to the intention to minimise unnecessary distress or disruption for those most affected by the proposals. KCC would not seek alternative provision prior to consultation, as this would pre-determine the outcome of the consultation and would breach procurement processes including commercially sensitive information on tendering activity.
- All staff and residents of the affected care homes were specifically advised of the consultation, invited to attend consultation meetings and provided with documents to ensure it was as easy as possible for them to respond. Staff from other

## Healthwatch Kent Consultation Critical Friend Report

establishments supported these events so all affected staff could hear the messages while still looking after residents.

- All registered consultation directory users that had previously indicated an interest in similar KCC business received an invitation to respond to the consultation. In addition to this targeted notification, links to the consultation were publicised via standard media press releases and social media to ensure a broader reach.
- The public meetings held to discuss people's views of the proposals were beneficial and feedback was conscientiously considered. Public meetings were one approach undertaken as part of a range of methods for this consultation. While not all stakeholders would wish to attend or participate in public meetings, staff were present prior, during and afterward to facilitate as much engagement as possible. Most importantly, however, the core response mechanism of completing the online or paper questionnaire remained available to anyone. Additionally, an email address was provided on publicity material and online, inviting interested persons to ask for further information if required.
- The options presented in the consultation document or discussed at the meetings were included to demonstrate the proposal development phase where various methods of achieving the necessary outcomes had been considered by KCC prior to consulting on the formal proposals. It was explained in the consultation document that of the various options listed, that which KCC believed to be the most appropriate, was presented as the formal proposal. The questionnaire included the facility for respondents to make alternative suggestions, similar to the opportunity provided by the public meetings.

In response to the other points raised, we believe it would be helpful to clarify the following;

- Whilst KCC wants to work proactively and effectively with Healthwatch Kent (recognising their role to champion the consumer voice), we hadn't formally invited Healthwatch to act as a critical friend in relation to this or any other consultation, and feel that this is a mutual decision to be agreed by both parties in advance.
- Initial responses from KCC clarifying the difference in legal requirements for consultations run by the NHS and local authorities were not taken into consideration prior to publication of the initial report by Healthwatch Kent.

Discussions took place between KCC and Healthwatch in January 2016 regarding information requested by Healthwatch, including pre-consultation details and confirmation of the analysis period. KCC provided a response explaining that pre-consultation is not a legal requirement and that extensive evidence-based research was used to develop, consider and present the eventual proposals for consultation.

In total, 468 responses were recorded across a range of communication methods. It was clarified with Healthwatch that the consultation responses were analysed throughout the consultation period, with the outcomes fully reviewed and considered by the Cabinet

## Healthwatch Kent Consultation Critical Friend Report

Member in advance of the formal decisions made on the 8<sup>th</sup> of February and the 24<sup>th</sup> of March 2016.

It should also be noted that decisions regarding two of the care homes were deferred to allow for additional information and supply analysis to be undertaken, with further consideration given by the Cabinet Committee and Cabinet Member to views expressed by petitioners invited to speak to Members despite the low petition response rate.

These points were re-iterated via a formal response to Healthwatch from the Cabinet Member on 9<sup>th</sup> March, which included a request to update a factually incorrect report on the consultation which was published on the Healthwatch website in March 2016.

KCC recognises and values Healthwatch's role as an advocate for patients and service users. As part of its contractual arrangement with KCC, we welcome regular updates from Healthwatch on patient views, points of concern or positive feedback which may be used in the service improvement and option development stages of organisational review.

For further details about the consultation and the information presented at relevant Committee meetings, please visit the [Adult Social Care and Health Cabinet Committee webpage](#) and the [consultation directory entry](#).