Department of Health

Evaluation of Your Health, Your Care, Your Say

An independent report commissioned by the Department of Health

Final Report

shared practice

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1. Introduction

The Your Health, Your Care, Your Say initiative (YHYCYS) for the Department of Health created one of the largest and most ambitious public engagement exercises ever mounted in the UK. The aims were complex and ambitious: to ensure that the public (especially the 'seldom heard') were actively involved in deliberative debates on contentious issues including 'trading off' public investment in different types of health and social care services, alongside creating a high public profile to encourage wide public involvement (including through open access questionnaires) and professional stakeholder involvement.

Over 41,000 responses were received through the various methods used over the course of the three months that the main work took place (September to December 2005), with 1,240 people attending deliberative events in Gateshead, Leicester, London, Plymouth and Birmingham. The process also included a unique 'report back' event in London in March 2006 (after the publication of the White Paper in January 2006). At this event, 110 people who had been at previous deliberative events heard the Secretary of State for Health, alongside two Ministers from health and social care, report back to them on what had been taken forward from the YHYCYS exercise into the White Paper, and asking for feedback on the participants' satisfaction with what had been done with their input.

This report summarises the results of an evaluation study which examines the whole process but which focuses on the 'listening exercise' – the local, regional and national deliberative events that enabled members of the public to discuss a range of topics (based on information provided and a carefully structured process). The evaluation study aimed to come to conclusions about the extent to which the methodology chosen and the delivery of YHYCYS met the objectives set, and draw out learning for future public engagement activity.

The research shows that the exercise was enormously popular with those involved, with a range of benefits to the policy process as well as to the participants themselves. It also finds that the costs of the exercise were seen as widely acceptable to participants and, in many cases, seen as money well spent – in spite of an equally wide recognition that resources for health and social care are finite.

This report also identifies the elements of the process that worked particularly well (such as the deliberative process), and some areas where the process could have worked better and where participants had particular concerns – mainly around levels of actual influence, a sense that some of the topics for discussion and questions for polling were 'leading' (not a widespread concern but felt strongly by some), and a concern that what has been published in the White Paper is actually delivered. That remains the primary question for most participants: they clearly enjoyed the process enormously and were delighted with the opportunity to participate, but their judgement of the ultimate value of the exercise will depend on what improvements are made to health and social care services locally and nationally as a result.

This report is necessarily only a brief overview of the YHYCYS initiative, and reports only on the main findings of a relatively detailed evaluation study of the deliberative processes which has produced a rich body of evidence. Further guidance to Government and other bodies based on these findings is planned and will be published in the coming months.

2. The Evaluation Study

2.1 Introduction

This evaluation study focuses on the 'listening exercise' elements of the YHYCYS initiative, which comprised the local, regional and national deliberative events led by the Department of Health and others for the general public.

The evaluation does not assess the policy outputs or implications from the initiative; it focuses on the engagement processes and assesses the extent to which the activities met the objectives set. Policy issues are touched upon throughout this report, but only where relevant to assessing the effectiveness of the engagement.

The evaluation was commissioned in November 2005, and was completed in June 2006. Details on the methodology are given in 2.4 below.

2.2 Aims and objectives of the evaluation

The brief identified the primary objective of the evaluation as being "to determine the success of the listening exercise at meeting the objectives specified at its outset", and provided a set of evaluation criteria relating to these objectives. These criteria are used throughout this report to assess the effectiveness of the YHYCYS activities.

In addition, the brief proposed that the evaluation not only considers whether these criteria have been met, but also:

- how success had been achieved (whether specific components were particularly important),
- whether any failures were intrinsic to the approach adopted or contingent on the manner of its implementation, and
- whether any opportunities were missed.

The evaluation research therefore needed to focus both on the outcomes of the exercise ('what impacts?') and how it had worked in practice ('what works?').

2.3 Overall approach to the evaluation

The theoretical model used to provide an overall framework for the evaluation is summarised in the following formula. This formula is based on a version developed by Pawson and Tilley in their book *Realistic Evaluation*[1].

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[1] Pawson, Ray and Tilley, Nick (1997) *Realistic Evaluation*. Sage Publications, London.

The model used here can be used both for planning and evaluating participatory working of all types. It is:

Purpose + process + context = outcome

The evaluation therefore had to address:

Purpose = aims and objectives, stated and implicit

Process = what happened, who was involved, events, documents, etc

Context = what else was going on outside the initiative that might affect its success

Outcome = what were the results, impacts, implications.

This model helps ensure that evaluations of engagement do not only look at the method (or specific set of events) in isolation. It is always necessary to also consider:

- whether the method chosen was 'fit for purpose' for the specific objectives,
- to look at all parts of the initiative – not just the main events, and
- to look at what else is going on that could affect the success of the engagement initiative as a whole.

The evaluation approach was based on the following key issues, identified during the initial stages of refining the brief:

- The YHYCYS exercise was one of the largest exercises initiated by Government to discuss a major policy area with the public in recent years (the GM Nation and pensions debates are among the few other exercises comparable in scale). There will therefore undoubtedly be significant public, political and media interest in the extent to which the exercise met its own objectives, and also in the wider implications of this new approach to Government consultation and policy-making.

  It was therefore essential that the evaluation of this exercise was appropriately rigorous and coherent, and that the methodology used was robust. Given limited time and resources, it was also essential that the methodology for the evaluation incorporated practical ways in which the complex issues raised by this new way of working can realistically be assessed.

- Evaluations can range in approach from a mechanistic 'audit' approach, focusing on quantitative assessment of achievement against formal targets/goals, to approaches that focus much more on 'learning' from the experience, focusing on qualitative description and interpretation of more 'subjective' data (from interviews, stories, observation etc) to explain why and how certain outcomes were achieved.

  The opportunity for this evaluation to help build capacity within Government to conduct deliberative engagement activity in the future is identified in the brief. In this instance, therefore, the focus of the evaluation was always intended to be on learning lessons from the experience, to inform future participatory initiatives by Government and others. This was known to require both qualitative and quantitative data to be analysed against a range of frameworks (e.g. the stated objectives, implicit assumptions about goals, agreed criteria, agreed principles of good practice). In this way, lessons and advice could be distilled from the evaluation research for future use.

- There was already a wealth of data collected throughout the YHYCYS process, including evaluation forms (designed and provided by the Central Office of Information who also analysed the data) from events at different stages of the process. The evaluation was expected to summarise and interpret this data in ways that met the criteria, so that clear lessons for the future could be identified. In addition, new data was felt to be needed (primarily from interviews), particularly on the following:
    - The impact of the whole exercise on the participants' perceptions of Government, of Government policy-making processes in general, and of policy-making on health and social care. Most of the existing data focused on the individual events and their effectiveness, rather than on the overall process and its impacts. In order to enable participants' to reflect on the process as a whole, especially its impact on policy, the interviews with participants needed to be timed to take place after the White Paper was published, and after the Secretary of State reported back to participants in 2006 on how the results of the YHYCYS exercise have been used in drafting policy.
    - The links between the YHYCYS exercise and the policy drafting process inside Government. In particular, the criteria proposed in the brief identify ways of assessing participants' *perceptions* of the influence of the process on policy, supplemented by evidence of *actual* influence on the policy process and its products (the White Paper).
- In keeping with the spirit of the YHYCYS exercise, it was important that the evaluation adhered to the same principles of 'participants first'. This was to be addressed by ensuring sufficient interviews with participants to be representative of the different sectors of society explicitly involved (e.g. those with poor health or poor access to services). It also required gaining feedback from all those involved in the process – commissioning departments, process designers and implementers (OLR), facilitators, the citizens' panel that guided the process, those using the outputs from the process to draft policy, and other stakeholders (especially the Department of Health task forces contributing to the White Paper process). Gaining perspectives from all layers of the process was intended to enable a much richer picture of the exercise overall to be achieved, and for lessons to be identified for all these different players.
- It was expected that there would be a range of audiences for the findings of the evaluation (e.g. Government and Government departments, the health service, the public, the media, the communications and market research industries, stakeholders, think tanks and academics, local Government). It has been agreed not to tailor the findings to different audiences, but consideration will be given to identifying the priority audiences and finding appropriate ways of presenting the evaluation findings to these key audiences.

These general points were incorporated into the planning for the evaluation process.

2.4 Methodology used

The methodology for the evaluation was as outlined in the following summary:

- **Steering group.** A cross-governmental steering group was established to oversee and guide the evaluation. The steering group was chaired by the Department of Constitutional Affairs and also included representatives from the Department of Health, the Central Office of Information (COI), the Cabinet Office and the Home Office. The Steering Group met three times during the course of the evaluation, and also provided feedback on drafts of reports, interview questions etc.
- **Observation.** Evaluators attended, observed and conducted informal interviews at the Citizens' Summit in Birmingham (October 2005) and the reconvened event in London (March 2006).
- **Analysis of existing data.** A detailed analysis was undertaken of the data collected by the COI before, during and after the deliberative events, to draw out implications and feed into the detailed design of the interview questions (see below). An initial report on the findings from this statistical analysis was produced for the Steering Group in February 2006.
- **Collection and analysis of new data**. It was agreed to use interviews to gather in depth qualitative data from all those involved in the YHYCYS process, as follows:
  - **Participants in the deliberative processes.** 29 interviews:
    - 2 from the Citizens' Panel.
    - 11 from the Birmingham summit.
    - 12 from the regional events (3 from each of the 4 events).
    - 4 from the reconvened event.

    The selection of interviews was initially random (from those who had agreed to be re-contacted) to create a shortlist, then adjusted to ensure a demographic spread (on the basis only of gender, age, qualifications) and to ensure a reasonable representation of those defined in the initial demographic analysis for the deliberative events as 'seldom heard' and carers.

    It was agreed early on in the evaluation process that the interviews should be conducted after the reconvened event (March 2006), so that interviewees could reflect on the whole process. Although this was quite a long time after the interviewees had attended events, most had a remarkably good recall of the process (as shown in the detailed recollections quoted later in this report).
  - **Organisers of devolved events.** Six interviews with:
    - 3 organisers from Primary Care Trusts or Strategic Health Authorities.
    - 3 organisers from voluntary organisations.

    It was agreed early on not to attempt to contact participants in these devolved events but rather to focus the assessment on the effectiveness of these events from the perspectives of the organisers.

  - **Facilitators and process designers.** Four interviews with
    - 2 facilitators.
    - 2 process designers from OLR.

    It was considered important to gain the perspective of those actually delivering the engagement processes, to benefit from their reflections on how the process worked in practice.
  - **Policy-makers.** One interview with
    - Department of Health lead on the policy development workstream.
  - **Stakeholders.** Two interviews with
    - 2 chairs of Department of Health Task Forces.
  - **Internal organisers.** Two interviews with
    - Department of Health officer responsible for the engagement processes.
    - COI officer responsible for the early event evaluations.
- **Analysis of interview data.** Quantitative and qualitative analyses of interview transcripts, to provide some statistics, some overall qualitative feedback, and some illustrative quotes.
- **Drafting of final evaluation report**, for discussion with Steering Group.
- **Publication of final report.**
- **Future dissemination.** It is expected that additional dissemination activities will be undertaken, using the full range of evidence found throughout the evaluation study. This might include:
  - A case study, summarising the whole process and the learning, jointly with the Department of Health and OLR.
  - Guidance to Government on these types of engagement exercises, drawing on this and other recent national engagement initiatives.
  - Presentations, articles and conference papers.

  A presentation on the initial statistical analysis was made to a Cabinet Office Government Communications Network workshop in April 2006, alongside presentations by OLR on the overall processes and the Department of Health on the drivers for the process.

Overall, the methodology was designed to fit within the overall principles of the approach (see 2.3), and to enable the evaluation to be completed within a relatively tight budget and timescale.

2.5 Background and context

At the end of June 2005, the Department of Health announced its intention to publish a White Paper on community health and social care services, to focus attention on these services outside hospitals (on which much previous policy attention had focused).

The Department of Health wanted to ensure that users of services and the general public were involved in helping to design the service reforms, so that future proposals could be shaped around those needs and expectations. This was a conscious attempt to move away from the conventional consultation characterised by the publication of a set of draft proposals, gaining comments from active stakeholders, reflection on those comments by the Department leading to published proposals. It was felt that this approach would not engage sufficiently with the general public, nor would it provide opportunities for those who were not part of these usual circles of respondents (termed throughout this initiative as 'seldom heard').

In particular, the Department wanted to find ways that the public could engage with each other and discuss potentially conflicting needs and priorities; with what they termed "grown up" discussions around trade-offs and constraints.

The Secretary of State for Health, Patricia Hewitt, was a strong advocate of this type of public engagement:

> "Public engagement can play a central role in re-invigorating our democracy and in delivering better services for the communities …
>
> "We need to take democracy beyond the ballot box … give people the chance to engage with each other – users, people working in services, pressure groups with diametrically opposing points of view, policy-makers and Ministers themselves – in working through the problems and coming up with the best possible solutions together …
>
> "Effective public engagement can empower and liberate people to take greater responsibility for their lives. In this sense, it is in itself good for health"
>
> *Speech by Rt Hon Patricia Hewitt MP, Secretary of State for Health,*
> *23 June 2005; Britain speaks.*

The resulting process was one of the largest deliberative research processes undertaken in the UK, both in terms of numbers of participants and budget. It was also one of the fastest:

- The Department of Health team was in place in July 2005.
- A preliminary meeting with those likely to run devolved events (to discover what resources they would find useful) was held in July 2005.
- OLR were commissioned in August 2005 to undertake the deliberative research exercises and produce an overall research report (following a competitive tendering process managed by the Central Office of Information).
- A briefing meeting for organisations thinking about running devolved exercises, and the production of the resource packs to support the devolved events, took place in September 2005.
- The four regional events were held in September 2005.
- The Citizens' Summit was held at the end of October 2005.
- OLR's research report on the whole process was passed to the Department of Health in December 2005 (and published with the White Paper).

- The White Paper was published at the end of January 2006.

This time pressure had both positive and negative effects. It created a sense of excitement and pace which ensured that all those involved were devoting all their energy to this initiative. But it pressurised parts of the process (especially the devolved events) that needed more time to undertake local publicity, recruit participants, run events and feedback policy conclusions. It also limited the potential for sharing the results between the different listening exercises and so reduced the potential for policy iteration and for getting the depth of debate needed to cover trade-offs, resource constraints etc. Finally, the short timescale undermined the opportunities for real partnership, which takes time so that relationships can be established.

The timing also raised some other problems. Devolved events and other parts of the process had to be held quickly, which meant they could take no account of other factors affecting the willingness and ability of certain sectors of the population to attend (e.g. the process timetable ran across Ramadan, and there is some feedback to suggest that this excluded some potential Muslim participants; although the deadline was extended for some black and minority ethnic groups because of this, and for some other seldom heard groups that needed more time).

In addition, the YHYCYS initiative overall was being undertaken at the same time as a separate major national health consultation (involving many of the same organisations) on restructuring Primary Care Trusts – an issue affecting the jobs and futures of individual staff in the NHS and which thus sometimes took priority in terms of allocating time and resources to public consultation.

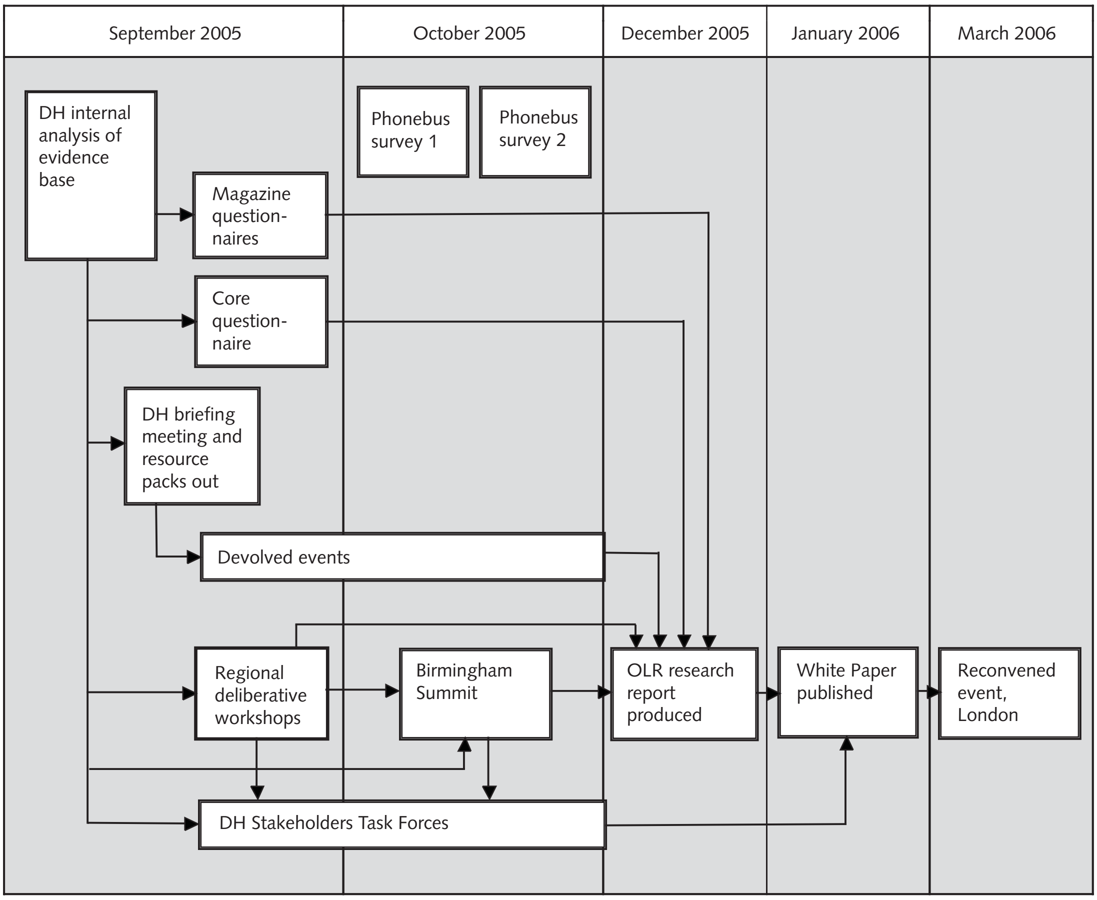
The final issue on timing and context is that the interviews for this evaluation were conducted mainly in May and June 2006, a time at which stories about the restructuring of local health services to address budget deficits (including job losses) were a high priority in the news media, which may have affected public participant interviewee's responses on the YHYCYS process. The questions for participant interviewees were therefore carefully phrased to check whether this contextual issue played any part in the feedback from those participants.

3. The YHYCYS Process in Summary

3.1 Introduction

This section briefly describes the main elements in the overall YHYCYS initiative.

3.2 Diagram of overall process



This diagram shows the timing and relationship of the main elements of the YHYCYS process, and the ways that information flowed from the different elements to the OLR research report and the White Paper. Each of these elements is described briefly below, after a summary of the overall aims and objectives of the 'listening exercise'.

3.3 Aims and objectives of the YHYCYS listening exercise

The YHYCYS initiative had three stated objectives:

- For the public, providers of care and Government to work in partnership to determine policy priorities and design new approaches to future care.
- To increase levels of public engagement in the policy decision making process.

- To produce a public debate visible at local and national levels around the future of personalised and community centred care.

The brief for the evaluation suggested that there was an additional objective for the whole exercise: "it was felt it would make some contribution to enhancing trust in Government, by reinvigorating public debate, and lead to better public service provision, by addressing the needs and concerns of service users and providers".

Criteria had been developed to assess whether the process had met its stated objectives, and data was collected from participants using questions based on those criteria. In terms of the 'implicit objectives', interview questions were devised to test whether the objective of enhancing trust in Government was met, and some evidence sought on the extent to which the process fed the needs and concerns of service users and providers into the policy drafting. The challenge in an objectives-led approach to evaluation is always in assessing the extent to which quite broad objectives of this type have been met.

Various methods were used in the YHYCYS initiatives to meet these objectives, as outlined below.

3.4 Summary of main activities

The YHYCYS process overall gained a total of over 41,000 responses, through the following activities:

- **Analysis and evidence base:** This was developed by the Department of Health to feed into the framing of the questions for the public and stakeholder engagement, the analysis of the outcomes, and the development of policy recommendations. The data was collected through secondary research and qualitative and quantitative research and analysis, including focus groups and a survey of 5,600 members of the public.

- **Deliberative exercises:** Nearly 1,000 people attended the national Citizens' Summit in Birmingham; plus over 250 attended four earlier regional events. 110 people attended the reconvened event in London in March 2006 (these 110 people had already attended previous events).

  Ministers attended all events (except Plymouth, which was attended by a senior civil servant); the Birmingham Summit was attended (for the whole day) by the Secretary of State and three Ministers from health and social care; the reconvened event was also attended by the Secretary of State and two Ministers, again for the whole day.

  The structure of the regional events was changed slightly after the Gateshead event, following a thorough review by OLR of how well the day went, based on feedback from participants and the experience of those running the day. The reconvened event was based on the same basic format as the regional events. This format was:

  - Participants were carefully selected and recruited (see section 4.2 for recruitment process and demographic analysis).
  - Information packs were sent to participants in advance, identifying the key topics to be discussed.

  - Participants were seated at tables of 10 people, each with an independent facilitator; each table was demographically mixed.
  - An ice-breaker exercise was undertaken so that participants could meet and start to talk to each other.
  - There was an overall welcome to all participants from the front of the room, and further explanation of how the day would work.
  - Then throughout the day there were rounds of:
    - Deliberative discussions in the small table groups for 20 to 30 minutes on a series of given topics that had been introduced in the information materials.

      Notes were taken on laptop computers by facilitators to capture points made in the discussion. These were all later collated by OLR for the final research. At the Birmingham summit, these points were simultaneously collated by a 'theme team' which summarised and fed back key issues arising across several groups during the process.
    - Polling on specific questions related to the topics. The polling was done on paper by each table at the regional events and electronically, using individual keypads, at the Summit and the reconvened event. The electronic polling allowed for much faster presentation of the polling results back to the participants but all events presented the polling results back.

    This process was repeated numerous times throughout the day; deliberative discussion followed by polling, and some opportunities for open discussion to raise issues beyond the formal discussion and policy questions. This provided an interesting mix of individual voting on preferences with collective debate and shared thinking.
  - Overall question and answer session.
  - Thanks, completion of COI evaluation forms by participants, and end.
  - Notes of the main points and polling results were summarised and handed out to participants as they left at some events.
  - All participants were sent a summary of the White Paper when it was published in January 2006.

- **Citizens' Advisory Panel:** This was made up of 10 members of the public chosen to represent the full range of participants sought in the listening exercises, and recruited as having the personal characteristics of influencers. The Panel met on four occasions (full-day workshop, plus 3 evening events of three hours each) and they also attended the national deliberative events. They also met with the Secretary of State and Department of Health officers to review the findings from the engagement exercise prior to the final drafting of the White paper, and attended the White Paper launch at the House of Commons.
- **Phonebus survey:** This was a separate public opinion survey commissioned by the COI and carried out by Taylor Nelson. 869 people were surveyed in two phases: one before the Citizens' Summit in Birmingham, and one after. The main aim of this work was to test the knowledge of the general public of the YHYCYS process (awareness of it happening and what it

was), and to test their attitudes to public involvement in decision-making on health and social care services – to allow comparison with the views of those taking part in the listening exercise (see section 5 of this report for results).

- **Devolved events:** 8,460 people attended about 161 events run by other organisations including Primary Care Trusts, Strategic Health Authorities and national and local voluntary and community organisations. These events were designed to extend the reach to more people, especially ‘seldom heard’ groups, by working through local bodies and through organisations that already had relationships with sectors of the population that rarely take part in national consultations. Partnerships with stakeholder organisations were actively sought to reach seldom heard groups identified.
- **Core questionnaire:** This was available online or on paper; in 19 languages and in braille. 29,808 responses were received (about 9,000 on paper). Quite a few of the devolved events were structured partly around helping participants at those events complete the questionnaire, so that the voices of the seldom heard groups were part of this part of the exercise.
- **Magazine questionnaires:** 4,857 responses from four magazines:
  - Take a Break magazine – 2,093 responses (about 95% women).
  - Prime for Women – 1,320 responses (98% women).
  - Prime for Men – 1,180 responses (90% men).
  - Fit (for young men) – 264 responses.

  Prime for Men, Prime for Women and Fit are all NHS-branded magazines. Take a Break is an independent magazine that features health and lifestyle issues. All responses to these surveys were entered in a prize draw as an incentive. An analysis of the findings from the magazines was fed into the policy process.
- **Stakeholder input:** This was a separate strand of work, managed by Department of Health. There were two elements to work with stakeholders:
  - **Task Forces.** Five policy Task Forces were established, each with a chair drawn from outside the Department, and with about 60 organisations involved in total. The Task Forces were:
    - My Life, My Choices, chaired by Niall Dickson of The Kings Fund.
    - Making Life Easier, chaired by David Behan of the Commission for Social Care Inspection.
    - Having My Say, chaired by Ed Mayo of the National Consumer Council.
    - Who Supports and Helps Me, chaired by Melinda Letts.
    - Promoting Independence and Personal Dignity, chaired by Derek Campbell, Central Liverpool Primary Care Trust.

    Members of the Task Forces included representatives of unions, local authority social services, health research bodies (e.g. cancer research), care and carer organisations, national voluntary organisations (e.g. working on children’s issues), professional bodies (e.g. BMA and Royal College of Nursing), primary care trusts, local and central Government.

The Task Forces met three times each, in September, October and November 2005. At each meeting, the Task Force discussions were informed by an initial summary from the organisers of the public engagement exercises of the conclusions from the events that had taken place. In this way, the debates and polling from the public deliberative events set the context for the Task Force discussions.

- **Ad hoc contributions:** 86 contributions were received from stakeholder bodies:
  - 32 from local and national voluntary and community organisations (e.g. Age Concern, MIND, NACRO Mental Health Unit); 14 of these were identified as representing 'seldom heard groups'.
  - 28 from public bodies (including Primary Care Trusts, local authorities and Strategic Health Authorities).
  - 17 from health and social care professional groups (e.g. BMA, care organisations).
  - 9 others (academic bodies, private sector, individuals).

The OLR research report, published in January 2006 alongside the White Paper, provides extensive detail on the operation of most of these activities, and the outputs of most of the activity has also been published on the Department of Health website.

The remainder of this report therefore focuses on evaluating the extent to which the listening exercise in particular met the stated (and implicit) objectives.

4. Findings on Criteria for Assessing YHYCYS Objective 1

4.1 Introduction

YHYCYS Objective 1: For the public, providers of care and Government to work in partnership to determine policy priorities and design new approaches to future care.

The brief for the evaluation proposed that the assessment on this objective be undertaken by considering the extent to which partnership working has been achieved, and determined policy priorities, and that it should be assessed in relation to:

- the range of people/organisations involved, and
- the extent to which the process enabled those involved to work in partnership.

Each of these is considered in turn.

4.2 Range of people and organisations involved

There were four criteria in relation to assessing the range of people to be included, in relation to the extent to which the initiative:

- Reached the number of participants/organisations as specified.
- Achieved a sample within the Department of Health-organised events to provide findings representative of general public opinion (representative by ethnicity, age, gender and socio-economic status).
- Involved ‘seldom heard groups’ in the listening exercise and allowed separate analysis of their views where necessary (e.g. BME, older and young people, people without qualifications, people on low incomes, people with disabilities).
- Involved groups likely to be disproportionately affected by any changes to out of hospital care close to home and allowed separate analysis of their views where necessary (e.g. those with poor health, less articulate, poor access to health services, heavy users of services, carers).

No specific targets were set for the number of participants to be drawn from each of these groups. However, they were to be included in sufficient numbers to allow for separate analysis where necessary.

The criteria identified for this analysis were that the process should be as follows:

- Inclusive.
- Involvement of seldom heard groups.
- Involvement of groups disproportionately affected.

- Representative.
- Participants not demographically/attitudinally biased.

The original brief for the YHYCYS initiative specified that a wide range of general public (representative by race, age, sex and socio-economic status) should take part in the exercise to ensure that results were representative of public opinion. In addition however, involvement of specific groups was also required:

- those with poor health outcomes,
- less articulate,
- poor access to health care services,
- light users/heavy users of services, and
- carers.

The 'seldom heard' and 'disproportionately affected' groups were not specifically defined in the criteria, and it is likely that these groups overlap significantly. Statistics were collected on input from people with, for example, different levels of qualifications, different age groups, gender, black and minority ethnic group.

Both the 'seldom heard' and 'disproportionately affected' groups were specifically targeted in the recruitment for the regional events and the Citizens' Summit (and on the same basis for the reconvened event).

In addition, the devolved events were specifically designed to reach these groups – devolved events were set up by various organisations that work directly with these groups, with support, guidance and detailed briefing materials from the centre.

In total, it was anticipated that:

- **Deliberative exercises.** 1,250 members of the general public would participate in deliberative exercises directly instigated by the Department of Health, plus 110 at the reconvened event in London, making a total target of 1,350 (although the participants at the reconvened event had already attended previous events).
- **Devolved events.** 400 events would be organized by patient representative groups, charities, Local Strategic Partnerships, or other stakeholder organisations. These events would utilise a deliberation tool-kit based on the materials used in the Department of Health organised events.
- **Core questionnaire.** 10,000 individuals would complete an on-line or paper based questionnaire.

The following section outlines the actual attendance/involvement and provides some demographic analysis of participants.

4.2.1 Deliberative exercises

The deliberative events directly instigated by the Department of Health were the four regional events (held in September and October 2005), the Citizens' Summit in Birmingham (held on 29 October 2005) and the reconvened event in London (March 2006). A total of 1,240 people were involved in the first five events, plus 110 at the reconvened event, making a total of 1,350 (although actually 1,240 people as the 110 had been to previous events).

The listening exercise overall was intended to be "representative of general public opinion" (to quote the brief for this evaluation). The key criteria were identified there as ethnic origin, age, gender, and socio-economic status; working status and qualifications data is also available.

On all the deliberative events, quotas were used to ensure representation from groups that may otherwise have been under-represented. In particular, quotas for unemployment, no qualifications, carers, single parents, those in poor health or with long term illness, and black and minority groups, were upweighted by 100% in terms of invitations, so that attendance from these groups could be particularly encouraged (see below on need to reach 'seldom heard' groups). Demographic data is given below under the recruitment section. The overall target and actual figures are given below for the main listening events:

	TARGET NUMBER	ACTUAL ATTENDANCE
Gateshead 14 September 2005	100	89
Leicester 22 September 2005	50	60
London 29 September 2005	50	51
Plymouth 10 October 2005	50	54
Citizens' Summit, Birmingham 29 October 2005	1000	986
Reconvened event, London 2 March 2006	100	110
TOTAL	**1,350**	**1,350**

In summary, therefore, the overall target number was achieved. The actual attendance was slightly lower at the initial Gateshead event, and at the Citizens' Summit, although it was still close to the targets - and target numbers were exceeded at the other regional events and at the reconvened event.

- **Regional event recruitment.** The aim of the regional events was to have a representative and random sample of the regional population, recruited over a 30-mile radius from the selected venue to minimise travel and subsistence costs. For the first regional event (in Gateshead), 10,000 invitation letters were sent out to people on the electoral register, with the aim of getting 1,000 responses and a final turnout of 100 people at the event representative of the region demographically. 5,000 letters were sent out for the other three regional events. Each respondent sent back a completed questionnaire that provided the data to allow a representative sample to be drawn.

  The following tables provide demographic data on the participants at these four regional events; as can be seen from these figures, the demographic spread was generally very good.

GATESHEAD EVENT	% OF PARTICIPANTS (attended)	SHA REGION AVERAGE*
Total number of participants = 89		
Gender		
Male	51%	48%
Female	49%	52%
Age**		
16 – 29	17%	22%
30 – 44	26%	27%
45 – 59	30%	24%
60 – 74	20%	18%
75+	8%	9%
Ethnicity		
White	92%	96%
BME***	8%	4%
Qualifications****		
Have qualifications	75%	53%
Long term illness		
Have long term illness	46%	23%
Good health/12 months		
Good health	80%	88%
Single parent		
Single parent	9%	5%

LEICESTER EVENT	% OF PARTICIPANTS (attended)	SHA REGION AVERAGE
Total number of participants = 60		
Gender		
Male	47%	49%
Female	53%	51%
Age		
16 – 29	18%	23%
30 – 44	27%	29%
45 – 59	25%	29%
60 – 74	19%	16%
75+	7%	8%
Ethnicity		
White	75%	86%
BME**	26%	14%
Qualifications		
Have qualifications	53%	75%
Long term illness		
Have long term illness	46%	23%
Good health/12 months		
Good health	80%	88%
Single parent		
Single parent	9%	5%

LONDON EVENT	% OF PARTICIPANTS (attended)	SHA REGION AVERAGE
Total number of participants = 51		
Gender		
Male	51%	48%
Female	49%	52%
Age		
16 – 29	31%	27%
30 – 44	12%	32%
45 – 59	31%	20%
60 – 74	18%	13%
75+	8%	7%
Ethnicity		
White	55%	60%
BME**	45%	40%
Qualifications		
Have qualifications	78%	82%
Long term illness		
Have illness	29%	16%
Good health/12 months		
Good health	92%	92%
Single parent		
Single parent	14%	3%

PLYMOUTH EVENT	% OF PARTICIPANTS (attended)	SHA REGION AVERAGE
Total number of participants = 54		
Gender		
Male	48%%	48%
Female	52%	52%
Age		
16 – 29	16%	18%
30 – 44	26%	25%
45 – 59	30%	25%
60 – 74	20%	19%
75+	9%	12%
Ethnicity		
White	90%	97%
BME**	10%	3%
Qualifications		
Have qualifications	70%	80%
Long term illness		
Have illness	43%	20%
Good health/12 months		
Good health	81%	90%
Single parent		
Single parent	11%	3%

Notes to tables on regional event demographic analysis

* The demographic averages here are based on averages across the relevant Strategic Health Authority area.

** Age ranges slightly different from those used for the Citizens' Summit – here the range is 16 – 29, and this brings together three separate age groups analysed for the regional events (16 – 19, 20 – 24, and 25 – 29). Similarly, the two separate age ranges identified for these regional events (60 – 64 and 65 – 74) have been added together to match the Citizen's Summit range of 60 – 74.

*** The figures for the BME category here includes 'white other', meaning that the 'white' category is 'white British' only.

**** The categories used in the regional events to show 'seldom heard' groups are slightly different from those at the Citizens' Summit (see table below).

BIRMINGHAM SUMMIT

GROUP	NUMBER OF PARTICIPANTS	% OF PARTICIPANTS	ENGLAND AVERAGE*
Total	**986**	**100%**	
Gender			
Male	486	49%	49%
Female	500	51%	51%
Age			
18 – 29	185	19%	22%
30 – 44	287	29%	28%
45 – 59	260	26%	24%
60 – 74	189	19%	17%
75+	65	7%	8%
Ethnicity			
White	xx	79%	87%
BME**	160	21%	13%
Qualifications			
Have quals	not avail	67%	79%
Good health			
Have good health	not avail	85%	91%
Single parent			
Are single parent	not avail	10%	3%
Working status			
Working	541	55%	44%
Not working	445	45%	66%
Long term ill			
Have condition	380	38%	18%
No condition	606	62%	
Caring status			
Not a carer	688	70%	
To 19 hrs/wk	225	23%	
20+ hrs/wk	73	7%	***
Parents**			
Kids under 16	239	24%	
No kids under 16	706	72%	

Notes to table on Birmingham summit demographics

The percentages for working status, caring status and whether parents to children under 16 have been calculated from the 'number of participants' specified by OLR. The other percentages are as given in the OLR Report appendix.

* England average based on figures supplied by OLR.

** BME (Black and minority ethnic) here covers 'white other' and 'ethnic minority' (the categories used in the analysis of the core questionnaire stats).

*** 2% do more than 50 hours per week.

**** The numbers of parents do not add up to 986 (total is 945); hence % do not add up to 100%.

- **Citizen Summit recruitment.** It was expected that 100,000 invitation letters would go out to get 10,000 responses that could be used to select a representative sample of 1,000 for the national Citizens' Summit in Birmingham. Responses were found to be slightly lower than expected so 125,000 invitation letters were actually sent out.

  As in the regional events, all respondents sent back a completed questionnaire that provided the data to allow a representative sample to be drawn. In this case, a further screening questionnaire was used to ensure a representative balance (especially to avoid over-representation of health and social care 'professional' participants).

  In summary, 986 people attended the Citizens' Summit in Birmingham on Saturday 29 October 2005. The actual attendance was slightly lower than the target, but was very close. The basic demographic analysis is given in the table above.

In summary therefore the findings on demographic coverage overall for the deliberative processes are:

- **Gender:** met the national/regional averages well.
- **Age range:** good range – although slightly below average in 16 – 29 year olds, and slightly above in the 30 – 60s range.
- **BME:** very good coverage – all events had significantly higher attendance than national or regional averages.
- **Qualifications:** very good coverage – the summit had more people with no qualifications than the national average; so did Plymouth, London and Leicester.
- **Long term illness:** very good – all events had more people with long term illness than the national/regional averages.

These categories show there was a good representation of 'seldom heard' and 'disproportionately affected' groups, as well as representing a good sample of the general public.

The findings from the interviews show that these statistics can be reinforced by the perceptions of participants. Around 86% of the participant interviewees felt there had been a good mix at their event (less than 10% felt there had not). In addition, many respondents felt that the mix of people had been one of the major strengths of the whole process.

4.2.2 Reaching the 'seldom heard' through devolved events

As well as aiming to be "representative of general public opinion", the listening exercise was required to involve 'seldom heard groups'; and to involve groups "likely to be disproportionately affected by changes to out of hospital care close to home" (allowing separate analysis of the views of both categories of people).

The 'seldom heard groups' were not defined in the evaluation brief, other than within the requirement for a representative sample of the population as a whole. In many participatory exercises, 'seldom heard' (or sometimes 'difficult to reach') groups would include older and young people, people from BME groups, people without qualifications, people on low incomes, etc.

The Department of Health added the following to these standard 'seldom heard' categories, given the subject matter of this exercise: people with physical, sensory and learning disabilities, carers, people in residential care, people at the end of life, gypsies and travellers, children, people with substance abuse problems, and prisoners. Together with the initial demographic categories, all these groups were seen as potentially either not attending the regional and national events, or not being 'heard' at those events (for reasons of lack of confidence, ability to speak in public etc), and thus warranted special attention through 'devolved' events.

Those groups that might be seen as 'disproportionately affected' were not specifically defined in the evaluation brief, but mention was made of groups that had poor health outcomes, were less articulate, had poor access to health care services, were heavy users of services, or were carers. Statistics were collected at various points in the process on the views of those with and without qualifications, those with long term illness/disability, single parents, carers and those with children under 16 years. Any differences between the views of these groups and the overall views from the meeting are identified in the OLR report, and throughout these evaluation findings.

The devolved events were the main mechanism for reaching the seldom heard and disproportionately affected groups. The target for devolved events was 400 events. A resource pack was produced (in several languages), to help local groups run their own events but using similar questions so that comparable data could be fed back into the overall process. Financial support was made available in some cases. An initial consultation meeting was held on 19 July 2005 to discover what resources potential partners would find useful; then a briefing meeting was held on 8 September 2005 to promote this part of the programme. That event was attended by 122 organisations: 72 local authorities, 19 stakeholder groups (e.g. Royal College of Nursing, BMA) and 31 statutory health organisations. Other bodies were also approached to help reach particular sectors of society.

The detailed data on how many devolved events were held, and how many people attended, is quite variable but the conclusion is that there were about 161 events which reached around 8,460 people including the following (and others):

- 1600 children in five different listening exercises, plus 17 events organised by the National Children's Bureau that included young people with disabilities, refugees and asylum seekers, young mothers, young people at risk of offending, or in care, and carers.

- 276 older people in 10 discussion groups (plus events by Age Concern, including for the frail elderly in residential care).
- 277 carers in events organised by 8 carer organisations.
- 342 BME participants in events organised by 14 organisations.
- 197 people with learning difficulties in events organised by 10 organisations.
- 91 people with sight loss attending events organised by 4 organisations.
- 62 people with mental health problems through 8 organisations.
- 48 people with substance abuse problems through 4 organisations.
- 50 refugees and asylum seekers through 4 organisations.
- 63 travellers and homeless people through 3 organisations.

Most of these events were organised by NHS community-based services (52), and voluntary bodies (42), and by local authority social care services (19). Most events were half-day or 3-hour events, although some ran for a full day.

The Department of Health provided a format for the events including guidance on engagement techniques and a form for organisers to use to send back the results from their events. Quite a few organisers 'adapted' the format but organiser interviewees generally found the support material useful. Not all used the form to report back results (about one third of all organisers did not use it), which made integrating this data rather more difficult.

As required in the brief for the overall YHYCYS initiative, the OLR research report identified and separately analysed and reported the feedback from seldom heard groups (in a separate chapter and appendix). This ensured that the inclusion of the views of particular groups could be checked at various points in the policy drafting process, and also that the views of seldom heard groups did not have disproportionate weight overall. Integrating data from such diverse sources is always extremely difficult. However, it is clear that every effort was made in this case to be both fair and proportionate.

4.2.3 Core questionnaire

29,808 questionnaires were returned online and on paper (about 9,000 were paper responses; the remainder online). This is almost three times the target number of respondents (10,000). It was sent to all respondents to initial invitation letters who were not able, or were not selected, to take part in a listening event. The questionnaire was also available to anyone via a link from the Department of Health website. Participation was therefore not limited in any way.

A demographic analysis of the respondents to the core questionnaire is given in the table below.
As can be seen, a large proportion of the responses to the core questionnaire was from people working in health and social care, but there was also a higher than average number of women, single parents, carers and those with long term illness.

GROUP	% OF PARTICIPANTS	ENGLAND AVERAGE
Ethnic origin		
White British	87%	87%
White other	5%	4%
Ethnic minority	8%	9%
Age		
16 – 19	1%	6%
20 – 24	2%	8%
25 – 29	5%	8%
30 – 44	28%	28%
45 – 59	37%	24%
60 – 64	10%	6%
65 – 74	11%	11%
75+	6%	8%
Gender		
Male	28%	49%
Female	71%	51%
Have qualifications	77%	79%
Single parents	23%	3%
Good health/12 months	84%	91%
Have long term illness	31%	18%
Working	68%	44%
Work in health/social care	42%	10%
Managers/senior officials/ professionals	31%	8%
Involved in health or social care volunteering	21%	not known
Carers for 50 hours or more per week	6%	2%

So, in summary, the core questionnaire was completed by:

- a good representative sample in terms of ethnic origin and qualifications,
- fairly good on age representation (with the biggest weakness being on reaching fewer under 24 year-olds than the national average),
- very good representation (significantly higher than national average) among some seldom heard groups: single parents, those with long term illness, and carers,

- less good in representing men (almost down to half national average),
- less good in representing those not in work (68% working compared to national average of 44%),
- significant over-representation of one occupational level (nearly four times as many senior managers as national average) and those working in health and social care (again, about four times as many as national average); however, it had been intended that the questionnaire would be a key mechanism for gathering the views of health and social care professionals.

4.2.4 Overall findings on range of people and organisations involved

Overall, this was a comprehensive engagement process that aimed to gain views that were both representative of the general public, and ensured that the views of seldom heard groups were heard. The analysis of the range of activities (including those aimed specifically at seldom heard groups – the devolved events), and the demographic coverage of those directly involved in the questionnaire and the deliberative events, shows that the YHYCYS initiative has met these objectives.

In addition to ensuring participants were demographically representative, the evaluation brief seeks to assess whether participants were 'attitudinally biased'. The potential for attitudinal bias on the process was tested by including questions in the post-event evaluation questionnaires, and polling during the event, about:

- how involved people currently feel in decisions about the community health and social care services they receive, and
- how important they feel it is to involve the public in deciding what and how community health and social care services are provided,
- whether they were already volunteering, or
- were a health and social care professional.

Having reviewed all the data in the light of the varying perspectives of the participants (demographic or attitudinal), it is (perhaps surprisingly) very rare for these attitudes/previous experiences to make any notable differences between the views of the people with most inclination and experience and those with none; where they are different, they have been noted in the findings later in this report.

The issues that arise from this include:

- There was an enormous quantity of demographic data collected using the COI questionnaire completed before and during the regional and national deliberative events but it had not been analysed in ways that enabled it to be easily accessed and used. In terms of future allocation of resources, it may be more effective to have rather less detailed statistical analysis so that headline figures can more easily be extracted.
- The devolved events were not fully monitored, so there is not sufficient information to assess their success either in representing specific 'seldom heard' voices or as engagement exercises. Some event organisers interviewed felt that the monitoring information required by YHYCYS was too demanding, and actually sent none, which may explain the lack of this data. It may be more useful in future to request a bare minimum of demographic and other monitoring data (e.g. just the age

and ethnicity of participants) to avoid overloading the organisers of the events, and aiming to ensure the provision of the really essential data.

In spite of the lack of complete data, it is clear that there was a good range of devolved events by a good range of organisations reaching sectors that are not normally involved in national consultations of this sort (e.g. young people in care, refugees and asylum seekers, travellers and homeless people). There were problems with the process of running the devolved events, as outlined above, that possibly reduced the effectiveness of this mechanism, which could potentially have delivered more on behalf of those groups, and left those organising the events with a more positive view of the exercise and of the proposed changes to health and social care.

4.3 Working in partnership

On partnership working, the evaluation brief suggested that the YHYCYS process was to be assessed on the extent to which it enabled:

- Transparency (and lack of bias) in methodology and in the analysis process.
- Being viewed by the public as a process which puts them at the centre of the policy making process.
- Iteration to allow policy options to develop in response to public opinion.
- Integration of results from general public and 'stakeholder' results.

With regard to the transparency and influence of the process, the criteria were:

- No indication of bias within the fieldwork process.
- No indication of bias within the analysis process.
- Participant's belief that the results of the exercise will be influential.
- Participant's belief that the results reflect the discussions held.
- Resulting White Paper clearly reflecting the priorities identified via the listening exercise.
- Those involved have a shared understanding of the task they are engaged in.
- Those involved have a shared understanding of its objectives.
- Participants have an opportunity to influence the process itself.
- Participants have the opportunity to learn from each other.
- Participants have sufficient information or resources to enter into the partnership.

The criteria identified for this section of the analysis were that the process should be:

- Open/transparent.
    - Analysis process.
    - Extent to which participation is open.

- Influential.
  - Timing – assimilation of results.
  - Relationship between results and final decisions.

4.3.1 Transparency in methodology and in the analysis process

The findings, based on the post-event questionnaires, were:

- **Clarity on the use of the results.** Just over half (56%) were clear (although only 12% very clear) about how the results of the exercise would be used.

  Those who already felt involved in decisions in this field were more likely to be clear (65%) as were those who were more willing to participate again and those who wanted to see more events. 24% were not clear, and 16% were neither clear nor unclear.

  So there was not complete clarity among participants about how the results would be used. This is important because clarity about the use of results is generally linked in research on public and stakeholder engagement to positive feelings about engagement, although cause and effect cannot be proven.

  There were some variations between the regional/national events:

  - Gateshead was the 'clearest' (67% disagreed), followed by Leicester (63%) and Birmingham (61%).
  - London was the least clear (only 53% disagreed; 29% agreed), and Plymouth (58% disagreed; 19% agreed).

  There were also variations depending on the specific participants existing views of participation, although little difference according to age, gender, etc. The main differences were among the following:

  - As mentioned above, those who already felt very involved in decisions in this field were more likely to be clear (disagreed with the question) than those who were not currently involved: 65% of those who felt very involved already disagreed, compared to 52% of those who did not feel involved.
  - Those who thought participation in this field very important were clearer (58% disagreed) than those who did not think it was important (only 27% disagreed).
  - Those who wanted to see future events were clearer (56% disagreed) than those who did not want to see future events (only 27% disagreed).
  - Those who were willing to participate again were clearer (56% disagreed) than those who did not (31% disagreed).

This suggests that those attitudinally likely to be in favour of participation, and already involved, were much clearer about how the results of the exercise would be used than those who were less positive about participation. However, it is not possible to tell whether the lack of clarity was due to antipathy towards the process, or that lack of clarity contributed to that antipathy.

It is clear, however, that clarity about how the results of the exercise will be used are linked to positive feelings about engagement and willingness to engage again.

- **Clarity about what they had to do.** Most (79%) were clear about what they had to do during the process; 13% were confused and 8% did not feel strongly one way or the other.

  Those with no qualifications were slightly less clear (74% clear) compared to those with higher (post-grad) qualifications (88% clear). The differences, in more detail, were:

  - The most confused were over 74 year olds (25% agreed; 70% disagreed) compared to the 25 – 34 and 45 – 54 year olds (only 9% agreed and 84% disagreed among these two age groups). However, on balance, there were still a lot more who disagreed (and thus were not confused) than agreed.
  - Those with no qualifications were more confused (16% agreed and 74% disagreed) than those with post-graduate qualifications (8% agreed and 88% disagreed). Again, on balance, there were a lot more who disagreed (and thus were not confused) than agreed.

- **Clarity about their place in the overall process.** The feedback from the participant interviewees was that most (about 78%) were also clear about how their event fitted into the overall process of developing the White Paper; only about 15% were not clear.
- **Coverage of relevant issues.** Nearly two-thirds (63%) agreed that all relevant issues had been covered (16% strongly agreed). There were again some variations depending on location of the event and demographics:

  - Plymouth was least satisfied, with only 49% agreeing (28% disagreed). London showed the most satisfaction, with 75% agreeing and only 9% disagreeing.
  - There were some marked differences between age groups. Young people were less satisfied that relevant issues had been covered than older people (59% of 16 -24 year olds agreed, compared to 77% of 65 – 74s, 72% of 74 – 84s, and 89% of over 85s). This suggests that the issues were more relevant to the older age groups of participants, which may be because the issues covered reflected those relevant to those who are currently the heaviest users of services.
  - There was also quite a difference depending on qualifications. 74% of those with no qualifications or vocational qualifications agreed, 66% of those with GCSEs, 59% of those with A levels, and 55% of those with degrees or post grad qualifications. So the higher the qualifications, the less people were satisfied with the issues covered.

  - Strong differences were also apparent between those who currently feel involved in these issues and those who do not. 78% of those who felt 'very' involved currently felt that all relevant issues had been covered, compared to 61% of those who felt 'fairly' involved, 39% of those who felt 'not very' involved and 50% of those who felt 'not at all' involved. So the more involved people currently felt, the more satisfied they were with the issues covered, which suggests that the issues chosen did reflect current concerns in the field.

- **Results reflecting the debate.** Most (83%) agreed that the results of the debate genuinely reflected the discussion people had (27% strongly agreed); only 8% disagreed.

  There was little variation among different types of participants, except a slight variation geographically. Gateshead showed the greatest belief in this, with 90% agreeing, 30% strongly; London 89% agreed, 20% strongly; Leicester 88% agreed, 30% strongly; Plymouth 85% agreed, 17% strongly; and Birmingham 82% agreed, 28% strongly.

- **Fairness/lack of bias.** The great majority of participants were happy with the fairness of the regional events and the Summit overall, the facilitation and the information provided:

  - *Run in unbiased way.* 76% agreed the event was run in an unbiased way (26% strongly); only 11% disagreed. Variations were:

    - In Plymouth, only 67% agreed (15% strongly), compared to Gateshead where 85% agreed (34% strongly), and London where 81% agreed (14% strongly).

    - Some variation of views by age, with the highest satisfaction among 55 – 64 year olds (85% agreed, 36% strongly).

  - *Facilitation.* 92% agreed that the facilitator encouraged everyone to have their say; only 6% disagreed. 85% disagreed with the proposition that there was too much control by the facilitator over the way the exercise was run; only 7% agreed.

    The interviews with participants confirmed these findings. Over 90% of participant interviewees felt that everyone at their event had an equal chance to have their say; not one respondent felt this was not the case (although some were undecided).

  - *Information.* 78% agreed that the information given was fair and unbiased (although only 23% strongly agreed); only 8% disagreed. Variations were:

    - Strongest positive feedback from Gateshead, where 89% agreed overall, with 32% agreeing strongly).

    - In terms of variations by qualifications, those with a degree were least satisfied (70% agreed) while the most satisfied were those with vocational qualifications (89% agreed), no qualifications (85%) and GCSEs (81%).

    - Those who currently felt 'high' levels of involvement in decisions in this field were more satisfied with the information (88% agreed) compared to those who feel 'not very' or 'not at all' involved (59% and 64% agreed respectively). So it seems that the more people currently feel involved, the greater satisfaction they felt with the information provided in this case. This could be a case of experience making them more trusting, more easily satisfied, or possibly that previous bad experiences made this look good; or possibly because those with the greatest current knowledge through existing involvement understood the information more easily and saw it as more relevant than others.

There were also two other evaluation questions on the information provided:

- 91% rated the information received before the event excellent (48%) or good (43%). A further 7% rated it OK. Only 2% rated it poor.
- 66% disagreed with the proposition that there was so much information that it was difficult to assess it all (13% strongly disagreed); 18% agreed (4% strongly); 15% neither agreed nor disagreed. Variations were:
    - Birmingham participants were the most satisfied, with 68% disagreeing, compared to Plymouth where only 46% disagreed, Leicester where 56% disagreed and London where 63% disagreed.
    - There was variation based on qualifications, with 60% of those with no qualifications disagreeing and 26% agreeing, compared to 77% of those with postgrad qualifications disagreeing. So those without qualifications found the information too much, compared to those with high qualifications.
- Again, the participant interviewees tended to confirm these findings, with around 64% feeling there was enough information provided to enable them to take part fully in the discussions. However, around 28% had mixed feelings about the information provided, wanting either a little more or different information.

Overall, then, participants felt that the events, information and facilitation was not biased, and most were clear what they had to do. There was slightly less clarity about how the results of the events would be used (only 56% clear, and only 12% very clear).

The interviews with participants explored feedback on the deliberative processes in more detail, by asking what they felt worked best, least well, what was missing and to suggest any lessons for Government from this experience. The findings were:

- In terms of what worked best, the issues that appeared most often were the mix of people (ages, cultures etc) and the opportunity to meet and exchange views, the small group working, and the expertise of the facilitators. Approval was also given to the presence of Ministers, the opportunity to have a say, and the whole organisation of the event.

What do you think worked best in terms of how you were involved?

“Being valued and respected enough to be asked an opinion” (Leicester)

“Fact that they were noting things down even if they weren't particularly a huge thing. Made me think they are taking into account what I’m saying” (London, 16 - 24 years old).

“The day was hectic but interesting. I didn’t notice the fatigue until the very end” (Birmingham, seldom heard)

“People were actually talking rather than just airing views.” (Birmingham)

“The organisation was superb” (Birmingham)

“The exchange of experiences.” (Birmingham)

"I think making people feel valued is the key to gaining their buy-in to these kind of processes” (Reconvened event)

“I think it was right to have the mixture of the panel and the bigger events; the more people the better. Our group of nine on the panel was a really good mix.” (Citizens’ Panel member)

“It was good because of the mix of age, culture and employment status on the panel, as well as the chance we all had to listen and share views. It opened my eyes to start looking at each person and their needs individually.” (Citizens’ Panel member)

Feedback from facilitator interviews was that the logistics of the exercise, especially the Birmingham Summit, were handled extremely well. The quality of the organisation made it easier for them to focus on their role of facilitating the discussion.

- In terms of what worked least well, the one issue that appeared most often was that the process was ‘rushed’. Some felt there was not enough time to think between the discussions and the voting, others felt it was just too much of a slog with too few breaks.

Another issue raised here was what were seen as ‘restricted’ polling questions. There was a general sense that the polling questions were too narrow and that they were slightly leading and framed to get specific answers. This was not a widespread criticism, but some respondents felt it quite strongly. Some also mentioned that they felt it was not necessary to pay people to attend. This was an issue that surfaced several times (without prompting) both here and in answer to other questions. Concerns ranged from feeling guilty about taking the money, to feeling some others were only there ‘for the money’, and to seeing this as an unnecessary cost if budgets were tight.

What do you think worked least well, and should be changed in future similar initiatives?

"The debate was good. The voting arrangements were perhaps a little hit and miss, but overall I think that the general consensus was reflected." (Plymouth)

"The voting came too soon before we had a chance to discuss properly" (Birmingham)

"It was technically brilliant but just a little intensive time-wise… We could have done with a few more short breathing spaces." (Birmingham)

"The sheer numbers involved … At a large event I am not sure how comfortable people feel talking, or how important they feel their individual view is. I think the table discussions helped this a lot." (Reconvened event)

Feedback from facilitator interviews raised two other issues:

- The process may have worked better with slightly less polling (especially at the Birmingham Summit) to give more time for deliberative discussion. This reflects the second comment in the box above. It was not a major problem but a view that a slight readjustment in the balance between polling and discussion would have helped the whole event feel less rushed, as well as allowing slightly greater depth of discussion.
- The potential for a whole systems approach may be worth considering in future, so that the public debate the issues with experts alongside who can answer specific questions. This approach was used at the reconvened event (with doctors and others available to answer questions if required), and was found not to be needed by participants (although at that stage the policy decisions had been made).

- In terms of what was missing, around 50% of participants interviewed felt 'nothing' was missing. However, about 20% specifically mentioned the need to see 'delivery on promises'. It is an interesting perspective to see this as an integral part of the process.
- Finally, participants were asked what lessons they would like Government to take from this initiative. The overall issues were about 'doing more of it' (public involvement), and again the need to deliver what resulted from the process. This related to the extent to which people valued the whole exercise (points made in relation to this and to other questions: they often felt the whole experience was very enjoyable but really only 'worthwhile' if it improved services – in this case, that improvements in health and social care were eventually delivered).

Are there any specific lessons about involving people that you would like Government to take from this initiative?

“If more people are involved in this kind of thing people would be a lot happier. When I came home I spoke to people and they said ‘I wish I could have been there’. They thought it was a great idea” (Gateshead)

“They need to deliver what they say they will and provide funding for it.” (Gateshead)

“Involving people is the best way forward. The less people know the less likely they are going to trust people” (London)

“The Government should encourage such initiatives, not only in health but also in other departments, especially immigration, social services and legal. The public have something to offer to all of it” (Birmingham, seldom heard).

“Get the public involved. Don’t think you know best” (Birmingham).

“Listen to what people say. The decisions they make are to do with the people, so get to know the people” (Birmingham)

“Get people involved. Everyone has the right to an opinion and to voice that opinion. If that can be done in a public arena then even better.” (Reconvened event)

“When selecting people in future, make sure it is a topic of relevance to them, as personal interest is a big motivator for constructive input.” (Reconvened event)

“Do it more – they need a better idea of what people think.” (Birmingham)

“Carry on – do it again. It cost a lot but then any kind of publicity will cost a lot of money. I am cross with our own PCT for doing endless surveys and looking at lots of options, then just choosing the ones they want anyway. So, don’t do it like that.” (Birmingham)

“You cannot please everyone and I don’t think they could have done much more to involve people in this case.” (Citizens’ Panel member)

“Keep it like this, carry on doing the same.” (Citizens’ Panel member)

4.3.2 Being viewed by the public as a process which puts them at the centre of the policy making process

Participant interviewees were asked a specific question about whether they felt ‘at the centre’ of the process, and the feedback was largely positive, with around 78% feeling either ‘completely’ (about 28%) or ‘to some extent’ (around 50%) at the centre of the process. The feedback from the participants at the reconvened event was more positive still – all those respondents felt they had been ‘completely’ or ‘to some extent’ at the centre of the process.

The aims of the consultation included that the public were 'at the centre' of the whole White paper process, and that the public were 'working in partnership' with Government on these policy issues? How much do you feel these aims were achieved?

"The MP came and spoke to us. Questions were asked. Seemed to get across what we wanted to say." (Gateshead)

"It was a really bold thing to do and because I was part of it I felt the public were at the centre … Other people were cynical about it having read about it in the press and it was good I could say it was going on and I was involved in it." (Leicester)

"Patricia Hewitt attending I think was absolutely key and very important" (Leicester)

"…where it falls short is that I feel what was discussed won't actually happen." (Plymouth)

"Not at all. When it came to the voting, we were very clear about some things, for example keeping hospitals open. Now our local cottage hospitals in Gloucester are closing down … To be honest it's a bit of a betrayal" (Birmingham)

"There wasn't much information about the meetings on TV or radio, not enough publicity." (Birmingham)

"The money may have made some people attend, but I actually felt very guilty about being paid." (Reconvened event)

"They should have a review against real outcomes to see if the deliverables such as increased care in the community are actually realised as a result of the White Paper process; that would be the final piece of the jigsaw for me" (Reconvened event)

"Completely, I definitely think so. It is a good thing to get public opinion as the Government do not always understand what the public need, and they cannot do anything about it unless they know what the issue is." (Citizens' Panel member)

There was feedback from participants on various questions in the evaluation questionnaires completed at the events which also cast some light on this issue, around level of satisfaction with the whole process, and extent of influence participants felt they had.

- **Satisfaction and enjoyment.** Participants at the deliberative events were generally very satisfied with the way the whole thing was run:
  - *Satisfaction with the process.* 96% said they were satisfied with the process (62% said 'very' satisfied). Variations were:
    - 99% of those with no qualifications were satisfied (71% very satisfied).
    - 99% of those who currently feel 'very' involved in decisions in this field were satisfied (83% very satisfied).

      The exercise clearly satisfied those experienced in involvement in this field, and those who might be seen as often excluded from such processes (i.e. those with no qualifications).

- *Running of the event.* 98% said the running of the event was excellent (67%) or good (31%); 2% rated it OK.
- *Enjoyment of the event.* 93% said they enjoyed it (61% strongly agreed); 5% said they did not enjoy it. The variations in findings were:
  - Birmingham had the highest 'strongly agree' figures, with 64% agreeing strongly (92% overall enjoyed it). There were other variations among the regions, with 98% agreeing they enjoyed it in Gateshead (57% strongly), 98% in Leicester (56% strongly), 94% in London (55% strongly) and 94% in Plymouth (but only 43% strongly).
  - There was some difference in enjoyment depending on qualifications (although overall figures comparable with averages). The lowest strong agreement was among those with A levels (55% agreed strongly), and 59% of those with no qualifications agreed strongly, compared to 66% of those with post grad qualifications agreeing strongly, and 70% of those with vocational qualifications agreeing strongly.
  - 94% of those who said they were willing to participate again enjoyed it, but so did 76% of those who said they would not participate again.
  - Rates of enjoyment were much less among those who did not want to see future events (20% disagreed, compared to 5% overall).

Polling at Birmingham. In addition to the questions above, from the evaluation questionnaire completed by participants at the end of the event, there was some polling on the day of the Birmingham event to test satisfaction with the event. The results were:

- 75% said they enjoyed it a lot.
- 16% said they enjoyed it a bit.
- 1% said they didn't enjoy it much.
- 1% said they didn't enjoy it at all.

So, a total of 91% enjoyed it according to these polling figures. There were some variations in who enjoyed it most:

- 96% of the occupational group covering plant, machine and elementary workers said they enjoyed it, compared to 87% of the managerial, senior officer, professional occupational group.
- White people enjoyed it (92%) more than those from BME groups (86%).
- Those without a long term condition (92%) enjoyed it more than those with a condition (89%).

Polling at reconvened event. Similar results, even more enthusiastically positive, were found in the polling at the end of the reconvened event (March 2006):

- 100% said they enjoyed it (93% said they enjoyed it 'a lot').
- 97% agreed (68% strongly) that they had 'had their say'.

- **Positive or negative aspects.** In terms of what participants felt were the most positive or negative aspects of the event they took part in. The answers were:
    - 32% said it was the actual involvement that was the most positive (19% specifically mentioned being 'listened to').
    - 30% said it was the debate that was most positive.
    - 40% could find nothing negative about it.
    - 23% said there were problems with content (3% mentioned no chance to raise issues, 3% said the topics were 'loaded', 3% said the topics were too broad).
    - 15% said there was a problem with time (5% said there was not enough time, 5% said the day was too long). A specific question also addressed the issue of whether there was enough time to discuss the issues properly – 46% disagreed with this; 38% agreed.
- **Having their say.** A specific question on the feedback questionnaire asked whether participants felt they did not get the chance to say all they wanted to say – 74% disagreed with this – so that 74% felt they did have the chance to say all they wanted (51% strongly); only 18% agreed they did not have the chance to have their say. There were some variations among different participants:
    - In Plymouth, only 55% disagreed with the statement that they did not have their say (compared to overall average of 74%), and 25% agreed.
    - Those with vocational qualifications felt it was not a problem, with 85% of them disagreeing and only 11% agreeing. There was least satisfaction among those with A levels (69% disagreed and 21% agreed).
    - Those already feeling 'very' involved in decisions in this field were more satisfied than average, with 81% disagreeing and only 1% agreeing. Those 'not very' involved were far less satisfied (58% disagreed and 25% agreed). These are quite significant variations.
    - There was less satisfaction among those not keen to see future events (only 50% disagreed and 38% agreed), and among those not keen to participate again (only 41% disagreed and 47% agreed).

  These last two statistics suggest strongly that those already involved, or inclined to be involved, tend to be the most satisfied with the process.

A question in the polling at the end of the Birmingham event also asked whether people felt they had 'had their say'. Here 89% felt they had (68% agreed strongly, plus 21% agreed slightly). Only 3% disagreed.

Again, those from the 'elementary' occupational group felt more positive (94% agreed) than the 'professional' group (85%).

- **Level of influence.** Participants were also positive about the level of influence they expected to have through being involved in the events:

  - *Results influential.* 60% agreed that they thought that the results of the process would be influential; only 7% disagreed (quite a few didn't know – 22% neither agreed nor disagreed). Variations were:
    - Older people were more likely to think it would be influential (66% of 65 – 74s), than younger (only 53% of 16 – 24s; and 10% disagreed).
    - Those with the lowest levels of qualifications more likely to think it would be influential (66% of those with no qualifications) than those with higher qualifications (only 48% of those with a degree agreed).
    - Gateshead was the most positive, with 77% agreeing (28% strongly) and only 2% disagreeing. The other regions responded differently. In Leicester 64% agreed, in London 63% agreed, in Birmingham 58% agreed and in Plymouth only 48% agreed.
  - *Commissioners of YHYCYS taking notice.* 66% disagreed with the idea that the people who commissioned the event would not take any notice of the results (so 66% thought the commissioners would take notice); only 8% agreed that the results would be taken no notice of. 18% neither agreed nor disagreed; 9% didn't know.

    There were fairly universal views across the spectrum of participants, with a couple of areas where there were variations – geographically and in terms of people's existing involvement:
    - 75% of those who already felt 'very' involved in decisions in this field disagreed, 27% strongly. So the more involved people already felt, the more they trusted the process to be influential.
    - There was greatest trust in the process in Gateshead (where 67% agreed, but 25% of those agreed strongly), but less than average trust in Plymouth (only 58% disagreed) and London (57% disagreed).

- **Reconvened event polling on influence.** The polling at the end of the reconvened event showed that:
  - 92% agreed (41% strongly) that the proposals outlined at the event (summarising the White Paper proposals) reflected what the DH had been told.
  - 93% agreed (57% strongly) that the DH had listened to what they had been told in the events.
  - 72% thought the results of events had been influential. 27% were not sure but only 1% did not think the results had been influential.

  This is considerably higher than the expectations earlier in the process, which suggests that what was delivered considerably exceeded participants' expectations. The evidence from the interviews with public participants supports this: 86% of those interviewed said the YHYCYS initiative had met or exceeded their expectations.
- **Interview feedback on influence.** The participant interviewees were somewhat less positive about the level of influence they felt they had on the content of the White Paper:
  - **Influence of their event.** Quite a few participant interviewees were not sure about the influence of their event, and some mentioned not having seen the White Paper (and see

below). Of those who did give a definite answer, very slightly more of them said 'not much' or 'not at all'; only about 14% said they felt their event had influenced the content 'a lot', compared to about 28% who felt it had had 'not much' influence. This varied depending on the level of involvement, with Citizens' Panel members feeling much more influential than those just attending the public deliberative events.

How much do you think the event you took part in changed or influenced the content of the White Paper?

"I thought Government had already made up their minds – some of these policies would be vote winners. As I say, I thought my groups was being pushed along a certain path … to a large extent it was fair but there was some gentle prodding." (Leicester)

"…in my mind consulting on a White Paper means that the decisions are virtually made" [unlike a Green Paper that the respondent had been consulted on previously] (Birmingham)

"I think we [Citizens' Panel] had a lot of influence. We talked together afterwards and were quite pleased with what we had gone through. It was surprising at the big Birmingham event just how many of the votes came out the same way as we had thought."
(Citizens' Panel member)

- **Influence they personally had.** Participant interviewees were a little more positive about this. Slightly more (about 37%) felt they had personally contributed 'a lot' or 'a little' compared to about 32% who thought they had contributed 'not much' or 'not at all'. About 15% made the point that they felt they had contributed on the day, but were not sure how much impact that had had.

How much do you think you personally contributed to the content of the White Paper?

"I contributed alot to the day when I was there … People were listened to on the day and Patricia [Hewitt] came round and listened in to the group discussions and asked questions round that. At that level I felt I was contributing" (Leicester)

"Quite a bit. My table was such a nice group. I was the only one working in the health care profession and the youngest. They were really nice to me and making sure I got my point across. … It was a really positive experience." (Plymouth)

"Not at all to the White Paper, but at the tables, a lot" (Birmingham)

- **Satisfaction with contribution.** Over 40% of participants interviewed felt satisfied with their contribution (only about 10% said they were not).
- **Knowledge about the policy that resulted.** Only just over 30% said they felt they knew enough about the policy that resulted from their involvement; about 15% commented that their lack of knowledge was their own fault for not having taken the trouble to find out.

Do you feel you know enough about the final details of the policy that resulted from your involvement? If not, what would you like to have been told, and how?

"…it would have been worthwhile to get people together and go through it after. It would have been good to be invited to the overall event. Its just nice to hear about the overall thing." (London)

"Not particularly … the TV and newspaper coverage was virtually none" (Birmingham)

"I think I did get sent something, but a refresher a little way along the line would be a useful way of keeping people informed." (Birmingham)

"Some more follow-up information would be good as and when the time is right." (Birmingham)

"There are still things I would like to know, mainly about whether or not things will actually happen. I know it will take a long time for everything to get going, so we will have to wait and see whether or not things turn out how we would like." (Citizens' Panel member)

In summary, therefore, there was not great clarity among participant interviewees about the influence they had on the end product, although there was an overall sense that they did not have very much influence. This may have been through lack of knowledge about what emerged, or any detail on how their input was used to influence that. However, there was a degree of satisfaction with the *process* of influencing and their own role in that process.

Those who attended the reconvened event were more positive and clearer in their responses to all these questions about influence, although none of these felt their event had influenced the content of the White Paper 'a lot'. The balance between actual influence and personal contribution was the same as the others – satisfaction with their input and the process, and less certainty about impact.

- **Policy and stakeholder feedback on influence.** The interviews with policy-makers and stakeholders illuminated the detailed policy drafting process, and how the input from different sources was integrated. Approaches included:
  - Sections of the White Paper were drafted by the appropriate Department of Health policy leads, after the deliberative events and the other consultation initiatives, with instructions to base analysis, conclusions and recommendations on the public and stakeholder input. The drafting process also drew on the consultation outcomes from the Independence, Well-being and Choice social care green paper (which had also fed into drafting some of the original questions put to the public in the deliberative events). The drafted sections of the White Paper were then checked by the YHYCYS team to ensure the public and stakeholder views had been taken on.
  - The first full draft of the White Paper was checked in detail using a traffic light approach to check if proposals from the public and stakeholders were well-covered (green), covered to some extent (amber) or not covered (red). If not covered, the issue was checked. In some cases proposals for the public were not covered (e.g. more day centres) because the Department of Health's approach is to focus on outcomes (e.g. reducing loneliness and isolation among older people) rather than prescribing solutions better determined at a local level. In some cases

where an issue was seen not to be covered (red), and was important to the public (e.g. transport), it was then addressed.

The interviews with policy-makers and stakeholders identified a number of specific issues not considered priorities before the public involvement, but then included in the policy proposals in the White Paper, including:

- Mental health issues were a higher priority with the public than expected.
- Support for carers also emerged as a priority issue.
- Transport (to medical and other services) was a public priority.
- Better provision of information was important.
- Loneliness and isolation among older people (this had been an issue that was recognised but the public involvement raised its priority).

On the other hand, the option to register with more than one GP had been an early proposal that had been put to the public but was dropped because the public felt it was not at all a priority.

One of the more complex issues to deal with was around the lifecheck idea. The public were keen to see what they defined as annual health MOTs, which included medical checks (e.g. blood pressure). The professional stakeholders did not agree, drawing on strong clinical evidence that it is not a good use of resources to undertake regular physical check-ups (not least because of dangers of 'false positive' and 'false negative' results). It was therefore decided to recommend instead a self-completion lifecheck survey in the White Paper. There was not time to take this back to the public but the idea was tested with the Citizens' Panel, who accepted the new proposal.

The feedback from interviews with policy-makers and stakeholders was that the process had been genuinely open, and that they (and Ministers) did genuinely listen. One Minister was known to continue to quote 'what the public told us' in various subsequent meetings.

There was clearly a significant shift in views among policy-makers as the process continued, with various respondents pointing to degrees of cynicism at the beginning of the process, as well as some anxiety about the extent to which the public could tackle controversial issues. Several respondents said that they became bolder and more confident as the process went on, and were more willing to include difficult issues. They became more enthused about public involvement having seen it in practice. One respondent said that the process had given the Department of Health "what it needed in a form it could use", and that it was "not a fluffy warm approach but something valuable, useful and successful in getting good outcomes", that it had enormous potential for future use, and that they would use it again. Another respondent pointed to the much "richer" response that was gained compared to feedback from traditional consultation exercises.

A more general benefit was also identified. One respondent suggested that YHYCYS had "broken the mould of consultation", which has in the past often been about managing sectional interests advocated by stakeholders who see their role as defending the need for their own constituency's voice to be heard (often a perfectly valid approach). The YHYCYS initiative was seen to be different because the discussion started with input gained from public deliberation, and the role of the stakeholders was to build on that to identify policy solutions and how they might work. This was seen as allowing stakeholders to go beyond their usual positions and 'co-produce' new approaches to addressing the needs and priorities identified by the public. This suggests a significant level of influence of the results of the public deliberations on the final policy drafting process.

In summary, the policy-makers felt that the White Paper that was published was very different as a result of the YHYCYS involvement exercise, particularly in terms of effective support for people to remain healthy, mental health issues and wellbeing. One respondent suggested that as much as 75% of the content of the White Paper could be clearly linked to the listening exercises.

4.3.3 Iteration to allow policy options to develop in response to public opinion

The original expectation among the policy-makers (DH) was that the deliberative process would provide a way in which policy options could be generated, discussed, developed and agreed in an open and transparent process.

There were various opportunities for iteration:

- The questions to be debated by the participants in their small groups, and the polling questions, were developed by the Department of Health to provide a series of 'themes' to ensure a breadth of topics was covered, based partly on the initial evidence base (see 3.4), which included data from focus groups and a public survey as well as a secondary research base. The YHYCYS initiative was therefore framed and informed by other activities that helped provide a wider context for the deliberative exercises and the policy iteration process.

  The questions were refined and changed iteratively as the regional events progressed. The questions at the Citizens' Summit were thus different in some ways from the questions at the first regional event. For example, better access to better information was so universally agreed with in the first couple of events that the question was removed from later events as it was felt that there was enough evidence to show its importance.
- 'Citizens' Options' were added to the initial set of policy issues offered for deliberation during the regional events and the Summit. These options were added to as the regional events progressed, and were further debated at the Summit. This allowed participants to add new ideas (e.g. the health MOT), or increase the priority of some existing ideas (e.g. mental health and wellbeing, and support for carers).
- The later stages of the policy process, when all the deliberative events had been concluded, did use the data from the deliberative events as their starting point (see 4.3.2), and various mechanisms were used to ensure that the drafting of the White Paper did reflect the views expressed. However, this process was not done with participants (public or stakeholders).

The process at the deliberative events was that people discussed a series of set questions at their tables. People's views at the table were captured by facilitators typing the comments into laptops. At the Summit, these comments were reviewed by a 'theme team' which drew together similar issues to feed back throughout the day to those running the event, as well as starting the larger process of analysis; the notes taken at the other events were all collated and included in the final research report. All the participants were then polled (individually electronically at the Summit, by table on paper at the regional events) on a specific issue related to that question.

This process design did have a number of potential problems:

- **No opportunity for participants to check data as it was recorded.** Most participants could not see, and thus could not question, the way discussion points were recorded by facilitators on the laptops (although those sitting closest to the facilitator could see the screen). This recording process was used as it is much quicker and less expensive than transcribing notes and flip charts.

  There is no suggestion that facilitators biased these recorded comments, just that the way they were recorded was not transparent (unlike the usual practice in facilitated discussions of recording comments on flip charts so that everyone can see them). It was these comments that went to the 'theme team' at the Birmingham Summit and into the research report and (together with the results of the polling) were the basis on which the policy recommendations were made.

  The polling provided a useful check for participants, although only partial. The polling questions were, by necessity, less complex than the nature of the discussion in the small groups at the tables. There was no opportunity for participants to do more than vote, whereas it may have been that they would have liked to have added caveats to their vote.

- **No opportunity for participants to see data from previous events.** The data from the discussions at the devolved events were not explicitly part of the process, nor were the findings from the core questionnaire (or the other questionnaires), nor were the conclusions of the regional events explicitly passed on to participants at the Birmingham Summit (although the questions discussed were changed to reflect earlier discussions). These data were all integrated separately in the final OLR research report and during the drafting of the White Paper.
- **No continuity among participants at the events.** The participants at the regional events were different from those at the Citizens' Summit, so there was no opportunity for them to build on their experience and growing knowledge as the initiative progressed, feeding in their changing views as they developed. The participants at the reconvened event were drawn from those at the Citizens' Summit and the regional events, but this was after the policy decisions had been made.

There is no intention here to suggest of any lack of integrity, or commitment to the views of participants', on the part of those running the events and the policy process.

The issue here is about *transparency*, and the extent to which any perceived lack of transparency affects the sense of 'partnership' between the participants and those commissioning and running the events.

The interviews with participants explored these issues further (and see also the findings on 'influencing', which are analysed under 4.3.2 above). The findings were:

- Around 45% of participant interviewees felt there had been issues raised in discussion that had not been reflected in the polling questions; fewer, around 37%, felt that there had not been any such problems. Although not a significant difference, those that felt issues had not been reflected felt quite strongly about it. The one specific issue that was mentioned several times was dentistry. Although participants had been told that dentistry was excluded from the whole White Paper discussion, it was clear that some did not understand why it was excluded, and felt it should not have been.

Do you think there was anything that was raised in the discussions in your group that was not covered in the polling questions? Can you give examples?

"We ended up voting for what they wanted us to vote for … [some things] shouldn't have been there on the list" (Leicester)

"We did bring other issues up but I felt they were documented. Whether they were taken on board – that is a different matter" (Leicester)

"Targeting money to hospitals and medical centres [rather than facilities at supermarkets and railway stations]. That became my group opinion. But that was lost." (Leicester)

"Yes. People were bringing up issues that were not in the list of questions, and we were only allowed to answer the predetermined questions … the whole thing was very directed towards the answers they wanted us to come up with." (Gateshead)

"There were some points that people brought up and we weren't asked about specifically … loads of points were raised – apart from the questions" (London)

"I felt that some of the issues raised were not put in the polling" (Birmingham, seldom heard)

"At our table there was a general consensus of opinion on certain subjects, but the answers from the polling questions didn't reflect the feeling in our group" (Birmingham)

"We didn't have enough time to think about the polling questions and there were other issues not fully reflected." (Birmingham)

"Yes. Drop-in surgeries weren't covered. They rang alarm bells in our group in terms of lack of follow-up care, but we didn't have a chance to vote on them." (Birmingham)

"Yes. There wasn't a lot about mental illness and not enough about carers … in the polling questions. They were both discussed in my group but we didn't get asked to vote on them." (Birmingham)

"… there were quite a few things I hadn't heard about until we discussed them, for example all of the things that are available outside of hospitals." (Citizens' Panel member)

- In terms of considering which issues they felt should have been in the White paper, but had not been, almost all participant interviewees could not think of any. However, about 50% said they had not seen the White Paper so could not comment, although all participants had been sent a summary; even half the interviewees from the reconvened event said they had not seen it, although copies were handed out at the event.

This is instructive but the meaning is not entirely clear. It may be because the interviews were conducted some months after they had been sent the White Paper, although memories on other issues were very clear and strong. It may therefore be that the summary of the White Paper had not resonated with the participants in any powerful way, so they had simply forgotten it.

4.3.4 Integration of results from general public and 'stakeholder' results

This was a very complex initiative, with data of different types coming from a wide range of different sources:

- questionnaires in magazines,
- polling data at regional and Summit events,
- comments from discussions in the small groups at regional and Summit events,
- the core questionnaire,
- the devolved events, mainly with 'seldom heard groups',
- ad hoc contributions, and
- information from the separate stakeholder task forces managed by the DH.

Various mechanisms were used to ensure that the policy drafting process did take appropriate account of public and stakeholder views in the integration and policy drafting process, including:

- Data from events with 'seldom heard' groups was reported separately, so that the views of these groups could be taken into account without the danger of it being 'drowned out' by the weight of numbers of the majority of participants.
- The policy drafting process included a 'traffic-light' approach, which checked initial drafts to see which ideas from the public deliberative events had been covered completely (green), covered to some extent (amber) or not covered (red). If the latter, the reasons why that point was not covered were clarified.
- Data from the deliberative events was fed directly into the stakeholder task forces, so there was clearly integration there.

It is always a problem in managing engagement initiatives to find ways that integrate such different types of data from different sources, giving appropriate weight to the different information. In this case, all the data were collected separately from all the different sources, collated centrally and then used during the next stages of the policy development process. It was not seen by policy-makers as a major problem in this case because there were not significant differences of opinion from the different sources. However, this approach did not allow the public participants the opportunity to question or validate the data at any later stages.

4.4 Assessment of achievement against objective

Objective 1 of the YHYCYS exercise is "For the public, providers of care and Government to work in partnership to determine policy priorities and design new approaches to future care". This was to be assessed in two ways:

- the range of people and organisations involved, and
- the extent to which the process enabled those involved to work in partnership.

- **Range of people and organisations involved.** The evaluation evidence shows that there was a very good demographic representation involved overall, and that this was the perception of the participants at the deliberative events that have been interviewed (this is not always the case; perceptions can differ from earlier statistical data). There was a good demographic mix at the deliberative events including often under-represented groups (e.g. people from black and minority ethnic backgrounds, single parents, people with no qualifications).

  The devolved events were not as widespread as had been hoped (about 161 events held compared to a target of 400), but they did reach 8,460 people including some of the most excluded groups in society including refugees and asylum seekers, people with substance abuse problems, young people at risk of offending, and travellers and homeless people.

  The respondents to the core questionnaire were less demographically representative, with more than average representation of people working in health and social care, professional/management people, and people aged over 45 (with very few under 25). However, there was also a higher than average representation of single parents, carers and people with long term illnesses. Moreover, the questionnaire was always intended as the 'open access' part of the process, and it was not intended to ensure demographic representation among these respondents.

  This part of the objective was therefore fully met.

  The demographic mix was achieved by making it a very high priority throughout the exercise. The whole programme of devolved events was designed to reach the 'seldom heard', and this was also a priority for the deliberative events (although there it was more important to reach a cross-section of the public). It was also achieved by good sampling and the use of quotas to ensure wide representation at the deliberative events of those who may not normally respond to such invitations.

- **Working in partnership.** This was more complicated to assess, although four main criteria had been established early on in the process:

  - Transparency (and lack of bias) in methodology and in the analysis process.
  - Being viewed by the public as a process which puts them at the centre of the policy making process.
  - Iteration to allow policy options to develop in response to public opinion.
  - Integration of results from general public and 'stakeholder' results.

  Each of these criteria has already been covered in detail above (throughout section 4.3) and, overall all these criteria were met, at least in part.

  Problems arose in two main areas:

- **Transparency in iteration with the participants.** Although there was continuous development of the deliberative process (which changed to make it more effective throughout the regional events and leading up to the Citizens' Summit), and of the policy issues to be discussed, this was not shared fully with participants. Although notes were taken of all points raised by participants in the discussions, and included in the final research report which was used to draft the White Paper, this was not clear to participants who may therefore have felt that the polling (on more limited issues) was more influential.

Apart from those (110) at the reconvened event, public participants were involved in their own specific part of the process, rather than in the initiative overall. Few participant interviewees remembered receiving the White Paper summary they had been sent when it was published, although they remembered the deliberative process remarkably clearly. This supports the proposition that there was no sense of continuity, or of influencing the final product: although participant interviewees felt generally satisfied with their own contribution at the deliberative events, they were less clear about the influence they personally (or the event they attended) had on the final White Paper.

This was a weakness in the design of the process rather than in its implementation, but may have been unavoidable given the time pressures on the initiative overall, which simply did not allow time between events for feedback to participants – which may have helped clarify the overall process for them. However, as shown above, overall the participants did not feel the events, facilitation or information provided was biased.

- **Partnership as an objective.** This was a very large exercise, aiming to reach a lot of members of the general public over a very short timescale to generate data that could be used for a specific purpose (drafting the White Paper) which remained the responsibility of Government. In these circumstances, partnership is very difficult to achieve. With a longer timescale, greater iteration of policy with the participants, and a method for gaining feedback on draft policy proposals emerging (which happened with the Citizens' Panel but no-one else), a degree of partnership may have been achievable.

  This is not to say that good involvement was not achieved – it was, as the feedback from participants and policy-makers shows. The point is that there is a difference between partnership and involvement; and the YHYCYS initiative was clearly an exercise in deliberative research which required an involvement process and it was not possible in the circumstances to work through partnership (or indeed create partnership).

  In summary, therefore, we can conclude that the first criteria was fully met, and the second criteria was not met – but that seeking 'partnership' may have been unrealistic in the circumstances.

  This is an important lesson for future engagement processes – the need to be clear about the nature of the process being embarked on, and whether it is about informing, consulting, involving, collaborating or empowering[2]. In this case, the YHYCYS initiative was looking for an 'involving' level and not a 'collaborative' level of engagement. IAP2 defines the difference as follows:

  - Involving is designed "to work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered".
  - Collaboration is designed to "partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution".

  According to these definitions, the YHYCYS was a very good example of involvement and the failure to achieve partnership should not detract from the very real achievements and benefits of the process which, as can be seen throughout this evaluation report, were substantial both for participants and for the quality of the final policy.

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[2] These categories are from the spectrum of participation developed by the International Association of Public Participation; www.ipa2.org

5. Findings on Criteria for Assessing YHYCYS Objective 2

5.1 Introduction

YHYCYS Objective 2: To increase levels of public engagement in the policy decision making process.

No specific criteria were proposed in the evaluation brief for this objective. However, data was collected before, during and after the regional events and the Summit on:

- participants' initial motivations to take part in the initiative,
- what they felt they had learned from taking part in the event,
- the extent to which participants currently felt involved in decisions about community health and social care services,
- how important they felt it is for the public to be involved in these decisions, and
- whether participants thought events like this should be conducted on other topics in future.

It is possible, on the last three of these issues, to see how views changed before and after the events, which provides some evidence of growing belief in these processes, which in turn is likely to increase levels of public engagement in future.

In addition, meeting people's motivations (comparing the original motivations below with strong sense of people having had their say), for example, and providing opportunities to learn, are also often seen as likely motivations of future engagement (as shown in the findings elsewhere in this report).

The data also gives some direct evidence of people's view about whether there should be similar future events, and of their willingness to take part in future.

5.2 Motivations for public involvement

5.2.1 Participant feedback on their motivations

The evaluation questionnaire, completed by participants at the end of the regional and Summit events, had an open question asking why people chose to participate in the event. The responses can be grouped into five main categories:

- The biggest group (51%) gave reasons associated with the benefits of public involvement to them and generally, including:
  - 21% said they wanted to take the chance to have their say.
  - 12% said they wanted to influence decision-making/make things better.
  - 9% said public involvement was important.

  This reason for involvement was highest in Gateshead and Birmingham (52%), and lowest in London (32%). Other variations included:

  - This reason was highest among 25 – 34 year olds (61%) and lowest among the older age groups: 55 – 74s (40%), 74 – 84s (23%).
  - This reason was highest among those with only vocational qualifications (59%), with a degree (57%) and with a postgrad qualification (56%).
  - Those with only vocational qualifications were much more likely to be motivated specifically by 'having their say' – with 37% identifying this as their reason for getting involved (compared to 21% overall). This group were also more likely to have been motivated by wanting to influence decision-making (15%, compared to an average of 12%).
  - Those with higher qualifications were more likely to give their motivation as being that public involvement is important: 14% of those with postgrad qualifications gave this as their motivation, and 11% of those with a degree or A levels, compared to an average of 9% – and only 6% of those with only GCSEs and 7% of those with only vocational qualifications.
- 27% said they had a special interest in the NHS, and that was their motivation for taking part (including 2% who mentioned that improvements were needed).
- 16% said their motivation was 'general interest'.
- 7% said they were motivated by the incentives offered (participants at the regional events were paid £75; participants at the Summit were paid £125 if they stayed overnight, or £75 if they were from the Birmingham area).
- 6% said they were motivated by the opportunity for learning.

The participant interviewees were asked if the exercise had met their initial expectations. Overall, about 86% said it had met or exceeded their expectations.

Did it meet your expectations, or not? *Give examples.*

“I was impressed that [Patricia Hewitt] came to the event. From my point of view I don’t often get an opportunity to meet a Minister” (Leicester)

“It did meet my expectations, in fact I was pleasantly surprised. A lot of issues got brought out.” (Birmingham)

“It was better than my initial expectations because it made me think that the Government actually do care. After the event things actually started happening and appearing in the news, for example longer GP opening hours. That was good to see.” (Birmingham)

“It was remarkable. The organisation and paperwork was wonderful. It was so well organised and informative.” (Reconvened event)

“It was much better than I expected; it felt like they were actually listening.” (Citizens’ Panel member)

“The papers we got for the second meeting showed that they had started to act on some of the issues that came out of the first meeting. So my views started to change from the second meeting onwards and I began to trust the process a lot more.” (Citizens’ Panel member)

5.2.2 What participants felt they learned from taking part in the event

Although this was not a major motivation for people taking part, there was some positive evidence that people had learned from the experience (this again was an open question, without prompts):

- 39% said they had learnt about others (including listening to interesting views). There were some variations in the data:
    - Those attending events in Leicester (54%) and Plymouth (47%) were most positive about learning about others; those attending in Gateshead were least positive with only 35% giving this as something they had learnt.
    - 25 – 34 year olds (32%) and 16 – 24s (36%) were least positive about this; 65 – 74s (49%) and 45 – 54s (46%) were the most positive.
- 26% said they had learnt about current (NHS) services (plus another 5% said they had learned about future services).
- 10% said they had learned about participation (12% at the Summit).

The interviews with participants gave very positive feedback on learning from the experience. The interview questions included one specifically on learning, while others focused on personal changes as a result of being involved (to views and to behaviour). The findings were as follows:

- About 78% of interviewees said they had learnt as a result of taking part; only about 10% said they had not learnt. Asked to give examples of what had been learnt, the two issues that were mentioned (unprompted) most were ‘about other people’s experience/views’, and ‘about health issues and services’; learning about policy development and decision-making were close behind.

The feedback from those at the reconvened event was even more positive. All those interviewed felt they had learned something, and the same two issues figured most strongly again.

Did you learn anything as a result of taking part (e.g. about health issues, about participation, about Government, about policy-making)? *Give examples*. Did that have any particular value to you?

"I didn't realise how hard it was … how long it takes to put things into practice" (Gateshead)

"I came out with a lot of respect for others with strong views" (Leicester)

"How the different policies about health services were for different people and different needs … Learnt both from the experts and people round the table" (Plymouth)

"Learnt quite a bit. Never before been in a situation with other people like that … Learnt from other people's experiences … and it was different from mine" (London, 16 – 24 years old)

"I've learnt that its not just politicians that make the decisions. I didn't realise they did that" (London)

"It broadened my mind about health issues and some of the difficulties that the Government faces including what can and can't be done" (Birmingham, seldom heard)

"I learnt a lot, mostly from hearing other people's stories and sharing ideas. I learnt to respect people more" (Birmingham)

"I learnt something about myself. I met a very elderly man and was complaining to him about lack of internet information on services and help for carers. He pointed out that I could just do something about it." (Birmingham)

"I learnt more about the people that were there than about anything else. It is a different policy process to usual. I learnt a lot about people's views" (Birmingham, 16 – 24 years old)

"I learnt about the range of GP services available and simply about how vast the whole health service is." (Birmingham)

"I learnt a lot about what happens to people in other areas … It was interesting to learn about their problems and views." (Birmingham)

"Definitely. I learnt mostly about the kind of services on offer, for example clinics and other things outside of hospitals. When you live on your own it is nice to be able to go somewhere a bit more quickly than the hospital." (Citizens' Panel member)

"It was good to learn about the job that the Government has to do – how difficult it is." (Citizens' Panel member)

- Far fewer participant interviewees felt they had changed their views about health issues as a result of their involvement: about 60% said they had not changed their views; about 28% said they had. About half those interviewed from the reconvened event said they had changed their views.

Did you change your views during/after the listening exercise about any health issues? *Give examples.*

"When you're sitting there and discussing it, it does change your views somewhat." (London)

"There were certain things I hadn't considered before e.g. walk in centres and other ideas. I processed a lot of information then adjusted my views accordingly" (Birmingham, aged 16 – 24)

"Yes, it mainly made me want to know more about things, so I went to the library afterwards and started looking for more information." (Birmingham)

"Yes. Sometimes I tend to only think about my own conditions, but this whole thing helped me to put things into perspective. I learnt a lot about other people's problems and what they have to deal with on a day-to-day basis." (Citizens' Panel member)

- The responses to the question about whether people had changed their views on the public being involved, after being involved themselves, were more complicated. Although the same number, about 37%, answered yes or no to this question, more than half of those answering no said they had not changed their minds but 'they had always thought it was important'. Not everyone agreed. One person said they never thought the public should be involved; another said they had been naïve to believe in it. But these were the exceptions.

Did you change your views about the public being involved in policy-making of this sort? *Give examples.*

"Idea of small groups was good. You feel more confident about speaking out and also you start to know each other." (Leicester)

"It has changed my social view by making me think the public are more friendly than I believed. In Britain there is a lot of care and concern for each other regardless of race or age" (Birmingham, seldom heard).

"Yes. Most of what we were told that afternoon hasn't happened." (Birmingham)

"I think it is a good thing. The public are often not involved, so it is good to get such a range of people giving input. I think perhaps beforehand I wasn't so sure about that." (Citizens' Panel member)

"I had never really thought about it before these events, but I do think that involving the public is a great idea. We elect MPs to serve us and it was really vice versa in this case." (Citizens' Panel member)

- About 37% of the participant interviewees said getting involved had made a difference to how they saw their own role as a citizen, and how they might get involved in future (although about 32% said it had not made a difference). Again the response is complicated – almost all those saying no said they had always been interested in being involved.

Has it made any difference to your view of your own role as a citizen, and how you might get involved in future? If so, what?

“I’d definitely like to get involved in the future and my group of friends would love to have the opportunity of doing something like this but nothing for us to do. When the opportunity arose there was no hesitation on my part” (Plymouth, 16 – 24)

“Yes. It has made me realise that my contribution as a citizen is important. I am keen to be involved in future in any way possible if given the opportunity.” (Birmingham, seldom heard)

“Yes. I will be looking out for people more and trying to help people more” (Birmingham)

“I realised that I enjoyed it and that I could contribute sensible comments to the discussions. It was liberating – I’m not quite the mouse I thought I was!” (Birmingham)

“I felt more involved … But it also made me question whether I should be involved as I don’t have enough expertise” (Birmingham, 16-24)

“I am a bit selfish by nature and this has made me think that I should do more to help people” (Reconvened event)

“Yes. I feel like I ought to be more responsible and get involved more” (Reconvened event)

“Yes. This whole thing made me do a lot of things I would never have done otherwise. It bucked me up a lot and gave me a bit of new life.” (Citizens’ Panel member)

“Yes. When I go to hospital and complain now I start to think that there are more serious things going on than just my own problems. The whole thing has opened my eyes up to other issues such as care for the elderly and mental health; there is a lot more to think about than what goes on in my own world.” (Citizens’ Panel member)

- Similarly, about 45% said yes and the same said no to the question about whether being involved had led to them thinking or doing anything different; here again, some of those saying no said they had always been interested in these issues.

Has being involved in this led to you thinking or doing anything differently? Give examples.

"Good thing is that it got my family discussing it. I went to the surgery and got a leaflet which tells you all the things that they can do for me – even counselling. We discuss things more now." (Gateshead)

"It has acted as a bit of a catalyst in terms of making me think I should be more proactive about looking after myself." (Plymouth)

"Yes. I want to do things better" (Birmingham)

"It has made me realise that I enjoy getting into things like this and will do more" (Birmingham)

"A little. We all have a role to play. I work for local government and do my bit with the local school, but I think if other things came up now I would be more likely to take part." (Reconvened event)

"Yes. I live close to the other elderly lady who was involved [in the Panel]. We meet up occasionally and discuss what is happening in the news. I have felt better since being involved; I don't feel so isolated." (Citizens' Panel member)

"I have cut down on smoking and also I will look at things a bit differently, with a more open mind, when I enter into discussions on these kinds of topics." (Citizens' Panel member)

The feedback on these questions does raise issues about a convention in evaluating participation, which is to focus on 'change'. The responses from participant interviews do show some level of change as a result of being involved, for those who had not been involved before or who thought it was not important. This is clearly a positive change in increasing public engagement (which is the focus of YHYCYS Objective 2). However, for those who were already involved, or already thought being involved was important, no change was necessary or desirable. It may therefore be useful to consider the issue of 'change' more carefully in future evaluations of participatory working and deliberative processes.

5.2.3 What else participants had gained from the process

It was impossible to quantify the participant interviewee responses to this question, although perhaps the point made most often was about learning from others and finding out the views of others. More detail is given in the box.

Overall, what were the main things that you got out of being involved in the whole process?

"I enjoyed putting my views to people who were going to listen … It's not something that has just slipped out of my mind. It returns from time to time." (Leicester)

"Feeling valued enough to be asked an opinion" (Leicester)

"It was a personal eye opener; I came away with a better understanding of how policy-making works.

"There were a couple of people and I got their numbers and am still in contact with them" (Plymouth)

"The ability to contribute and have one's say rather than just feeling no-one is listening. Hopefully what we said has been taken into account." (Plymouth)

"Other people's opinions. … you don't know about lots of things in health and to hear people tell us what they do – its an eye opener" (London)

"I felt good that I was selected out of so many Britons and that I made a contribution. I felt happy that the Government is actually trying to change things." (Birmingham, seldom heard)

"An insight into the way Government would like to be seen to be working. The unpaid people at the table were very friendly, a nice bunch" (Birmingham)

"I think I have become more accepting and willing to care about people" (Birmingham)

"It has taught me to be stronger in myself and my opinions. I learnt from others too – it was helpful to hear their stories and realise that others have it worse than you do" (Birmingham)

"It is nice to feel part of the process, always good to feel involved. It helped me form some views. So, a feeling of being more involved and gaining information mainly." (Birmingham, aged 16-24)

"That I have gone a little way to changing things" (Birmingham)

"It was interesting to meet a lot of people and share experiences. It was good to have a chance to sit and think about health and social care and to own it a bit more" (Birmingham)

"I gained a lot of personal stimulation and interaction with different kinds of people, which shook me out of my assumptions a bit." (Birmingham)

"Being able to express my feelings to people in Government. I think the way they responded was good." (Citizens' Panel member)

"To be able to air my views, listen to other people's views and to see whether or not the Government would listen, which they seemed to." (Citizens' Panel member)

5.2.4 Costs

We felt it was important to test what the participant interviewees felt about the costs of the YHYCYS process, not least because it was clearly an expensive exercise at the time, and cost has been one of the recurring comments in media coverage of the whole initiative. It was also important given the circumstances at the time of the evaluation interviews, when the media was full of stories about PCT budget deficits, and it did not seem appropriate to ignore the issue. The question was carefully framed to set it in this context (see box). Overall, nearly 60% said yes, they thought it was money well spent; only about 10% said they felt it was not.

At a time when NHS resources are in the news, and this consultation exercise obviously cost quite a lot, do you think this was money well spent, or not?

"It's well spent but I can see the majority saying no" (Gateshead)

"On significant issues its worthwhile e.g. education and health … doesn't need doing every year … could do it on a smaller scale" (Leicester)

"Overall yes, it is money well spent. Too often people go at things without having done the background work … A little money spent initially is a good thing" (Leicester)

"It's money well spent if its followed through. If not [and they just] start on something new the millions it cost would just be thrown away" (London)

"It is considering other things that the Government spends money on – including people's views is important." (London)

"The amount the process cost was just a drop in the ocean and it really brought things to the surface." (Birmingham)

"Definitely. It had a general overall value in terms of allowing a vast range of opinions to be collected." (Birmingham)

"Yes, [well spent] although it was a lot of money. I don't think they should have paid people, and if I was in charge I may have done things a little differently." (Reconvened event)

"Yes, definitely money well spent. It has come under quite a lot of criticism, but it is the best way of involving people. The public made some good suggestions and I think these were taken on board" (Reconvened event)

"Yes, on balance. I think more people would have attended for free, certainly at the local level rather than the London event. That could cut costs for similar events." (Reconvened event)

"This actually did go through my mind at the time. I think if it all comes through then, yes, it was worth the money; if not, then no." (Citizens' Panel member)

"I think it is a very small amount of money if what we asked for is done. Because they are acting on what the public want, this whole thing should save the Government money in the long run." (Citizens' Panel member)

5.3 Extent of public engagement in these issues

There is questionnaire data from two stages of the process on **the extent to which participants currently (i.e. already) felt involved in decisions about community health and social care services**, plus a control group of the general public.

There are some differences throughout in terms of gender and of occupational groups; the occupations groups are defined as follows:

- A = Management, senior officer, professional
- B = Associate, technical, skilled trades
- C = Admin, sec, personal services, sales
- D = Plant, machine, elementary

The data comes from before the Citizens' Summit (screening questionnaire for the Summit), immediately after the Summit (evaluation questionnaires), and a control group of the general public. The findings were as follows:

	Participants pre-Citizens' Summit (screening)	**Participants post-Citizens' Summit (evaluation questionnaire)**	**General public (Phonebus survey)**
Feel very/fairly involved	33%	85%	16%
Feel not very/not at all involved	63%	15%	83%

This shows a huge increase in participants feeling involved after attending the Birmingham event.

It also shows a significantly larger number among those taking part in the initial screening (to select participants) feeling involved than the general public. So even that fairly low level of involvement may have had an impact on their views.

There were some interesting variations among different social groups at the screening stage:

- Older people were **more** likely to already feel very or fairly involved: 42% of 60 – 74 year olds, compared to only 20% of 18 – 29 year olds.
- Those working in managerial and professional jobs (occupational group A) were much **less** likely to feel very or fairly involved (29% at the screening stage) than those in (occupational group D) plant, machine or elementary jobs (52%).
- People from BME groups were **more** likely to feel very or fairly involved (44% at the screening stage) than those from white groups (32%).
- Single parents felt **more** involved (45%), compared to the average overall (33%).

This suggests that, in practice, the groups often identified as 'seldom heard' actually currently feel more involved in decisions about the community health and social care services they receive than others, and felt more involved through YHYCYS events.

There were also differences in the **post-Summit** feedback:

- Again older people felt more involved than younger people: 92% of 65 – 74, and 75 – 84 year olds, felt very or fairly involved, compared to 77% of 16 – 19 year olds.

- 93% of those with no qualifications felt very or fairly involved compared with 80% of those with a degree.

The results from the Phonebus survey, conducted among the **general public**, gives an idea of overall attitudes on this issue. The results were:

- 16% felt very involved (3%) or fairly involved (13%).
- 83% felt not very involved (33%) or not at all involved (50%).

Again there were differences among social groups, which reflected the other findings on these issues, with more sense of involvement among the older age groups and those usually thought of as 'excluded':

- 33% of over 65s felt very (5%) or fairly (28%) involved.
- 25% of those 'not working' felt very (5%) or fairly (20%) involved.
- 18% of classes DE feel involved, compared to 16% of classes AB.

5.4 The importance of public engagement in these issues

There is also questionnaire data at two stages of the process on how important participants felt involved it is for the public to be involved in these decisions, plus a control group of the general public. As before, the data comes from before the Citizens' Summit (screening questionnaire for the Summit), immediately after the Summit (evaluation questionnaires), and a control group of the general public. The findings were as follows:

	Participants pre-Citizens' Summit (screening)	**Participants post- Citizens' Summit (evaluation questionnaire)**	**General public (Phonebus survey)**
Feel involvement very/ fairly important	96% (76% 'very')	98% (81% 'very')	99% (60% 'very')
Feel involvement not very/ not at all important	1%	1%	1%

Although the overall figures are not hugely changed by the experience of involvement (they could not go much higher), 5% of those feeling positive about involvement moved from thinking involvement was 'fairly important' (18%) to thinking it 'very important' (up from 76% to 81%).

More significantly, in the survey of the public, only 60% said involvement was 'very important', compared to 76% of those at the screening stage, and 81% of respondents from among those who attended the Summit. So the experience of involvement also seems to have affected people's views on the importance of involvement, making them feel significantly more positive about it (or possibly those who already thought involvement was important were more likely to respond positively to the original invitation letter from YHYCYS).

On this question, there was a similar bias of more positive feedback from what are often described as 'seldom heard' groups (lower socio-economic groups, etc). More noticeably, there was a general overall difference of about 10% between men and women – with women more positive about engagement than men. For example, the pre-event screening data shows that:

- 72% of women, and 62% of men, thought it 'very' important to consult people locally about existing services (average overall of 67%). Overall, a total of 93% thought it 'very' (67%) or 'quite' (25%) important.
- 71% of women, and 60% of men, thought it 'very' important to consult people locally about the design of new services. Overall, a total of 89% thought it 'very' (65%) or 'quite' (24%) important.
- 71% of women, and 69% of men, thought it 'very' important to consult people locally about deciding the future priorities of health and social care. Overall a total of 89% thought it very (65%) or quite (24%) important. There is less of a difference on this question.

The post-event data showed a difference between the views of different age groups, with 78% of the 16 – 19s thinking engagement 'very' important, while 86% of the 65 – 74s, and 89% of the over 75s though it 'very' important.

The participant interviewees were asked a more general question about what they thought about Government including the public in policy-making in the ways used in this instance. Overall there was great enthusiasm for the idea.

The process for involving the public in drafting this White Paper was very different from the way Government usually makes policy. What do you think about Government including the public in policy-making in this way?

"They should do it on other things not just health – education and stuff like that. That'll give us more of a say" (Gateshead)

"Only way they're going to find out what people want. Don't usually get the chance to say what they really want" (Gateshead)

"I don't believe in it. We elect politicians so that better minds than mine will make policy." (Plymouth)

"The process of asking people what matters to them and then trying to encompass those concerns into the drafting process is a good idea. Whether it is all just good PR I don't know as I haven't followed it through. But it is good for the public to feel involved." (Plymouth)

"What worries me is its OK as long as the public isn't wrong … Point of the Government is they listen but they have to decide … have to take a bigger view" (Leicester)

"I think the Government has a responsibility to consult but at the end of the day they have the responsibility to make the decision … Government has the wider picture" (Leicester)

"I think it's a good idea. Lots of people from different backgrounds involved in the decision making process. If the public say why did you take the decision they can say the public were involved and this is what they said" (London, 16 – 24).

continued

The process for involving the public in drafting this White Paper was very different from the way Government usually makes policy. What do you think about Government including the public in policy-making in this way? *continued*

"I think its good to have input from the public. You are going to have different opinions. Its' the way forward." (London)

"It is a really good process. The public are entitled to have a say in what the Government is doing. Policies affect the public and we normally just get information on what is happening after its been decided. This kind of thing should continue in other departments" (Birmingham, seldom heard).

"Quite a few people were there because they were getting paid." (Birmingham)

"It is the best thing to do – we should have more of a say on how the money is spent" (Birmingham)

"The Government wants people to be and feel involved but the problem is that people don't always know what they need rather than what they want … Experts are the most important people in these processes" (Birmingham)

"It should be done like this more. It is the public that have to live with the outcomes of these decisions so we need to be involved" (Birmingham, 16-24)

"I think it's the best way to get things done and let you know what people are doing." (Birmingham)

"I wish it was done for other issues like education and policing – it is much needed" (Birmingham)

"I think it is an excellent way to include people, far better than questionnaires, because it was so mixed and everyone was involved." (Birmingham)

"It was an amazing event. Everyone knew what they were doing. It was a good idea even if it was a bit expensive." (Reconvened event)

"They do have a responsibility to consult about their plans but at the same time I would never want to take their job. There should be a level of consultation, but also a time when policy makers have to do their job" (Reconvened event)

"It is a good process. I think it is especially good to be able to talk to politicians face-to-face and get a genuine reaction from them." (Citizens' Panel member)

"I think that it is a great way of doing it, because the politicians make decisions for the public so they need to listen to the public." (Citizens' Panel member)

The participant interviewees were also asked if being involved had made any difference to their views on how the public could or should be involved in Government policy discussions. Here again over 60% said the public should be involved more.

Has it made any difference to your view of how the public generally could or should be involved in Government policy discussions?

"You cannot involve everyone, but doing it this way seems to get a more realistic result than, for example, a questionnaire. The way it was organised allowed everyone to have their own say and also experience a range of other views, which was definitely a good thing." (Plymouth)

"You can get people to offer their views, but the Government needs to be aware that the public can have an unrealistic idea of utopia while not really wanting to pay for it. I think more involvement is a good thing, but only if it is done at the point of delivery, from the bottom up rather than the current top down mechanism. Any involvement is good." (Gateshead)

"Yes. I think the Government does take the public view seriously and would encourage anyone with an interest in being involved to do it; it might be your only chance to be heard and to make a difference." (Birmingham, seldom heard)

"Yes. I think they should be more involved, but in a more transparent way through genuinely run processes" (Birmingham)

"It did make me think more about some of the bigger issues, probably helped by the huge and good range of people who were there" (Birmingham)

"Yes, it has made me think the public should be involved more" (Birmingham)

"The event definitely changed my view. I now think they should be involved more." (Birmingham)

"I would hope that there would be more involvement. We all tend to live in our own environment and it is important to hear other people's experiences." (Birmingham)

"Yes; I think public having their say is a good thing. If everyone had his or her chance things would be much better." (Citizens' Panel member)

"Yes. I think that if the Government ask the public what they want and what happens as a result doesn't come out right then we cannot blame the Government any more." (Citizens' Panel member)

Participants were also asked in the questionnaires, if a service did not meet their needs, which of a series of actions would be their preferred means of getting a better service. The four most popular options were:

- Complain.
- Go to a meeting.
- Be offered an alternative.
- Knowing the service is responsive.

The findings here also varied by age, socio-economic group and level of qualifications:

- While only 22% of 18 – 29 year olds would want to go to a meeting, 40% of 60 – 74 year olds and 46% of over 75s would want to do so. In addition, socio-economic class D was much more willing to go to a meeting (37%) than socio-economic class A. And those with no qualifications were much more willing (34%) than those with qualifications (25%).
- Younger people (18 – 29 year olds) were more keen to be offered an alternative (30%, compared to 24% overall), and much less keen to complain (15% compared to 22% overall).

This may reflect the time available to certain groups, or lack of confidence in tackling problems alone (seeking the solidarity of collective action through a meeting), or simply that is what they have done before.

5.5 Potential for future similar events

There are different data sources for the question of whether events like this should be conducted on other topics in future, with data available from the reconvened event, as well as post-Summit questionnaire data. The findings are as follows:

	Participants after the Citizens' Summit (evaluation questionnaire)	Participants after the reconvened event (polling)	General public (Phonebus survey)
Agree that similar events should be held in future	93%	99% (96% strongly)	79%
Do not think that similar events should be held in future	1%	0%	18%

Again, those who participated in the YHYCYS events were significantly more positive about the idea of holding future similar events than the general public.

It may be useful to note that, in the Phonebus survey of the general public, some groups were more positive about future events than others (average 79%).

The groups that were most positive about the need for similar events to the YHYCYS in future were:

- 84% of 16 – 24 year olds. This bias was also found in the pre-Birmingham screening, with 94% of 18 – 29 year olds wanting to see more of these events, compared to an average of 91%.
- Women more than men – 81% of women wanted to see more such events, compared to 77% of men.
- 86% of 35 – 44 year olds, and 55 – 64 years olds.
- 85% of occupational groups C2 and DE.
- 84% of those not working.

It may be useful to know in planning future events that these groups seem more positive about this type of engagement than others.

The evaluation questionnaire also asked respondents to describe what they would like to see in any such future events. The biggest support was for events on other topics, identified by 36% of those who wanted to see future events of which:

- 16% wanted to see something on education (especially popular among the most highly educated – 31% of those with post-grad qualifications, and 21% of those with degrees but only 9% of those with no qualifications).
- 5% wanted to see something on other health/social care issues.
- 4% wanted to see something on dentistry.
- 4% on transport.
- 12% said they wanted more events/involvement generally; higher among some – 17% of 16 – 24 year olds with the oldest group the lowest (8%); and 17% of women compared to 8% men.

23% said just that public involvement was a good thing. There were differences according to qualifications, with 35% scores from those with no qualifications, 31% with only vocational qualifications and only 8% of those with post-graduate qualifications.

There is also data from the evaluation questionnaire after the Citizens' Summit, and from the polling after the reconvened event, about people's willingness to participate again/feel more inclined to do something like this in future.

The results show that almost everyone who had taken part was willing to do it again, and (according to the data from the reconvened event), they were specifically more inclined to do it again as a result of their involvement in the YHYCYS events:

	Participants after the Citizens' Summit (evaluation questionnaire)	Participants after the reconvened event (polling)
Agree willing to take part/more inclined to do it again	96%	99%
Not willing to take part/less inclined to do it again	2%	0%

The variations here were that:

- The most positive response was from those at the Birmingham event (97%).
- The younger age groups were more likely to be positive – 97% of 16 – 24 year olds, and 98% of 25 – 34 year olds said yes, compared to 87% of those over 74.
- Those with higher qualifications were more likely to be positive – 99% of those with post-grad qualifications said yes, 98% of those with GCSEs only, 97% of those with degrees, compared with 90% of those with no qualifications.

The participant interviewees were also asked whether they were more likely to get involved in policy discussion in future. About 86% said they were more likely to want to get involved – or stay involved if they already were. Only one person said they were less likely to want to be involved again. All those interviewed from the reconvened event said they were more likely to want to get involved in future.

Participant interviewees were also asked about how they would like to be involved in future and, of those that could say, the largest number said they would like more events of the same type as the YHYCYS deliberative events (all those interviewed from the reconvened event took this view).

Asked if they preferred to be involved in local or national issues in future, a surprising 78% said both: the expectation would normally be that people want to be more involved in local issues, especially on services such as health.

5.6 Assessment of achievement against objective

Overall, in terms of meeting YHYCYS Objective 2, to “increase levels of public engagement in the policy development process”, there is clearly evidence that there was a great *quantity* of public engagement (see also section 4.2) and also a high *quality* of engagement. Participants in this process felt more engaged, and were more willing as a result to participate again in future. This objective has therefore been fully met.

Success was achieved by developing a very effective process that was well-managed and implemented, so people were satisfied with their experience of it. This is shown by the extent to which, when asked how they would like to be involved in future, so many said ‘more of the same’.

Participants’ expectations of the process were met or exceeded, they learned a great deal (often from and about each other), and they gained a great deal generally from the process.

Policy-makers and some stakeholders were also more positive about the potential for public engagement having seen the YHYCYS initiative demonstrate how it works in practice. As the potential for increasing levels of public engagement in the policy development process depends as much on opportunities for engagement being created by policy-makers as it does on public willingness to participate, this is an important indicator of likely increased public engagement in future.

In relation to this objective, there are few if any failures, although there was some sense that the events were too rushed, so people barely had time to think and, again, some questions were raised about the ‘restrictions’ on the phrasing of the polling questions. There were also questions raised by the public participant interviewees about paying people to attend, with concerns ranging from the potential to reduce the budget by not paying participants, to having a better debate without those who said they were there ‘just for the money’.

Overall, though, this objective has clearly been met, and in many cases exceeded expectations.

6. Findings on Criteria for Assessing YHYCYS Objective 3

6.1 Introduction

YHYCYS Objective 3: To produce a public debate visible at local and national levels around the future of personalised and community centred care.

This was to be assessed in two ways:

- Review of the results of the media monitoring (at national and regional levels) carried out throughout the YHYCYS exercise, and comparing this to the results of coverage of previous consultation activities (e.g. the Choosing Health White Paper in 2004).
- Review of the results of a public opinion poll carried out to measure public awareness of the YHYCYS exercise.

The extent to which these criteria remained appropriate as the YHYCYS programme developed is explored below.

6.2 The communications strategy in practice

In practice, the main communications strategy for the YHYCYS initiative was designed to achieve two specific objectives:

- To engage people in the consultation process, stressing the new approach to consultation led by the Department of Health.
- To widen the reach of the consultation, by working with partners to reach 'seldom heard' groups, through a multi-channel approach.

The communications strategy was not, therefore, a traditional media campaign and the approach was to integrate communications fully into the design and implementation of the YHYCYS initiative overall. The Department of Health identified four reasons for this approach:

- the public needed to be informed of the consultation if they were to participate in it,
- to maximise the amount of devolved activity it was important not only that people were aware of the consultation, but that the significance of the exercise had been clearly communicated and a real 'buzz' generated,
- if the public, staff and stakeholders were to engage in the consultation and trust the process, it was important that the process was undertaken transparently in the 'public eye', and
- public awareness of the consultation could also have the indirect benefit of exposing the issues and ideas being discussed in the media, and of promoting democratic engagement more widely.

There was also the general unspoken assumption in exercises such as this that a high media profile raises the status/importance of the initiative in the minds of participants and policy-makers and thus increases the likelihood of the results being influential (and less easy to ignore).

However, it could be argued that the controversy often required to generate media interest would have been counter-productive to the nature of the relationship (relatively open and mutually respectful) created between Government and the public in this case, as is apparent in many of the participants' quoted views and feedback from policy-makers. The quality of this relationship was created by a carefully designed and well-implemented process that formed the bedrock of the whole exercise and was essential to its success.

In the event, the communications strategy focused much more on supporting the overall initiative, and was fully integrated into the work of the teams designing and delivering the deliberative processes, the questionnaires and the devolved events.

The communications strategy was designed to reach a series of key audiences:

- patients, public and service users, with a focus on the 'seldom heard',
- Department of Health staff, and
- stakeholders, particularly NHS organisations, local authorities and the voluntary sector.

The main communications approaches and tools were:

- Developing content about the process for the Department of Health and dedicated websites, and through staff bulletins and briefings. This helped ensure consistent messages throughout the process.
- Developing the core and magazine questionnaires – the magazine questionnaires were designed to generate awareness as much as to feed into policy development.
- Developing a strategy and materials to support the devolved events, including an initial briefing/consultation meeting with representatives from NHS organisations, local authorities and stakeholder organisations to discuss the resources organisers of events would need, which resulted in the production of an interactive resource pack that was made available on the dedicated website (www.yoursayresources.nhs.uk).

  The resource pack included background information on the topics to be discussed, options on how events could be run and guidance on how best to facilitate the discussions. It also included online discussion fora where organisers of events could share their experience and ask questions. This proved to be a useful medium for the Department of Health team to put questions to the organisers. It was through this mechanism that, for example, the suite of languages in which consultation materials would be made available was determined.
- Developing a consultation identity.
- Co-ordinated media relations, ensuring national and local media attendance at the events. For example, the Birmingham Citizens' Summit was attended and covered fairly fully on the day by BBC Radio 4 (the PM programme) and Channel 4 TV News, BBCI TV News (brief item) and

BBC News 24. There was also some significant coverage of the regional events in the regional media (especially around the Gateshead event).

- Working with key journalists in the national, specialist and professional media. In particular, there was regular coverage throughout the process in the Health Service Journal, the key trade publication covering NHS issues.
- A Webcast of the Citizens' Summit, which went on to win the Department of Health an award from the International Visual Communications Association.

As can be seen from the above, the approach to this YHYCYS objective was to fully integrate the communications work with the wider development of the YHYCYS process. This approach was highly valued by all involved. However, the approach cannot be fully assessed by the two initial criteria identified, which are much more appropriate to a conventional media campaign designed to gain column inches in the mainstream press. However, it is possible to assess achievement of the objective by considering overall public awareness of the YHYCYS initiative, and the contribution of communications work to the effectiveness of the YHYCYS initiative overall.

6.3 Public awareness of YHYCYS exercise

A public opinion survey (referred to as the Phonebus survey throughout this report) was conducted twice: before and after the Birmingham event. This found the following results.

	Yes (before)	Yes (after)	No (before)	No (after)
Have you seen, read or heard anything recently about the Government getting the public's views on the priorities for the NHS and social care?	33%	37%	67%	63%
The Department of Health is currently conducting a consultation called YHYCYS, involving public events and questionnaires. Have you seen, read or heard anything about this?	15%	18%	85%	82%

Those that had heard of the initiative were then asked how they heard about either of these. The findings were:

- TV – 37% identified this as their source in the survey before the Birmingham event, 46% afterwards.
- National press – 18% identified this before, 22% after.
- Local press – 14% before, 12% after.
- Radio – 11% before, 12% after.

When people who had said they had heard about it were asked 'what' they had heard, there was considerable confusion (this was an open question, without prompts):

- 36% "didn't know" in the survey before the Birmingham event, 31% after.
- 11% said "nothing specific" before, 17% after.
- 7% said they thought it was about "public opinions on the health service" before, 14% after.

Although this is not a high level of awareness of what the initiative was about, it should be noted that there was a significant rise in knowledge that it was about 'public opinions on the health service', which doubled after the Birmingham event. There is no way of knowing from the data exactly how or why this increase happened.

A comparison can be made with the national GM Debate, conducted by Government in 2003. This also had an objective to create widespread awareness among the population of the programme of debate. A review of the public awareness impacts of this debate[3] found results that were similar in terms of the proportion of the population that was aware of the debate (15%). However, a further 13% had heard of it but knew nothing about it. These two figures could reasonably be added together to give a total of those who had 'seen, read or heard anything about this', which was the question in the YHYCYS poll – making a total of 28% who had at least heard about it. This compares with only 18% in the YHYCYS initiative even after the Birmingham Summit (and 15% before).

While the levels of public awareness of the YHYCYS initiative were very low, it is perhaps unsurprising that these issues were not as high profile as those considered in the GM debate which was a constant source of media debate at the time.

6.4 Communications contribution to the YHYCYS initiative

The main communications strategy was to engage people in the consultation process and widen the reach of the consultation, and this was achieved (section 4).

Feedback from the organisers of the devolved events was that the resource packs were useful, and they would use the techniques offered again, although there were some problems as the materials were not available at the earliest stages due to the very tight timetables, and not always consistent: as the questions changed in the deliberative events through iteration, the questions in the resource packs were changed, so feedback came on a range of different questions being used at different times. The identity of the initiative was strong and clear, and all the other communications tools provided a strong foundation for the work of reaching out to the public. For policy-makers, the process worked extremely well, with embedded communications people ensuring high quality materials to support the public involvement processes and consistent messages throughout the programme.

While some participants and policy-makers have commented that it would have been useful to have had a higher media profile, this was not crucial to the success of the deliberative exercises (as those were highly successful without a visible public debate), and the whole exercise was clearly more than sufficiently high status to achieve maximum influence.

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[3] Horlick-Jones, T., Walls, J., Rowe, G., Pidgeon, N., Poortinga, W., O'Riordan, T., Murdock, G., Tait, J and Bruce, A. (2004) *A Deliberative Future? An Independent Evaluation of the GM Nation*. University of East Anglia, Norwich.

6.5 Assessment of achievement against objective

The initial criteria identified for the assessment of achievement of this objective became partly inappropriate. The success of the two approaches actually used – raising public awareness and contributing to the effective delivery of the YHYCYS process overall – are outlined above.

Overall it can be concluded that there was not extensive 'visibility' of the initiative in the media, although there was extensive visibility within health, social care and public engagement circles. Greater visibility may have encouraged more people to get involved in the process, but equally the controversy often needed to generate media interest may have been counter-productive to creating a positive public engagement process.

There are lessons here for the role of communications in supporting the design and delivery of public engagement processes, with implications for budgets as well as priorities. For example, the integration of the communications work with the team with overall responsibility for implementing the YHYCYS initiative had benefits for the effectiveness of the exercise (e.g. consistent messages throughout, clear identity, good resource materials). For exercises of this sort, this may be a more effective use of communications budgets than aiming for broader but less deep coverage developed through focusing budgets on targeting the mainstream media which could, in this instance, also have been counter-productive to the relationships created through the engagement processes. In the YHYCYS communications strategy, the communications work was fully in keeping with the style and ethics of the exercise overall and therefore contributed to its overall success as an engagement exercise.

7. Findings on criteria for assessing implicit objective

7.1 Introduction

The brief for the evaluation suggested that there was an additional, implicit, objective for the whole exercise: "it was felt it would make some contribution to enhancing trust in Government, by reinvigorating public debate, and lead to better public service provision, by addressing the needs and concerns of service users and providers".

The evaluation therefore aimed to assess the extent to which the YHYCYS initiative had contributed to:

- enhancing trust in Government, and
- addressing the needs and concerns of service users and providers.

7.2 Trust in Government

Participant interviewees were asked about trust in Government in two ways: their initial trust in the process (to test their attitudes at the start of the process), and the extent to which taking part affected their trust in Government. The findings are outlined below.

7.2.1 Initial trust in the process

About 64% of the participants interviewed said they had initially trusted the listening exercise to be fair and to do what it said it was trying to do. Quite a few commented that they had approached the process with an 'open mind'. About 14% of the participants said they did not trust the process; and another 14% had mixed feelings about it. All those interviewed from the reconvened event said they trusted the process from the start.

Did you initially trust the listening exercise to be fair and to do what it said it was trying to do?

"Largely due to the people there on the day – yes. Certainly the people round my table and the facilitator working with us. Felt very much we had a shared passion to make things better" (Leicester)

"No. Its Government isn't it? I think if they say we are holding this event and its for you to have your say there's got to be something behind it … I thought that before I went and didn't change my mind." (Plymouth)

"I was probably a little cynical at the beginning … it was quite an eye opener" (London)

"I had hopes, but with suspicions … It met my suspicions. I didn't feel it was as free and open as they kept saying" (Birmingham)

"I had some reservations – I thought that the Government would be looking for an endorsement of existing ideas" (Birmingham)

"Beforehand I was thinking let's wait and see; I thought it would be one of those things where you just have questions and answers, where it goes in one ear and out the other."
(Citizens' Panel member)

7.2.2 Increased trust in Government

Responses from the participant interviewees were more complicated on this issue, unsurprisingly given the complexity of the issue. About 45% said that taking part had made a difference to their trust in Government; all of these (except one) said it had increased their trust in Government. About 37% said it had not made any difference, and these were mixed between those that had always trusted Government and still did, and those that had never trusted Government and still did not.

Three particular issues emerged from these interviews:

- Depends on delivery. For quite a few interviewees, the impact of the YHYCYS initiative on trust in Government was dependent on delivery of what it says it will do, not just on Government 'listening'.
- Trust is complex. As one interviewee put it – trust is affected by more than this one event.
- Trust is mutual. There was a clear sense from the participant interviewees that the feeling they gained from the process – that they were respected as contributors to the policy process, and that their views were valued and taken seriously – affected their feelings towards Government in turn.

More specific comments are given below.

Has taking part made any difference to your trust in Government as a whole? If so, what?

"Given me a little bit more confidence that they want to listen to me" (Gateshead)

"Yes, it has increased. It is good that they are trying to get others involved" (Birmingham)

"In a way it has improved, but it is still a matter of 'are people going to lose their jobs?'. I am worried that what I said could be used for the wrong reasons in this respect" (Birmingham)

"No. I was a cynic before and I still am" (Birmingham)

"I think that trust will only emerge when the outcomes are delivered" (Birmingham)

"I always had faith in the Government and this has improved it" (Reconvened event)

"It marginally improved as a result" (Reconvened event)

"Yes, it has enhanced my view of Government" (Reconvened event)

"It has. I think it has improved my trust in Government a lot. Before I was very moany about them and wondered how anything would ever get done. But when you talk to them face-to-face, for example with Patricia Hewitt, it seems like they want to listen and do something about it. It looks like they are prepared to help, and that gives me a bit more confidence" (Citizens' Panel member)

"Yes. But also no because there are still things that I feel the Government keep away from us or have to keep away from us." (Citizens' Panel member)

Clearly the YHYCYS process has impacted on public trust in Government but it is not possible to measure the extent to which the process has affected people's views, which are affected by much more than this single exercise. Nevertheless it is useful to get some broad feedback here that involvement does seem to *contribute* at least to improved trust between the public and Government if the process is conducted in a way that respects and values the public contribution.

7.3 Addressing the needs of service users and providers

The process deliberately ensured the involvement of service users, particularly through identifying and targeting those who would be 'disproportionately affected' by changes to health and social care services in terms of invitations to the deliberative events, and the devolved events.

Service providers and others working in health and social care systems were involved both as organisers of devolved events, enabling them to enter into dialogue with users and the general public, and also as respondents in two main ways:

- The core questionnaire, which was intended to some extent to provide health and social care staff with a vehicle for expressing their views; and respondents were disproportionately those working in health and social care: 42% of respondents to the questionnaire, compared to 10% of the general population.

- The policy task forces, convened and managed by the Department of Health, to ensure that the voices of stakeholders were included in the process. This was a highly influential part of the policy development process and included some high profile figures in the field as chairs and members of the task forces.

The results of the deliberative events were fed directly into the meetings of the task forces, whose discussions were framed by the input from the public. Not all stakeholders were entirely comfortable with the balance between public and stakeholder input to the policy process – in some cases fearing that the voices of the vulnerable groups (or professional interests) they represented would not carry sufficient weight. Some (not all) changed their views as the process continued, reassured by the content (and sense) of the input from the public deliberations.

7.4 Assessment of achievement against objective

The evidence from the evaluation research shows that involvement in the YHYCYS process has made some contribution to enhancing trust in Government among participants interviewed, so this objective has been met, although there are caveats from interviewees about longer term trust depending on delivery from this process. Interviewees were also clear that they felt that trust in Government depends on much more than just this one exercise. The quality of the deliberative processes, in showing respect for the public as participants and valuing their views, was crucial to any development of trust that did result.

It can also be concluded that the needs of service users and providers were addressed in the White Paper process. Service users were involved in all levels of the process as general respondents (alongside the general public), and were specifically targeted in the deliberative events by ensuring representation of those who may be 'disproportionately affected' by changes in health and social care services. Some interviewees suggested that service users could have been involved more effectively by working through those organisations working directly with them, and having events in local centres (e.g. community centres, GP surgeries). This may be worth considering in future exercises, depending on the priority given to service users compared to other target audiences.

Service providers were involved widely through the core questionnaire and in depth through the task forces. The task forces were a core part of the policy process, and were seen as always essential to the drafting of the White Paper. There were some difficulties in the timings of the links between the stakeholder discussions in the task forces and the public deliberations: stakeholders were getting preliminary feedback from the public events but there was not time to test the emerging views of the stakeholders back with the public. A longer timescale would have allowed this to develop more effectively and contributed to greater joint policy iteration.

8. Lessons for the future

8.1 Introduction

This section summarises what worked well, and less well, overall, and identifies some lessons for future similar public engagement exercises.

8.2 What worked well

- **The listening/deliberative events were popular, enjoyable, highly valued and seen to be influential by participants.** 96% of participants said they were satisfied with the process (67% 'very' satisfied); 93% said they enjoyed it (100% at the reconvened event); 89% said they had their say (97% at the reconvened event.

  The White Paper was considered by the reconvened meeting (March 2006) to reflect the results of the debates from the events: 92% of those attending said proposals in the White Paper (outlined at the event) reflected what the Department of Health had been told; 93% agreed the Department had listened to what they had been told in the public events; 72% thought the results of the public events had been influential. This sense of actually having influenced the outcome of the process is extremely important in making people feel their involvement has been worthwhile, and making them want to get involved again – countering what is often thought of as 'consultation fatigue'. This too is a major achievement of the whole process.

- **The deliberative events were well-organised and reached target demographic.** 98% of participants said the running of the events was excellent (67%) or good (31%). And events reached a higher proportion of 'seldom heard' and 'disproportionately affected' groups than is in the general population. That is difficult to achieve in any engagement process, especially at national level and within this timescale.

- **Increased positive view of engagement among participants and policy-makers.** The listening/deliberative events led participants to have a much more positive view of the importance of public involvement in policy issues of this type and made them more likely to want to see more such events than the general public. Participation in the events also increased or confirmed their willingness to take part again themselves. The events also influenced policy-makers and stakeholders who became more confident of the positive role the public could play in the policy development process as the YHYCYS initiative progressed.

- **View of events as important and high status.** The direct involvement of the Secretary of State and Ministers in the events (all national and regional events except for the event in Plymouth) contributed to participants' sense of influence and enjoyment. It also clearly influenced the policy-makers who attended (including Ministers), both in terms of content issues and in affecting views of public engagement because they were there and heard the public at first hand.

- **Integrity and commitment.** There was clearly a very powerful sense of integrity and commitment from all those involved in commissioning and running the initiative to taking the input of the public very seriously, and ensuring that it influenced the final policy: particularly the focus on 'participants first' in the deliberative events, and the commitment to ensuring the public input was included in the White Paper drafting process. This exercise seems very far from the 'tick box' mentality of many consultations.
- **Flexible process.** The process was extremely flexible, which allowed the input, for example, of the 'Citizens' Options' – a whole strand of policy ideas that had arisen from the contributions of the public. Ideas that did not receive public support were downgraded in priority (or dropped) and others, that were felt to be vital by the public, were increased in priority.
- **Management and delivery.** The internal organisation of the process in the Department of Health, with OLR responsible for the deliberative process, seems to have worked particularly well. All those interviewed attributed this success to the integration of all those working on the YHYCYS initiative as a team: the policy people leading the initiative in the Department of Health, OLR and the Department of Health communications leads.

8.3 What worked less well

- **The devolved events were fewer than expected, and did not link into the other events as well as had been hoped.** This was largely due to issues of timing: there were clashes with other local health-related consultations (especially the restructuring of Primary Care Trusts), and the short timescale allowed for organising events and getting data back. In addition, the changes to the resource packs during the process meant that data collected was not easily integrated. Finally, the data on who organised and attended events was quite variable, so it was not easy to definitively assess the reach of these events (the demographic data requested was seen by organisers as so complicated that only a few actually provided any data).
- There seems to have been a **lack of transparency in the iterative policy development and analysis process**, both during the deliberative events and afterwards. There were some good iterative elements (e.g. in the way the questions were refined during the regional events and leading up to the Summit). In addition, the integrity and commitment of those involved overcame the problems to some extent. However, there are dangers that people will tend to trust the process and the results less over time (once the euphoria of involvement has worn off) if the process is not seen to have been completely transparent.
- **Discussions by the public about trade-offs, resource constraints etc did not happen as had been hoped.** It was found to be impossible in this instance to balance the breadth of process required to reach the numbers and range of people sought, and the number of issues to be covered, with the depth of process needed to get to the level of discussion necessary to fully consider complex issues such as trade-offs between different options.
- There were also some problems in **integrating the different types of data from different sources**, which were arriving at the centre in answer to questions that were evolving and were thus not consistent or easily comparable.
- **The follow-up with the public participants does not seem to have been as effective as it could have been.** Quite a few of the public participants were keen to stay involved, and contribute more.

There was some sense that they had had their say at their event and that was the end of their involvement. Although all participants had been sent a summary of the White Paper when it was published, few remembered receiving it, let alone what the content was. More effort could have been made to keep participants in touch after their event, and possibly to use the increased knowledge and experience they gained from their involvement in future similar events. With careful management of future contact, these people could potentially be a valuable resource that could be tapped into for future engagement exercises.

8.4 Lessons for the future

There are many lessons from this programme for future similar public and stakeholder engagement. Much of the process worked extremely well, as outlined above (8.2). Some specific lessons on improvements for future exercises are outlined below.

8.4.1 Levels of engagement

The objective of achieving partnership in the YHYCYS initiative was not achievable through the process used, and was probably impossible in the timescale. In practice, the YHYCYS initiative was a deliberative research exercise rather than a partnership policy development process between Government and the public.

It is vital to be realistic about the level of engagement sought in any public engagement – the levels can range from 'informing' to 'empowering' (see section 4.4). Once the level of engagement is defined (along with clear objectives), the appropriate methods of engagement can be identified and delivered. In this case, the level was agreed through the identification of a method (the AmericaSpeaks model) which was designed to reach the maximum number of people. Once this method had been identified, the delivery was kept clear, so confusion was minimised. However, the original objective of partnership was not achieved.

8.4.2 Representation

Public engagement processes do not always need to be fully representative of the population as a whole – they may be focused on reaching particular sectors of society, aim to attract anyone interested who wants to participate, or be designed to draw in particular expertise. However, for a deliberative research exercise such as YHYCYS, designed to gain input to public policy-making, it was essential to reach a representative sample of the general population (demographically and attitudinally), so that the research results could be seen as reflecting that breadth of background and views.

The lesson here is that such demographic representation can be achieved in a short timescale, and such exercises can reach even the 'seldom heard' groups so often missed in exercises of this sort. This was achieved through rigorous sampling, targets, quotas for particular sectors of society, and hard work to achieve the targets and quotas set. The benefits were not only achieving the specified research objectives for policy-makers, but also creating a much richer experience for participants: many of the public participant interviewees cited the mix of people attending (overall and in the small groups which were also demographically mixed) as one of the most rewarding aspects of the process and one of its great strengths.

8.4.3 Commitment and integrity

The YHYCYS initiative was carefully designed and well-managed so that the process was implemented very effectively. This was partly due to a good design and appropriate methods to meet clear objectives (deliberative research to gain input to public policy-making). However, it was also due to the commitment and integrity of all involved – politicians, staff in the Department of Health, OLR, Central Office of Information (who designed the event-based evaluation), stakeholders and the public themselves. There were clear ethics to the whole process (e.g. the focus on 'participant first'), and to both listening at the events and to taking what came out of the processes very seriously.

This commitment and integrity from those organising the deliberative events was clearly recognised by the public participants, who felt respected and valued as a result of processes designed to help them input effectively and to making them feel important to the outcome, and thus encouraged them to take the exercise seriously and work hard to make it successful in turn. The levels of participant enjoyment and satisfaction with the whole process (see section 4.3.2) are far higher than is often the case with such engagement processes, and this is clearly partly due to them feeling respected and valued. The commitment and integrity of all involved made the successful elements of the process more successful, and helped reduce the negative impact of those elements that worked less well.

The lesson here is that clear objectives, good design and effective delivery are essential to the success of public engagement processes, but so too are the attitudes and values that underpin that design and delivery. The result of the commitment and integrity in the YHYCYS was not only a more successful process in its own terms, but also a more resonant outcome with participants and policy-makers. The commitment and integrity of the Government team helped create and deliver a process that made participants feel valued and respected, which encouraged them to make the effort to make valuable input, and contributed to the field of public engagement more generally by creating a process clearly valued by all parties.

8.4.4 Costs

This was a costly exercise but it reached a great many people, the great majority of whom found the whole experience very positive and who largely felt it was money well-spent – assuming what was agreed is delivered. This draws attention to the important link between cost and value. It was clear from the evaluation research that the value of the exercise overall needed to be assessed on the basis of both an assessment of the effectiveness of the process (in engaging people and developing the policy) and of the policy outcomes (better services). For most respondents to this research, the benefits will outweigh the costs if the results are implemented.

A large element of the cost was the logistics of the Citizens' Summit in Birmingham (especially transporting and accommodating so many people), and there are questions as to the value of such a large single event (almost 1000 public participants). It would clearly have been entirely possible to have had a much smaller deliberative research event with an equally good demographically representative sample of the public providing equally good results on content.

However, the evidence from the interviews suggests that the sheer scale of the big event had an impact on the public participants and the policy-makers: the scale raised the status and importance of the event, and increased the imperative to take the results seriously, and thus, possibly, increased its influence. It will be interesting to compare the significant level of influence of the processes in this initiative with any subsequent processes operating at a smaller scale.

There are clearly pros and cons to high budgets. The pros are that a big budget may help ensure the process and its outputs are taken seriously by participants, policy-makers and politicians. The cons are that high costs limit the number of occasions on which such mechanisms can be used.

This evaluation research suggests that there are two areas where costs could potentially be lower in any future exercises with similar objectives: paying fees to participants, and spending on campaigns aimed at the mainstream media (although this was not an activity or expense for the YHYCYS initiative):

- **Fees to participants** were raised unprompted by participant interviewees as an area where costs could be cut, for reasons ranging from improving the debate by not including people who were 'only there for the money', to just feeling this was an unnecessary expense. However, evidence from other interviews shows that it has in the past proved very difficult (some say impossible) to get good demographic/attitudinal representation of public participants without offering incentives: partly to encourage those not already interested to take part, and partly because some simply could not afford to attend without some financial contribution (e.g. to cover child care or loss of earnings). There are also arguments for paying fees to participants to recognise the value of the public participants' input (as everyone else involved is being paid).

  There is clearly a balance to be struck here between providing essential financial incentives to get the necessary demographic representation, and keeping costs within bounds so that these sorts of exercises can be used more often.

- **Media campaigns.** This exercise did not involve expenditure on media campaigns and this is essentially the lesson that seems to emerge: the deliberative exercises, recruitment, numbers completing the questionnaire etc did not seem to suffer from little or no media coverage. Although it may have been useful to generate media interest to increase involvement, it could have been counter-productive by focusing on issues of conflict or controversy.

8.4.5 Timing

The timescale of the YHYCYS initiative was extremely tight: it was only about seven months in total from the establishment of the internal Department of Health team to the publication of the White Paper, with the biggest public involvement exercise ever in the UK in the middle.

The tight timing did cause some problems, as highlighted throughout this report – especially in relation to the devolved events and the hoped-for iterative policy process (see below). The lessons overall on timing seem to be:

- Involve the public as early as possible, at the stage of developing ideas, and then have several iterations where discussions about trade-offs and resource constraints can be had in relation to specific options.
- Start work to involve hard-to-reach groups as early as possible, especially if using the type of devolved approach used in YHYCYS. Although working through other organisations (especially voluntary and community groups) can be highly effective in terms of 'reach' and legitimacy, it

requires time to set up and appropriate resources (funding and simple and consistent support materials).

- Reduce the number of issues to be covered in any one event a little. There is a balance between the excitement generated by a fast process and not having time to think.
- Have a longer process overall: maybe a minimum of nine months for something like this. This would allow time for all the events to feed information more effectively between them.

8.4.6 Trust

It is clear from this evaluation that trust between Government and the public must be mutual. A good involvement process can clearly contribute to increasing public trust in Government if the public feel their views and input are respected and valued, and that they make a difference to the final policy and delivery, which requires a good process that shows that Government is listening, and delivering on what is agreed.

8.4.7 Policy iteration and integration of results

The lessons here relate to making the integration of different data easier, more effective and more transparent. For example, it may be possible to:

- **Consider limiting the information collected on questionnaires to quantitative data.** This was not done in this instance because the intention was to use the core questionnaire as the 'open door' part of the process, where anyone could have their say (especially those not at the listening events or in the relatively small separate stakeholder discussions in the task forces). However, a more limited use of questionnaires could help with integrating data.
- **Consider staggering and extending the timing of the devolved and regional events so that there is a longer lead time**, and time in between, to enable the events to be properly planned by the organisations delivering them, and to ensure that all the devolved events are completed and their data fed into the process at the appropriate point. While the YHYCYS *deliberative* process was iterative, with issues and questions to be discussed by the public developing over time, the *policy development* process was less transparent as each event had different participants and did not explicitly use data from previous stages or events.

  A longer timescale would allow events to take place within a fixed time period and with a very simple but firm and consistent set of questions, so that the data from each stage can be captured and put into the next stage – rather than data being captured from each separately and then processed by the central team.
- **Consider fixing the overall timing of public and stakeholder events so that it is clear to all participants how the data from each feeds into the other, and to the overall policy development process.** This would help clarify for the participants how their contributions are used, and reduce the confusion some of them felt about this. It would also aid integration of data and iteration of policy.
- **Consider an additional stage in the process so that participants can see what is being proposed as a result of the deliberative/listening events**, and have a chance to question and comment on that. Although this would add time to the process, it would make the policy analysis

and drafting process more transparent. It may be possible for such a stage in the process to be done online or at a reconvened event – if the event was held before the policy statement was finally agreed. In this case, there was not time to hold the reconvened event before the publication of the White Paper, even if that had been considered desirable.

8.5 Spreading learning

The YHYCYS exercise will have added value if the lessons from this experience are taken on elsewhere in Government (and other sectors). The YHYCYS Steering Group is committed to disseminating this learning in various forms, across Government and more widely.

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Annex 1:
Listening Exercise Evaluation Brief

Introduction

This brief provides an outline of requirements for the evaluation of the Department of Health's *Your Health, Your Care, Your Say* listening exercise, including a summary of the materials and evidence available to the evaluator.

Objective of Listening Exercise

The listening exercise was instigated to inform a forthcoming White Paper. The format of a listening exercise was selected as it was felt that it would make some contribution to enhancing trust in Government, by reinvigorating public debate, and lead to better public sector service provision, by addressing the needs and concerns of service users and providers. The objectives and scope of this exercise were described by the Secretary of State for Health in a speech delivered on 23rd June, 2005:

http://www.dh.gov.uk/NewsHome/Speeches/SpeechesList/SpeechesArticle/fs/en?CONTENT_ID=4114050&chk=%2Bsw3kj

Specifically, the objectives of the listening exercise were set as follows:

- For the public, providers of care and Government to work in partnership to determine policy priorities and design new approaches to future care.
- To increase levels of public engagement in the policy decision making process.
- To produce a public debate visible at local and national level around the future of personalised and community centred care.

Objective of the Evaluation

The principle objective of the evaluation is to determine the success of the listening exercise at meeting the objectives specified at its outset; a set of evaluation criteria relating to these objectives are outlined below.

The evaluator should not only assess whether these criteria have been met, but, where possible, also consider how success has been achieved (e.g., whether specific components were particularly important), whether any failures were intrinsic to the approach adopted or contingent on the manner of its implementation, and whether any opportunities were missed. In addition, the evaluator should also form recommendations as to how exercises such as this could be improved on in the future.

Although consideration of the rational for the listening exercise and the extent to which it has or could contribute to the overarching issues of trust and the quality of decision making is beyond the scope of the evaluation, this evaluation presents an exciting opportunity to help build capacity within Government to conduct deliberative engagement activity in the future. To facilitate this the evaluator will report to a steering group lead by the Department of Constitutional Affairs, who have an existing programme of work promoting best practice in public engagement. The evaluation will be used to help produce learnings and advice for Government departments when they undertake similar exercises in the future.

Evaluation Measures and Success Criteria

1. Extent to which partnership working has been achieved and determined policy priorities.

The evaluator should consider both the range of people and organisations involved in the listening exercise and the extent to which the approach adopted allowed all parities involved in the exercise to work in partnership.

The original brief specified that a wide range of general public (representative by race, age, sex and socio-economic status) should take part in the exercise to ensure that results were representative of public opinion. In addition however, involvement of specific groups was also required:

- those with poor health outcomes,
- less articulate,
- poor access to health care services,
- light users/heavy users of services, and
- carers.

No specific targets were set for the number of participants to be drawn from these groups, however, they were to be included in sufficient numbers to allow for separate analysis where necessary.

In total, it was anticipated that:

- 1,250 members of the general public would participate in deliberative exercises directly instigated by the Department of Health.
- 10,000 individuals would complete an on-line or paper based questionnaire.
- 400 events would be organized by patient representative groups, charities, Local Strategic Partnerships, or other stakeholder organisations. These events would utilise a deliberation tool-kit based on the materials used in the Department of Health organised events.

Success criteria would be:

- Reaching the number of participants/organisations as specified.
- Achieving a sample within the Department of Health organised events to provide findings representative of general public opinion.
- Involving ‘seldom heard groups’ in the listening exercise and allowing separate analysis of their views where necessary.

- Involving groups likely to be disproportionately affected by any changes to out of hospital care close to home and allowing separate analysis of their views where necessary.

Further requirements mentioned in the original brief relating to the generation of partnership working are:

- Transparency in methodology and in the analysis process.
- Iteration to allow policy options to develop in response to public opinion.
- Integration of results from general public and 'stakeholder' results – could this been shown by the production of a report analysing people's input and indicating what's happened?
- Being viewed by the public as a process which puts them at the centre of the policy making process.

Success with regard to the development of partnership working is in part measurable by the subjective perception of the participants and in part to be determined by the evaluator reviewing the process and organisation of the listening exercise for biases or restrictions.

With regard to the transparency and influence of the listening exercise success criteria would be:

- No indication of bias within the fieldwork process.
- No indication of bias within the analysis process.
- Participant's belief that the results of the exercise will be influential.
- Participant's belief that the results reflect the discussions held.
- Resulting White Paper clearly reflecting the priorities identified via the listening exercis.e

In addition to the perceived and actual legitimacy and influence of the listening exercise, the requirement of partnership working also implies a range of success criteria:

- Those involved have a shared understanding of the task there are engaged in.
- Those involved have a shared understanding of its objectives.
- Participants have an opportunity to influence the process itself.
- Participants have the opportunity to learn from each other.
- Participants have sufficient information or resources to enter into the partnership.

A wide range of questions have been included in the evaluation questionnaire issued to participants which will allow the quantitative assessment of the success of the Department of Health events with regard to these factors. The evaluation questionnaire contains many of the same questions as the GM Nation evaluation questionnaire, providing a benchmark for the success of *YHYCYS*. However, as the notion of partnership is compound, no single or simple measure of success will be possible. The evaluator will utilise quantitative results, observations, and interviews with participants and stakeholders to form a judgement. This evaluation should assess the relative strengths and weaknesses of the approach adopted for the listening exercise and make recommendations as to how improvements could be made in the future.

2. Degree to which public has been engaged in policy making process.

Although there are a wide range of long-term indicators which could provide evidence of increasing engagement (e.g., measures of trust, responses to consultations), it is likely to be difficult to relate any change specifically to the YHYCYS activity.

As an alternative to a long term measure, the degree to which those who participated in an event feel engaged in the policy making process will be assessed. At the point of recruitment, all participants have been asked how involved they currently feel in decisions about the community health and social care services and how important they feel it is for the public to be involved in these decisions. This combination of feeling of involvement and importance of involvement is to be used as a measure of overall engagement.

As results from both these questions are not yet available, it is not possible to specify particular targets for the listening exercise. However, the same questions have also be asked of participants at the conclusion of events and it is hoped that there would be substantial increases with regard to both questions.

In addition to this simple measure, a diagnostic understanding of what has contributed to any increase in engagement is also required. This will in part be derived from other questions included in the evaluation questionnaire but it will need to be supplemented by interviews participants and stakeholders.

3. Degree to which a public debate has been produced.

Direct measurement of the extent of reporting regarding the listening exercise and White Paper will be available from on-going media monitoring. This will provide an accurate assessment of the extent of media coverage at both the local and the national levels and allow comparison with previous consultation activities. The most relevant benchmark in this regard would be the ‘Choosing Health’ White Paper published in 2004.

A poll is also being conducted to measure awareness of the event amongst the wider public.

Evaluation Tools

A scheme relating methodology to evaluation criteria is provided, but the evaluator's recommendation as to the approach that would be most suitable in each instance is sought. It is anticipated that the following tools will be used:

- Desk Based/Process review (review of materials used, sample achieved, relationship between *YHYCYS* results and White Paper, etc).
- Evaluation Questionnaire (See Appendix 2).
- General public questionnaire (See Appendix 3).
- Participant Screening questionnaire (See Appendix 4).
- Media analysis (See Appendix 5 and 6).
- Observation at YHYCYS event.
- Interviews with public participants, stakeholders and Department of Health staff.

To facilitate the evaluation a number of data sources will be provided to the evaluator:

- Results of evaluation questionnaire.
- Details of participants willing to take part in further research.
- Demographic details of participants including their attitude toward involvement prior to participation.
- Media monitoring (allowing comparison with previous consultation activity).
- Public awareness of event.
- Webcast of national event.
- Observers notes from national event.
- List of participating organisations.
- Raw data used to produce report.

Requirements of Evaluator

The evaluator will work in partnership with a Steering Group to determine a precise set of evaluation criteria based on those outlined here and produce a full written report of the evaluation results.

The evaluator will require:

- expertise in the field of participative/deliberative methodology,
- a good understanding of Government,
- a good understanding of health policy, and
- an ability to work with a range of data sources.

SUGGESTED EVALUATION SCHEME

Note: Those in italic have been added to original scheme proposed in the brief.

Objective 2: increasing levels of public engagement in the policy decision making process		
Criteria	**Requirement**	**Evaluation Method**
Interest	Public interest in outcome of listening exercise	Public Qre, *Participant Interview*
	Participant interest policy	Participant Qre, Stakeholder Qre, Participant Interview, Stakeholder Interview
Importance	Public attitude toward listening exercise	Public Qre
	Participant perception of importance	Participant Qre, Stakeholder Qre, Participant Interview, Stakeholder Interview
	Government view of relative importance of these results	*Policy lead interview*
Understanding	Public understanding of purpose of exercise	Public Qre
	Participant understanding of trade-offs	Participant Interview, Stakeholder Interview
	Participant understanding of policy process	*Participant Interview, Stakeholder Interview*
Trust	Public trust in listening exercise	Public Qre
	Participant trust in listening exercise	Participant Qre, Stakeholder Qre, Participant Interview, Stakeholder Interview
	Participant trust in Government and policy process	*Participant interview*

Objective 3: producing a public debate visible at local and national level		
Criteria	**Requirement**	**Evaluation Method**
Media coverage	Extent of coverage of the White Paper	Media Monitoring
	Extent of coverage of the Listening exercise	Media Monitoring
Public awareness	Awareness of the Listening exercise	Public Qre
Public participation	Number of people involved	Process Review

Process Review = Retrospective review of processes/outcomes, desk based
Participant Qre = Questionnaire distributed to public participants at events
Stakeholder Qre = Questionnaire distributed to ‘devolved’ event participants or organisers
Stakeholder Interview = Depth interview with ‘devolved’ event participants or organisers
Participant Interview = Depth interview with public participant
Policy lead interview = Depth interview with policy and political leads
Facilitator interview = Depth interview with facilitators at events and process designers
Public Qre = Questionnaire with general public
Observation = Attendance at event
Media Monitoring

Annex 2:
Interview Process

1. PARTICIPANT INTERVIEWS

The following table shows the original criteria for interviewees, the revised criteria agreed, and the breakdown of the interviewees above according to those criteria (the qualification criteria is used a surrogate for socio-economic group). The original criteria did not include gender balance, but given the different views of male and female participants, this seemed an important extra criteria to add.

The sample of participants was derived from the COI stats, randomly choosing double the required number, and then reducing/revising to match other criteria to give four for each regional event (3 plus reserve), plus 13 for Birmingham (to ensure at least 10 successful interviews). The carers and seldom heard were identified from COI analysis of stats, based on information given on evaluation forms.

	Initial min number of interviews	**Revised min number of interviews**	**Actual number of interviews planned**
Event attended:			
Gateshead	3	3	3
Leicester	3	3	3
London	3	3	3
Plymouth	3	3	3
Birmingham	10	10	10–12
Age:			
16–24	3	3	Got 5
75+	3		
65+	–	3	Got 3
Spread of other ages			Yes
Highest quals:			
None	3	3	Got 5
GCSE/O levels	3	3	Got 5
Vocational	3	3	Got 4
Spread of others			Yes
Satisfaction			
Not very/not at all satisfied	3	3	1 not very; 1 neither and 12 fairly
Not involved in decisions	3	0	0
Other			
Carer	3	3	Got 5
Seldom heard	3	3	Got 4

2. DEVOLVED EVENT INTERVIEWS

As there is no central database of participants at these events (details will be held, if at all, by individual event organisers), there will be no interviews with participants at these events. The interviews will be with organisers of events.

6–10 interviews will be done with those who have set up devolved deliberative activities, covering:

- those working in the voluntary sector (min 3)
- those working in the NHS/social care (min 3)

These interviewees will be asked about

- their view about the concept of using these devolved events as part of the YHYCYS initiative
- the value of the events to them as organisations
- the extent to which these events reached the 'seldom heard' audiences that were sought through this mechanism
- any lessons they suggest for future exercises.

3. CITIZENS' PANEL INTERVIEWEES

Two citizens' panel members will be interviewed on a similar basis to the regional and Birmingham event interviewees. They will also be asked about:

- their views on the role of the citizens' panel throughout
- the strengths and weaknesses of using a citizens' panel to plan an initiative of this sort, and the extent of their involvement
- any lessons they can suggest for future exercises.

OLR supplied contact details, and gained permission for interviews.

4. FACILITATOR AND PROCESS DESIGNER INTERVIEWEES

These interviews covered:

- 2 facilitators
- 2 process designers at OLR
- Central Office of Information and Department of Health implementation leads

The purpose of these interviews is to:

- test their view of the delivery of the process compared to the original design (why and how changes were made, and how it worked)
- test their views of the effectiveness of this process design in achieving the stated and implied objectives of the exercise
- identify any lessons for future exercises.

5. POLICY AND STAKEHOLDER INTERVIEWEES

The aim here was to use these interviews to follow through the issues around the policy development work and how the public deliberative exercises linked to stakeholder involvement. It was agreed to interview:

- Two Chairs of Task Forces.
- A senior Department of Health policy maker.
- The Department of Health lead on the deliberative programme.

The purpose of these interviews is to:

- test the extent to which this initiative has changed both the content and process of developing policy in this instance,
- test issues around the relative weight of stakeholder/public input to the policy development, and
- test learning about participatory processes, and any changes in their views as a result of this one.

Annex 3: Questions for Interviews

1. Interviews with public participants

Preamble

- My name is xx and I am part of the team doing an evaluation of the Your Health Your Care Your Say initiative on the health and social care White Paper.
- You took part in an event on the White Paper in xx [location] back in September last year, and you gave permission on your evaluation form then that you were willing to be contacted again for further information.
- We would like to do a short interview with you (now or at a time we can agree). It should take no more than 15 to 20 minutes.
- We will take notes of your answers, and they will be used to write the evaluation report, but anything you say will be anonymous. We may want to quote your exact words in some cases, but your name will not be used anywhere in the report.
- We will send you a copy of the summary report of the evaluation when it is finished, and the full report will be available if you would like to see that.
- The main focus of the interview with you is to find out how influential you thought the consultation with the public was, and how you feel about your involvement now that the whole process is completed – now that the White Paper has been published (in January 2006), and the final consultation event has been held (March 2006).
- It is important that you really say what you feel as we go through the questions, as what you say will be reflected in the recommendations of the evaluation and may influence the way that the Government consults with the public in future.

Range of people/representation/inclusiveness/fairness

The general feedback on the events has been very positive so far. We just want to check a few points with you now that some time has passed.

- Was there a good mix of people at the event you attended? Were there any types of people that should have been there but weren't?
- Did you feel everyone there had an equal chance to have their say?
- Was there enough information provided in advance and on the day to enable you to take part fully in the discussions?

Openness/ transparency/quality of process/partnership working

- Were you clear about how the event you took part in fitted in to the overall development of the White Paper on health and social care? If not, what were you not clear about?
- Do you think there was anything that was raised in the discussions in your group that was not covered in the polling questions? Can you give any examples?
- Was there anything that you felt came out strongly from the event that you attended that was not included in the White Paper and should have been? Examples?
- The aims of the consultation included that the public were 'at the centre' of the whole White paper process, and that the public were 'working in partnership' with Government on these policy issues? How much do you feel these aims were achieved?
  Completely/to some extent/not much/not at all.

Influence and importance of the listening exercise

- The process for involving the public in drafting this White Paper was very different from the way Government usually makes policy. What do you think about Government including the public in policy-making in this way?
- How much do you think the event you took part in changed or influenced the content of the White Paper? A lot/A little/not much/not at all.
- Do you feel you know enough about the final details of the policy that resulted from your involvement? If not, what would you like to have been told, and how?
- How much do you think you personally contributed to the content of the White Paper?
  A lot/A little/not much/not at all.
- Are you satisfied with your contribution to the consultation; would you have liked to have done more or contributed differently?

Benefits (and costs) of the process

- Did you learn anything as a result of taking part (e.g. about health issues, about participation, about Government, about policy-making)? *Give examples.* Did that have any particular value to you?
- Did you change your views during/after the listening exercise about any health issues?
  Give examples.
- Did you change your views about the public being involved in policy-making of this sort? *Give examples.*
- Overall, what were the main things that you got out of being involved in the whole process?
- At a time when NHS resources are in the news, and this consultation exercise obviously cost quite a lot, do you think this was money well spent, or not?

Trust/willingness to get involved again

- Did you initially trust the listening exercise to be fair and to do what it said it was trying to do?
- Did it meet your expectations, or not? *Give examples.*
- Has taking part made any difference to your trust in Government as a whole? If so, what?
- Has it made any difference to your view of your own role as a citizen, and how you might get involved in future? If so, what?
- Has being involved in this led to you thinking or doing anything differently? *Give examples.*
- Has it made any difference to your view of how the public generally could or should be involved in Government policy discussions?
- As a result of your involvement, are you more likely to want to get involved in policy discussions in future, or not?
- Do you have any ideas about how you might like to get involved in this type of policy thinking in future?
- Would you prefer to be involved in national or local issues in future (or both)?

Lessons for the future

- What do you think worked best in terms of how you were involved?
- What do you think worked least well, and should be changed in future similar initiatives?
- Was there anything missing from the process; something you think should have happened but didn't?
- Are there any specific lessons about involving people that you would like Government to take from this initiative?
- Just to check ... has anything happened recently that might have changed your view on this whole process (e.g. contact with the NHS, news stories)?
- Is there anything else you would like to say about the whole White Paper process and your involvement with it?

2. Interviews with organisers of devolved events

Preamble

- My name is xx and I am part of the team doing an evaluation of the Your Health Your Care Your Say initiative on the health and social care White Paper.
- Last year, you organised an event to contribute the views of the people you are working with to the White Paper, and you said then that you were willing to be contacted again for further information. We would like to do a short interview with you (now or at a time we can agree). It should take no more than 15 to 20 minutes.

- We will take notes of your answers, and they will be used to write the evaluation report, but anything you say will be anonymous. We may want to quote your exact words in some cases, but your name will not be used anywhere in the report.
- We will send you a copy of the summary report of the evaluation when it is finished, and the full report will be available if you would like to see that.
- The main focus of the interview with you is to find out how you felt that the event you organised fitted in with the wider consultation processes on the White Paper, and how influential you thought the consultation with the public was – especially the 'seldom heard' groups that are often excluded from these events. We are doing the interviews now, after the whole process is completed – the White Paper has been published (in January 2006), and the final consultation event was held in March 2006.
- It is important that you really say what you feel as we go through the questions, as what you say will be reflected in the recommendations of the evaluation and may influence the way that the Government consults with the public in future.

Questions

- What was the general design of your event – what happened, and how long did it last (half day, whole day etc)?
- Who your event was aimed at particularly – the general public or a particular group or sector of society? Is that your normal target audience?
- How many people roughly attended the event? Is that what you expected?
- Did you feel you reached your target audience?
- On reflection, do you think any other ways that would have worked better to reach your target audience?
- Did you use the format/guidance provided for the independent deliberative events provided by the Department of Health for the Your Health Your Care Your Say consultation?
  - If you did, what do you think worked best as a result of using that format?
  - What do you think worked least well?
  - What would have worked better? Can you suggest anything specific?
- Did you attend any Department of Health briefing events before you ran your event?
  - Was that event helpful?
  - If so, in what ways?
  - If not, what was missing?
- Did you feed back the results from your event using the format/guidance provided by the DH?
  - If not, how did you send in your results?
  - If so, what do you think were the best things about that way of sending back results?

  - What do you think worked least well in sending back results in that way?
  - Can you suggest any ways that sending back results from events such as these could be improved?
  - Did you use any of the results from the event in your own work locally? If so, how? (specific examples)
- Have you heard about the results of the consultation exercise overall, and the content of the White Paper that resulted?
- How influential do you think the input from your event was to the content of the White Paper? Very/Quite a bit/A bit/Not very much/Not at all
- The process for involving the public in drafting this White Paper was very different from the way Government usually makes policy. What do you think about Government including the public in policy-making in this way?
- Why did you decide to run an event within this national consultation?
- Did you get what you wanted from the event you ran? If so, can you give any specific examples? If not, why not?
- Were you clear about how your event fitted in to the overall development of the White Paper on health and social care?
- Did you feel that the contribution you made to the whole national consultation was what you expected? If so, in what ways? If not, why not?
- Did you feel that running independent deliberative events, such as the one you ran, is a useful model for reaching 'seldom heard' groups at local/regional levels? If so, in what ways? If not, why not?
- At a time when NHS resources are in the news, and this national consultation exercise obviously cost quite a lot, do you think this was money well spent, or not?
- Did running the event have any specific benefits for your organisation? Can you identify any specific benefits?
- Did running the event have any specific benefits for your target client groups (if any)? Can you identify any specific benefits?
- Overall, do you think that the effort/cost involved in running your event was worthwhile?
- Have you learned anything as a result of being involved in this consultation?
- Have you changed anything in the way you consult people as a result of being involved in this consultation?
- Are there any lessons about running these sorts of initiatives that you would like the Department of Health to learn, based on your experience of running your local event?
- Is there anything else you would like to tell us about the Your Health Your Care Your Say initiative?

3. Interviews with members of the citizens' panel

Preamble

- My name is xx and I am part of the team doing an evaluation of the Your Health Your Care Your Say initiative on the health and social care White Paper.
- You were part of the Citizens' Panel that guided the Your Health initiative, and I understand you are willing to help us with this evaluation.
- We would like to do a short interview with you (now or at a time we can agree). It should take no more than 15 to 20 minutes.
- We will take notes of your answers, and they will be used to write the evaluation report, but anything you say will be anonymous. We may want to quote your exact words in some cases, but your name will not be used anywhere in the report.
- We will send you a copy of the summary report of the evaluation when it is finished, and the full report will be available if you would like to see that.
- The main focus of the interview with you is to find out how influential you thought the consultation with the public was, and how you feel about your involvement now that the whole process is completed – now that the White Paper has been published (in January 2006), and the final consultation event has been held (March 2006).
- It is important that you really say what you feel as we go through the questions, as what you say will be reflected in the recommendations of the evaluation and may influence the way that the Government consults with the public in future.

Range of people/representation/inclusiveness/fairness

The general feedback on the events has been very positive so far. We just want to check a few points with you now that some time has passed.

- Was there a good mix of people on the panel? Were there any types of people that should have been there but weren't?
- Did you feel everyone on the panel had an equal chance to have their say?
- Was there enough information provided to enable you to take part fully in the discussions?

Openness/ transparency/quality of process/partnership working

- Do you think there was anything that was raised at the events that was not covered in the polling questions that people voted on? Can you give any examples?
- Was there anything that you felt came out strongly from your Panel discussions that was not included in the White Paper and should have been? Examples?
- The aims of the consultation included that the public were 'at the centre' of the whole White paper process, and that the public were 'working in partnership' with Government on these policy issues? How much do you feel these aims were achieved?
  Completely/to some extent/not much/not at all.

Influence and importance of the listening exercise

- The process for involving the public in drafting this White Paper was very different from the way Government usually makes policy. What do you think about Government including the public in policy-making in this way?
- How much do you think the Panel changed or influenced the content of the White Paper? A lot/A little/not much/not at all.
- Do you feel you know enough about the final details of the policy that resulted from your involvement? If not, what would you like to have been told, and how?
- How much do you think you personally contributed to the content of the White Paper? A lot/A little/not much/not at all.
- Are you satisfied with your contribution to the consultation; would you have liked to have done more or contributed differently?

Benefits (and costs) of the process

- Did you learn anything as a result of taking part (e.g. about health issues, about participation, about Government, about policy-making)? *Give examples.* Did that have any particular value to you?
- Did you change your views during/after the listening exercise about any health issues? *Give examples.*
- Did you change your views about the public being involved in policy-making of this sort? *Give examples.*
- Overall, what were the main things that you got out of being involved in the whole process?
- At a time when NHS resources are in the news, and this consultation exercise obviously cost quite a lot, do you think this was money well spent, or not?

Trust/willingness to get involved again

- Did you initially trust the whole consultation to be fair and to do what it said it was trying to do?
- Did it meet your expectations, or not? *Give examples.*
- Has taking part made any difference to your trust in Government as a whole? If so, what?
- Has it made any difference to your view of your own role as a citizen, and how you might get involved in future? If so, what?
- Has being involved in this led to you thinking or doing anything differently? *Give examples.*
- Has it made any difference to your view of how the public generally could or should be involved in Government policy discussions?
- As a result of your involvement, are you more likely to want to get involved in policy discussions in future, or not?

- Do you have any ideas about how you might like to get involved in this type of policy thinking in future?
- Would you prefer to be involved in national or local issues in future (or both)?

Lessons for the future

- What do you think worked best in terms of how you were involved?
- What do you think worked least well, and should be changed in future similar initiatives?
- Was there anything missing from the process; something you think should have happened but didn't?
- Would you suggest that a Citizens' Panel is a good idea that should be used in future consultations? If so, why? If not, why not?
- Are there any specific lessons about involving people that you would like Government to take from this initiative?
- Just to check … has anything happened recently that might have changed your view on this whole process (e.g. contact with the NHS, news stories)?
- Is there anything else you would like to say about the whole White Paper process and your involvement with it?

4. Interviews with policy makers and stakeholders

About you

- What is your usual job/role?
- What was your role in the YHYCYS initiative?
- Was there anything different about your role in this initiative, because of the importance of public engagement, compared to other policy development programmes you have worked on?

Meeting the objectives of YHYCYS

The objectives of the YHYCYS were:

  - For the public, providers of care and Government to work in partnership to determine policy priorities and design new approaches to future care
  - To increase levels of public engagement in the policy decision making process
  - To produce a public debate visible at local and national levels around the future of personalised and community centred care

- Overall, do you feel the initiative met those objectives? If so, any specific evidence/examples? If not, why not?

The brief for the evaluation suggested that there was a further, implicit, objective to the YHCYS initiative, which was that

> "it would make some contribution to enhancing trust in Government, by reinvigorating public debate, and lead to better public service provision, by addressing the needs and concerns of service users and providers".

- Do you feel the initiative met that objective? If so, any specific evidence/examples? If not, why not?

Operation of YHCYS

- Do you feel that the YHCYS involved the right people in the right roles at the right times?
- From your perspective, what worked best, and what worked least well in the YHCYS initiative?
- Were there any opportunities that came up during the YHCYS initiative that were not followed up, but could have been useful (gaps)?
- What do you see as the main benefits of the initiative (to you, to Government, to those involved)?
- What do you see as the main costs of the initiative (to you, to Government, to those involved)?
- Do you think the costs outweighed the benefits, or that the benefits outweighed the costs?

Impacts of YHCYS

- What would you say was the main impact of the public engagement in YHCYS on policy? Specific examples ...
- How much would you say the content of the White Paper changed as a result of the input from the engagement processes? (100%/75%/50%/25%/none)?
- Can you give any specific examples of ideas that were raised in the engagement exercise that had not occurred to policy makers before (completely new ideas)?
  - Or any issues that had not seemed much of a priority before, but clearly were to the participants, and so were upgraded in terms of policy?
  - Or any issues that had seemed important before the engagement process but were dropped/downgraded because they were not important to participants?
- How did the YHCYS listening exercise (and other activities) change the way you do policy leading up to the White Paper? Evidence/examples...
- How do you feel about the relative merits of public engagement in policy development compared to conventional policy development processes now (including 'expert' stakeholder involvement)?
- Has that changed as a result of the YHCYS initiative?
- How easy was it to assess the relative merits of the data from the different parts of the exercise (e.g. how did you decide between different priorities identified in questionnaires compared to at the listening exercises)? What lessons can you draw from this?
- Has the experience changed your view of public engagement in policy? If so, how?

- Do you see this experience changing the way you do policy development in future? If so, what were the key factors? And how would you change things in future? Evidence/examples...
- Did you learn anything specific about engaging the public/stakeholders as a result of your experience of YHYCYS? If so what were the key lessons?
- What specific lessons would you offer to others thinking about doing similar exercises, especially in Government?
- Is there anything that you personally would do differently if there was a similar situation in future?
- Is there anything else you would like to say about the YHYCYS initiative that we have not covered?

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