

## Corrine Curtis

Submission by Corinne Curtis, Service User Representative on Strategic Planning Group (Orkney)

1. I did not know anything about how to have involvement in IAs until I was asked to put myself forward as a public representative by a colleague who works in Voluntary Action Orkney. I still don't understand how a member of the general public could influence decision making. As a community social worker in New Zealand prior to returning to the UK, I had a lot of involvement in facilitating service user views and input to health services, so I both understand and have a strong interest in public engagement in health and social care planning and service delivery, and yet I have not found it at all easy to have any involvement here in Orkney. Since becoming a service user representative I still have absolutely no idea how any other member of the public can have useful or effective input. I have concerns that the IA does not respect public representatives' situations at all or do anything to address the difficulties in taking on these roles. It doesn't seem fair at all to me that public reps are expected to volunteer their time without compensation – no one should be financially disadvantaged for becoming a public rep, whether that means paying self employed people a day rate for meetings, or providing additional paid care hours for carers. I believe some regions are looking at addressing this, but it needs to be a standard process across all regions of Scotland.
2. I am a member of the Strategic Planning Group, but to date I don't believe the Orkney SPG has done any strategic planning at all. We seem to be presented with documents to put our stamp of approval on with very limited discussion and no information to put anything into a wider context or allow prioritisation. The statistical data presented has not been of a quality or depth to give any useful information for service planning or change. I have been very disappointed by the lack of proper analysis of data or analysis of broader Scottish data in a local context. There has been no attempt to grade quality of evidence or cross check data, and much of the Draft Strategic Plan appears to be based on broad census data. The Strategic Plan at the moment is a huge document that is extremely difficult for any member of the public to comment on – both because of its length, and because it is so broad and general, there is nothing specific enough to be relevant for any individual or service user group to comment on. There is also no feedback mechanism for anyone (individual or group) to understand how their feedback may be influencing planning. The membership of the SPG seems to be largely people representing the interests of different professional groups – so it makes for a process that is more akin to union reps ensuring their occupational group doesn't suffer, than for proper strategic planning. The time frame for meetings (2.5 hours every three months) also doesn't make for good planning. In my previous experience (in New Zealand) production of a document such as the Strategic Plan would have been done as a minimum of a full day workshop, with the resources of a health researcher to properly analyse data and grade quality of evidence.
3. I continue to be involved as a member of the Orkney SPG. As a service user representative I remain totally frustrated at the lack of a proper strategy for public engagement, or an easy way (or any way?) in which members of the public can comment on and influence parts of the Strategic Plan that they are interested in or that impact on their lives. It feels to me that the "public engagement" box has been ticked by having public reps on the committees, and that the IA doesn't feel it necessary to do anything much more.

4. Localities planning in the Isles locality of Orkney seems to have been a one-off public meeting with a combined agenda, largely managed and promoted by Voluntary Action Orkney (see appendix 1, poster for this meeting on Westray). I didn't attend our local meeting because I misunderstood the poster advertising it – it had nothing on it apart from an Orkney Health and Care logo that indicated that it was intended to be the public engagement meeting for localities planning. The two questions in the Voluntary Action Orkney managed survey (noted on the poster) relating to health and care were so vague and general that it would not be possible to use any responses as quality evidence for planning. At a previous Localities planning training day that I attended (along with other committee members) it had been quite clear to me that the senior staff and managers were extremely nervous about, and reluctant to have open public meetings. This seems to have led to the decision to have a combined community planning and participatory budgeting meeting in the isles locality areas, and for the IA to rely on Voluntary Action Orkney to organise or promote this. Neither Orkney NHS nor Orkney Health and Care (OHAC) has had a dedicated public engagement officer post for many years, with Orkney NHS “devolving” (but not monitoring) responsibility for public engagement to individual service areas. It would appear that the new requirement for public engagement has similarly been “devolved” to Voluntary Action Orkney (VAO). While VAO is equipped to speak on behalf of the third sector, it is a complete cop-out for OHAC to assume that VAO can, or is able to, meet requirements for public consultation or public engagement.
5. I do not believe my involvement in the Strategic Planning Group has had any influence on planning. In particular, although I believed at the time of the localities planning day I had been able to influence the way the public meetings would happen, I was extremely disappointed to find that nothing that I had identified as important (including things backed up by other people at the meeting) had been taken into account. This included things like ensuring that there was good information available to the public to be able to have a sensible discussion, and that there were key (specific) questions to focus discussion and provide practical and usable input. I have also on many occasions questioned the data available and asked for better analysis of statistics, relating of statistics to local context, and some kind of grading of quality of evidence. I also question the commitment of the IA to public involvement when they can't even time their meetings to ensure that Isles residents don't have to leave the meetings early to get their transport home.
6. Public engagement is at the heart of the new legislative requirements, and yet this doesn't seem to have sunk in. The IA (at every level of planning and decision making) needs to really understand and accept that they must involve the public in an effective way at every level of service delivery and planning. Talking with the public (as individuals and as groups of people with common interests) should be the primary way to get information and evidence for future planning, not an afterthought. Orkney really does need to have a dedicated public engagement officer who believes in the processes and understands how to network and create dialogue and feedback loops (i.e. someone with a community development interest and background, rather than purely a health service background). Putting out a 60 plus page document (written in such vague, general but very formal language that doesn't give any real detail) for public comment is guaranteed to turn the public away from having any real input. There also needs to be some kind of external monitoring and review built into any public engagement protocols to make sure it is

happening effectively (and that includes external monitoring of the role of organisations such as Voluntary Action Orkney where they are being used as an integral part of public engagement)

7. The only way greater collaboration and engagement in decision making is going to happen is if there is a major shift in attitude from top down and through all levels of Health and Care service management and provision. If IA's were required to give far more detail of how, in practical terms, they are going about public engagement it might be easier to monitor. If IA's actually used the Participation Guidelines produced by Scottish Health Council that would make a huge difference. If IA's stopped thinking they have ticked the box for public engagement by just having reps on every group that would help. If IA's recognised that service user reps can't actually "represent" all the service users, that would help. If there was more resourcing set aside for expert facilitation of formal and informal meetings of service user groups, that would help.

Corinne Curtis

Service User Representative on the Orkney IA (Orkney Health and Care) Strategic Planning Group.

Appendix 1: The poster used to advertise the Isles Locality Planning public meetings in Orkney. Note that this poster does not identify any opportunity for the public to directly influence IA locality planning. The excuse I heard for combining meetings was that the public was suffering “consultation fatigue”. I believe we get consultation fatigue when we continue to have such general broad “consultation” exercises with no feedback or evidence that our input is going anywhere. I believe the public will turn out to discuss issues when they issues are relevant to them, and when they know their view will have an impact.

# YOUR ISLAND YOUR CHOICE

## COMMUNITY ISSUES, COMMUNITY PROJECTS, COMMUNITY DECISIONS

Complete the survey

Have the conversation

Come up with Ideas





Submit an application

Vote to decide who gets the funding



**Complete on-line or paper survey by 18<sup>th</sup> November**  
Community discussions and information about the application process:

Westray

Thursday 1st December, Community Room, 7.30pm

Drop in: Friday 2<sup>nd</sup> December, Hofn 9.30am to 12.00pm

VAO has funding of £36,000 available from Community Choices and The Orkney Partnership to offer small grants to each of our islands



